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Accelerating the Education Sector Response to HIV/AIDS in Africa: A Review of World Bank Assistance

Anne Bakilana, Donald Bundy, Jonathan Brown and Birger Fredriksen



August 2005

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World Bank Global HIV/AIDS Program Discussion Paper

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Cover photo: "Stop AIDS Love Life" school program in Ghana that promotes HIV/AIDS awareness and aims to increase the adoption of safe sex behavior, de-stigmatize HIV/AIDS, and to encourage compassion, care and support for people living with HIV/AIDS. The campaign includes Ghanaians who are HIV positive "coming out" to tell their stories.

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Accelerating the Education Sector Response to HIV/AIDS in Africa: A Review of World Bank Assistance

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Abstract: This report examines World Bank financing for the Education Sector HIV/AIDS Response in Sub-Saharan Africa up to mid-2004. The review was undertaken in response to a consultation with African countries which identified a need for information on how the World Bank education sector was responding to the epidemic through its sectoral assistance programs and through its participation in the Multi-Country HIV/AIDS Program (MAP). Documents and data were reviewed, and key informants interviewed. There are four key findings of the review. (1) There is a need to increase significantly World Bank assistance for the education sector response to HIV/AIDS, from both the MAP and education sector sources. (2) The perception that MAP funding is substituting for education sector funding of the HIV/AIDS response is not supported by the evidence. (3) Successful MAP disbursement to education followed the development of a strong education sector response which was associated with national commitment, motivated and knowledgeable task team leaders, and specialized technical assistance for program preparation. (4) Lack of strong National HIV/AIDS Commission (NAC) involvement in the education sector is still a major challenge to the successful implementation of education sector activities through the MAP processes. The review offers recommendations for countries and donors, and specifically for the World Bank.

Keywords: HIV/AIDS, Education, MAP, Education sector response, Africa, World Bank, Ministry of Education, orphans and vulnerable children, OVC, social vaccine

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Acronyms and Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
CBO	Community Based Organizations
DFID	Department for International Development (United Kingdom)
DHS	Demographic and Health Survey
ECD	Early Child Development
EFA	Education for All
EMIS	Education Management Information System
FBO	Faith Based Organization
FRESH	Focusing Resources on Effective School Health
FTI	Fast Track Initiative
GOM	Generic Operational Manual
HIV	Human Immunodeficiency Virus
IEC	Information Education Communication
MAP	Multi Country AIDS Program
MDG	Millennium Development Goals
MOE	Ministry of Education
MOH	Ministry of Health
NAC	National AIDS Commission
NACP	National AIDS Control Program
NAS	National AIDS Secretariat
NGO	Non Governmental Organization
OVC	Orphaned and Vulnerable Children
PAD	Project Appraisal Document
PLWA	People Living with HIV/AIDS
PRSC	Poverty Reduction Support Credit
PRSP	Poverty Reduction Support Paper
STD/STI	Sexually Transmitted Disease/ Sexually Transmitted Infection
TTL	Task Team Leader
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNICEF	United Nations Children's Fund
WHO	World Health Organization
ZAMSIF	Zambia Social Investment Fund
ZANARA	Zambia National Response to AIDS

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The report was reviewed (in English and French language versions) by the 24 National AIDS Authority teams and MAP Task Team Leaders who participated in the Africa Region Consultation on HIV/AIDS Assistance, which was held in Addis Ababa, Ethiopia, March 2005.

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EXECUTIVE SUMMARY

Almost all school age children are free of HIV infection even in the worst affected countries. Since HIV/AIDS is entirely preventable, these children present a “Window of Hope” into the future: if they could grow up free of infection they would change the face of the epidemic within a generation).¹ The education sector can make a major contribution to achieving this goal. Education has been called the ‘social vaccine’ against HIV/AIDS because evidence shows its effectiveness in reducing vulnerability to infection, especially for girls and women. The Global Campaign for Education estimates that some 7 million HIV infections could be prevented by the achievement of the Education for All (EFA) goal. But in an unkind paradox, HIV/AIDS is itself weakening the capacity of education systems to play this preventive role by reducing the supply of teachers, affecting demand for education, reducing the quality of education and increasing costs significantly.

This report examines World Bank financial assistance to the Education Sector Response to HIV/AIDS in Sub-Saharan Africa up to mid-2004. The review was undertaken in response to a consultation held by the World Bank Africa Region which identified a critical need for information on how the World Bank education sector was responding to the epidemic through its sectoral assistance programs and through its participation in the Multi-Country HIV/AIDS Program (MAP), the instrument through which the Bank increased its funding of HIV/AIDS programs in Africa from \$10 million annually in the mid 1990s to \$250-300 million annually, beginning in 2001.

The review found that an increasing proportion of Education projects now include a response to HIV/AIDS, but only 60% of 38 projects between 1997 and 2004 included a budget component for HIV/AIDS. Most included activities on prevention but few offered a comprehensive response that addressed important concomitant issues such as teacher training, workplace policies and access for orphans and vulnerable children.

While all MAP projects are committed formally to supporting education as part of the mutisectoral response, only 40% of 22 projects had actually disbursed funds to the sector by mid 2004, and only 18% had disbursed 5% or more of total project funds to the sector. Information obtained from MAP and Education teams shows that a key constraint is the lack of engagement of the education sector in the MAP process, insufficient support for program preparation and the lack of interaction between MAP and education teams working towards the same goal.

Total current funding for the education sector response to HIV/AIDS from both sources is estimated at US\$10.7 million a year. Current methods of tracking expenditure identified only those components designated as HIV/AIDS specific, and exclude the substantial support for activities which are more general in intent but contribute

¹ This phrase comes from the World Bank strategy note: *Education and HIV/AIDS; a Window of Hope*, World Bank, Washington DC, 2002.

significantly to the response to HIV/AIDS, such as girls education and the removal of financial barriers to education access. Estimates of the amount required vary from US\$286 million to US\$975 million per annum, but these too do not clearly differentiate between general and HIV/AIDS specific needs. The available data clearly under-estimate current levels of assistance, and they suggest that this support falls far short in quality and quantity of what is required.

There are four key findings of the review. First, there is a need to increase significantly World Bank assistance for the education sector response to HIV/AIDS, from both the MAP and education sector sources. Second, the perception that MAP funding is substituting for education sector funding of the HIV/AIDS response is not supported by the evidence. Third, successful MAP disbursement to education followed the development of a strong education sector response which was associated with national commitment, motivated and knowledgeable task team leaders, and specialized technical assistance for program preparation. Fourth, the review found that lack of strong National HIV/AIDS Commission (NAC) involvement in the education sector is still a major challenge to the successful implementation of education sector activities through the MAP processes.

This report recommends the following:

Country response:

1. Ministries of Education should recognize that their strong leadership is the critical first step in mobilizing resources for the education sector response to HIV/AIDS. In particular, accessing specialist technical assistance for program preparation is a key element in developing an effective response.
2. National AIDS Authorities should recognize that among non-health sectors, education can make a particularly strong contribution to the mainstreaming of HIV/AIDS, and should give priority to the role of the education sector in HIV/AIDS prevention, provide resources for program preparation, and facilitate disbursement.

World Bank response:

3. An HIV/AIDS response should be mainstreamed in World Bank education sector projects.
4. Education sector assistance for the HIV/AIDS response should be increased as stated in the Education Sector Strategy Update 2005, and task team leaders should have the resources to include HIV/AIDS routinely in project preparation and supervision.
5. MAP task team leaders should work with education task team leaders and the NACs to monitor disbursement of MAP resources to the education sector.

ACCELERATING THE EDUCATION SECTOR RESPONSE TO HIV/AIDS IN AFRICA: A REVIEW OF WORLD BANK ASSISTANCE

1. INTRODUCTION

HIV/AIDS is the leading cause of death in Africa and the continent's greatest challenge to making progress in economic and social development. The HIV/AIDS pandemic is unique in that it affects all sectors, makes all groups potentially vulnerable, and reaches from villages to national capitals. And yet, HIV/AIDS is preventable, in particular if the young are reached. The education sector touches all parts of society, particularly young people, and has the potential to play a key role in the battle against HIV/AIDS. But it has not used this potential effectively.

This report examines the nexus between HIV/AIDS and the education sector in Africa and, in particular, the financial support provided to countries to enhance the ability of education systems to play their critical role in preventing new HIV infections; improving the care and treatment of those infected; and mitigating the situation of individuals, families and communities affected by the epidemic. The report grew out of a consultation workshop with a number of African countries and the World Bank in December 2003 which concluded that the education sector's response to HIV/AIDS had been inadequate and the World Bank's funding of HIV/AIDS programs in the education sector had been insufficient. The consultation workshop suggested that further analysis was needed in several areas: (i) to gather more systematic information about World Bank funding for education sector HIV/AIDS programs both through traditional education sector projects and through the Multi-Sectoral HIV/AIDS Program for Africa (MAP); (ii) to assess areas where additional programming and funding are required; and (iii) to make specific recommendations to African countries and to the donors, especially the World Bank, on mechanisms for effectively and efficiently increasing financial support.

This report consists of the following sections:

- HIV/AIDS and the education sector in Africa
- Financing HIV/AIDS programs through traditional education sector projects
- Funding education sector HIV/AIDS programs through the MAP
- Conclusions and recommendations on accelerating donor HIV/AIDS support for the education sector, with specific reference to the World Bank.

The report is based on available data on projected commitments and actual disbursements of funding for HIV/AIDS programs from traditional education sector projects as well as under the MAP program, discussions during the consultation workshop, and interviews with education sector staff from Africa and from World Bank teams dealing with MAP and education projects. In addition, information was accessed through the World Bank's Project Portal and Business Warehouse databases. The review only examines World Bank sources of financing, and did not collect financial information from clients.

2. THE HIV/AIDS EPIDEMIC AND THE EDUCATION SECTOR IN AFRICA

The HIV/AIDS Epidemic

By the end of 2003, approximately 38 million people worldwide were living with HIV/AIDS, the majority (up to 28 million) living in Sub-Saharan Africa (UNAIDS, 2004). Worldwide there were approximately 5 million new HIV infections in 2003 (about 14,000 new infections a day) despite efforts to slow the growth of the epidemic. More than 20 million Africans have already died of AIDS and there are currently an estimated 12 million AIDS orphans on the continent. In the highest prevalence countries, life expectancy will have been cut in half by the year 2010, wiping out the gains achieved over the last half century.

The epidemic continues to be a major development challenge for the continent. For countries in Sub-Saharan Africa with HIV/AIDS prevalence of 20% and more, it is estimated that GDP will show substantially slower growth. For example, by the end of the decade the GDP of South Africa may be 17% lower than it would have been without the epidemic (UNAIDS 2003).

HIV infection among children and young people in many parts of Africa continues to grow. About 14% of new infections worldwide occur among children. At the end of 2003 approximately 2.5 million children were living with HIV/AIDS and 0.5 million children had died of HIV/AIDS related infections (UNAIDS 2003). It is estimated that of the 12 million young people infected with HIV/AIDS world-wide, about 72% (8.6 million) live in Sub-Saharan Africa. The severity of the epidemic among young people varies significantly by country, reaching as high as 40% in Swaziland.

Table 1: Estimated percent of adults (15-49) living with HIV/AIDS, end 2003

Less than 2%		2% - 4.9%		5% - 9.9%		10%+	
Mali	1.9	Congo	4.9	Tanzania	8.8	Swaziland	38.8
Benin	1.9	Chad	4.8	Cote D'Ivoire	7.0	Botswana	37.3
Madagascar	1.7	Ethiopia	4.4	Cameroon	6.9	Lesotho	28.9
Niger	1.2	DRC	4.2	Kenya	6.7	Zimbabwe	24.6
Gambia	1.2	Burkina Faso	4.2	Burundi	6.0	South Africa	21.5
Senegal	0.8	Togo	4.1	Nigeria	5.4	Namibia	21.3
Mauritania	0.6	Uganda	4.1	Rwanda	5.1	Zambia	16.5
		Togo	4.1			Malawi	14.2
		Angola	3.9			CA Republic	13.5
		Ghana	3.1			Mozambique	12.2
		Eritrea	2.7				

Source: 2004 Report on the Global HIV/AIDS Epidemic. UNAIDS, 2004.

As Table 1 illustrates, HIV/AIDS prevalence varies significantly across the African continent. Seventeen countries have estimated prevalence rates above 5% which may be considered the point at which the epidemic moves into the general population. Statistics on school age children show that this group has the lowest prevalence of infection even in societies with very high adult prevalence. In South Africa, one of the most affected

societies in the world, projections for 2004 suggested that about 2% of children aged less than 14 were infected compared to up to 35% of those aged 30-34 (MRC 2001). This is because the majority of children aged 15 and under has yet to adopt behaviors that put them at risk of being infected since most have not yet become sexually active. The median age at first sex in South Africa is approximately 18 years for women.

A Window of Hope for the Next Generation

Lower levels of infection in the school age populations provide a 'Window of Hope' in the fight against the epidemic. Even in the most affected countries in Africa, the school age population has the lowest level of infection of any age group, usually below 5%. Infection in these youngest age groups is mainly a result of vertical transmission; these children rarely survive to school age. For example, in Botswana where HIV prevalence is nearly 40% for women aged 20-29 and about 35% for men of the same age, only about 5% of boys and about 2% of girls aged 5-14 are infected. Prevalence begins to rise once children enter sexual relations.

There are two aspects of this Window of Hope that make it imperative that this opportunity to raise a generation free of infection is seized fully:

- **The window of hope is narrower for girls.** The gender dimension of HIV/AIDS in most Sub-Saharan African societies is now well recognized. Young women become infected at earlier ages than young men; for biological reasons girls are more easily infected than boys and, in addition, they are sought as sexual partners by older men. Young women form 75% of infected youth in Sub-Saharan Africa (UNAIDS, 2004). In addition, when AIDS affects a family, due to poverty, girls are often the first to be taken out of school. They also stay out of school to care for ill parents/relatives.
- **The window of hope is closing in some countries, particularly for girls.** As infection rates rise in the adult population and as the proportion of children born HIV positive increases, the rate of infection in school age populations is also rising. Similarly, as adult men seek younger female sexual partners, this lowers the age at first infection.

The Pivotal Role of Education in the Multi-Sectoral Response to HIV/AIDS

AIDS has no cure and no vaccine, and exists in every sector, but it is preventable. Education has been called a 'social vaccine' against HIV/AIDS, because education empowers individuals with appropriate skills to receive and act on knowledge including knowledge about HIV/AIDS. Schools are an opportune venue to empower young people (who in most of Africa form the larger bulk of the population) with the skills to protect themselves against infection. In addition to providing specific information on HIV prevention, simply being in school shortens the time that students can engage in risky sexual behavior. Schools put children in touch with other adults (teachers) who, by and large, discourage early sex. Schools might give students an aspiration to become economically successful which might discourage risky behavior. And schools are a

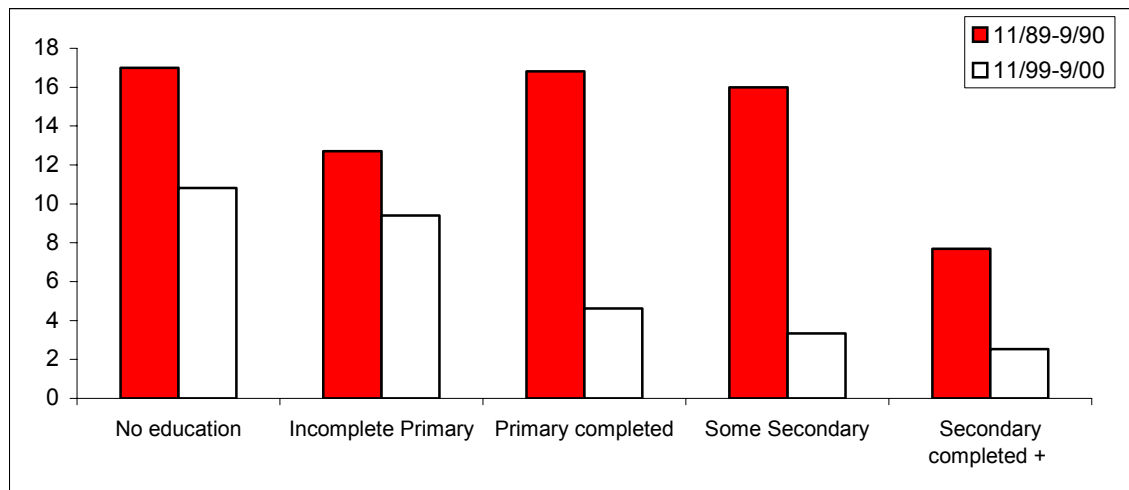
means of empowering parents and communities in the battle against HIV/AIDS. In addition, adult literacy is essential for communicating many of the key HIV/AIDS program messages.

The Role of Education in Responding to HIV/AIDS: Evidence from Uganda

Uganda has reduced HIV/AIDS prevalence from 14% in the early 1990s to about 4.1% in 2003, the only country in Africa to achieve such a drastic reduction. An important tool in this success was the use of information campaigns to educate Ugandans about the existence of HIV/AIDS and ways to protect themselves. A study in 15 villages in the Masaka District has shown that the impact of these campaigns has been greatest for individuals with more years of primary education.

Data from 1990, before the campaigns began in earnest, show that there was no significant relationship between education levels and HIV prevalence. At the end of the decade, the most significant correlation between whether an individual was HIV positive or not was completion of primary education. Figure 1 demonstrates that for the Masaka District, after more than a decade of information and prevention efforts, prevalence declined in all age groups but the most significant change within all age groups was for those with more education.

Figure 1: HIV prevalence by schooling levels for individuals aged 18-29, Masaka District, Uganda.



Source: De Walque 2004.

Data show that among these young individuals, the more educated they were, the more likely they were to have adopted safer behavior including visiting VCT centers, delaying their sexual debut and using condoms. This pattern of safer behavior was even stronger among women; there is evidence that more educated women were having fewer sexual partners. It is important to note that, during this time, there was no formal teaching of HIV/AIDS through the school system as curriculum did not yet cover this subject. The

largest drop in infection was among those who had completed primary education, which is the goal of the world-wide campaign – Education for All (EFA). In this sense, education is a '*social vaccine*'.

The Impact of HIV/AIDS on Education Systems and the Achievement of EFA

Paradoxically, the HIV/AIDS epidemic is seriously weakening the very system that is capable of delivering this 'social vaccine'. HIV/AIDS has become one of the major obstacles to achieving EFA by the target date of 2015. In addition to the general financial constraints that hinder the prospect of achieving EFA, HIV/AIDS adds very substantially higher costs. It is estimated that because of the epidemic, 33 countries in Sub-Saharan Africa would need an additional US\$286 million a year to meet EFA (Bruns et al., 2003). UNICEF estimates that global costs related to teachers' absenteeism, deaths and training, school programs and programs for orphans and vulnerable children might require as much as US\$ 975 million a year (UNICEF 2002). Sub-Saharan Africa has approximately 42 million children who are not going to school, girls already form a disproportional share of these out of school children and the epidemic is making the situation worse (UNICEF 2002). HIV/AIDS affects education systems by:

Reducing the supply of teachers: HIV/AIDS affects education supply through increased absenteeism and increased teacher mortality. Over 30% of teachers in parts of Malawi and Uganda, 20% in Zambia, and 12% in South Africa have been estimated to be HIV positive.

Reducing the ability of children to attend school: HIV/AIDS is rapidly increasing the number of children who are orphaned and lack the financial, emotional and social support to attend school: by 2010 there will be more than 18 million orphans in Sub-Saharan Africa (UNAIDS, 2004). Schooling may also be interrupted for children who have to take care of sick parents and relatives. For example, in Uganda 26% of older children of people living with AIDS said they had to stay at home because of increased responsibilities. The impact is greater on girls who more often become primary care givers of parents and relatives and who are less likely than boys to be educated when household income falls.

Affecting the management capacity and increasing the costs of Ministries of Education (MOE): Not only do Ministries have to establish HIV/AIDS secretariats, most of these have to train staff to handle tasks in addition to other roles that they play. Costs are increased by absenteeism of teachers and other education sector staff who become ill or have to take care of sick relatives and attend funerals. There are also costs of death benefits, training new teachers and adopting curricula to address HIV/AIDS prevention information. In addition, MOEs have to invest in new programs and structures to deal with HIV/AIDS.

Affecting the Quality of Education through increased absenteeism as teachers become ill themselves or have to deal with illness and death in their families. The quality of education is also being affected by the trauma, fear and powerlessness that teachers face

due to the epidemic. Education quality decreases as MOEs are forced to spend more money to maintain systems due to HIV/AIDS and therefore have to reduce spending in other areas, many impacting quality.

3. WORLD BANK FINANCING OF HIV/AIDS PROGRAMS IN THE EDUCATION SECTOR

The World Bank began lending for HIV/AIDS projects in the mid-1980s. Between 1986 and 1996, the Bank committed about US\$552 million for 60 HIV/AIDS projects in 41 countries, the majority between 1992 and 1996 (Dayton 1998). During this period, Sub-Saharan Africa received US\$274 million for 42 projects supporting activities in information collection, promotion of safe behavior and promoting access to services for the poor.

The main instrument for supporting HIV/AIDS programs, especially in the period up to the year 2000, has been the sector investment project, in particular through health sector projects. The emphasis in health sector projects dealing with HIV/AIDS has traditionally been to fund interventions by the health sector. Of the 60 HIV/AIDS projects funded by the World Bank between 1986 and 1996 only one project was implemented by a non-health agency, the Uganda Transport Rehabilitation Project (Dayton 1998). However, as the international community has realized the multi-sectoral dimensions of the HIV/AIDS epidemic, Bank support for HIV/AIDS programs has been expanded to include non-health sector projects, including in the education sector.

Funding HIV/AIDS Programs through Education Sector Projects

This section of the review responds to one of the recommendations of the December 2003 Africa region consultation: to review current practices in education projects. The review covered 38 education sector projects approved by the Bank for the Africa Region from 1997 to 2004, in particular: (i) the number of education sector projects with HIV/AIDS interventions; (ii) the types of activities supported along with their budgets; (iii) whether there was an assessment of the HIV/AIDS epidemic and its potential impact on the education sector or on the success of the project; (iv) monitoring and evaluation; and (v) the composition of project preparation teams to determine if they included HIV/AIDS specialists. The reviewers also interviewed World Bank task teams involved in preparing education projects to gain additional information on how HIV/AIDS was treated.

One third of education projects in Africa do not mention HIV/AIDS.

The review assessed all education projects from 1997 to 2004, irrespective of whether or not a project funded HIV/AIDS programs to determine if HIV/AIDS was mentioned or not. One third of projects did not mention HIV/AIDS at all. Projects that did mention HIV/AIDS often did not use statistics to demonstrate the magnitude of the problem, tending to use ‘anecdotes’ to describe the epidemic. For example, project documentation

contained phrases such as: “There is an increasing impact of HIV/AIDS”, “HIV/AIDS is a growing threat”, or “the AIDS Epidemic is creating extreme concern”. Of all projects, 70% (28) did not use HIV/AIDS prevalence or incidence as a basic indicator of the extent of the HIV/AIDS challenge in that country. Only 10 projects had actual prevalence figures.

However, an increasing proportion of education projects finance HIV/AIDS programs.

Bank education projects are increasingly responding to the HIV/AIDS epidemic. Twenty-three or 60% of the 38 education projects for Africa active in August 2004 included funding for some type of HIV/AIDS program. This average represents: (i) an increase from 33% of education projects that became effective in 1997-1999; (ii) 74% of those that became effective in 2000-2001; and (iii) 60% of projects in 2002-2004. Of 23 education projects that support HIV/AIDS programs, seven do not include descriptions of the HIV/AIDS programs being supported, suggesting that these programs were not developed in detail during project preparation. If one considers only those projects with detailed, prepared HIV/AIDS programs, the figure of 23 is reduced to 16 or only 42% of the overall 38 education projects currently active. The review identified a number of reasons that may explain the low percentage of HIV/AIDS programs in education sector projects:

- **Some Education projects leave it to Ministries of Education (MOEs) to determine demand.** Though some projects mention that they will undertake HIV/AIDS interventions, in about 13% of projects, this will be on a demand driven basis, for example: (i) the Sierra Leone Education Project will include information on HIV/AIDS through its Life Skills component; (ii) The Ghana Education Sector Projects lists types of HIV/AIDS activities from tertiary institutions that can be supported. This would partly explain why less than 25% of education projects have separate budgets for HIV/AIDS activities. The fact that only 8 education projects have a separate budget earmarked for HIV/AIDS interventions makes it difficult to determine exactly the extent of Bank financing for HIV/AIDS programs in the education sector response.
- **Other development partners may be providing funds for HIV/AIDS education programs.** This review only covered World Bank projects; other development partners are also assisting countries in their HIV/AIDS Education response. For example: (i) Kenya’s Free Primary Education Support Project specifically mentions that UNESCO and the Aga Khan Foundation will assist with the development of the education sector strategy on HIV/AIDS; (ii) DFID will assist Nigeria in strengthening its education management information system (EMIS) and one of the components will be HIV/AIDS monitoring. However, other development partners appear to be funding selected interventions such as capacity building, strategic development and pilot programs rather than comprehensive programs reaching national scale.
- **National budgets may be funding HIV/AIDS programs in the education sector.** Similarly, even for those projects that do not have HIV/AIDS activities or are not

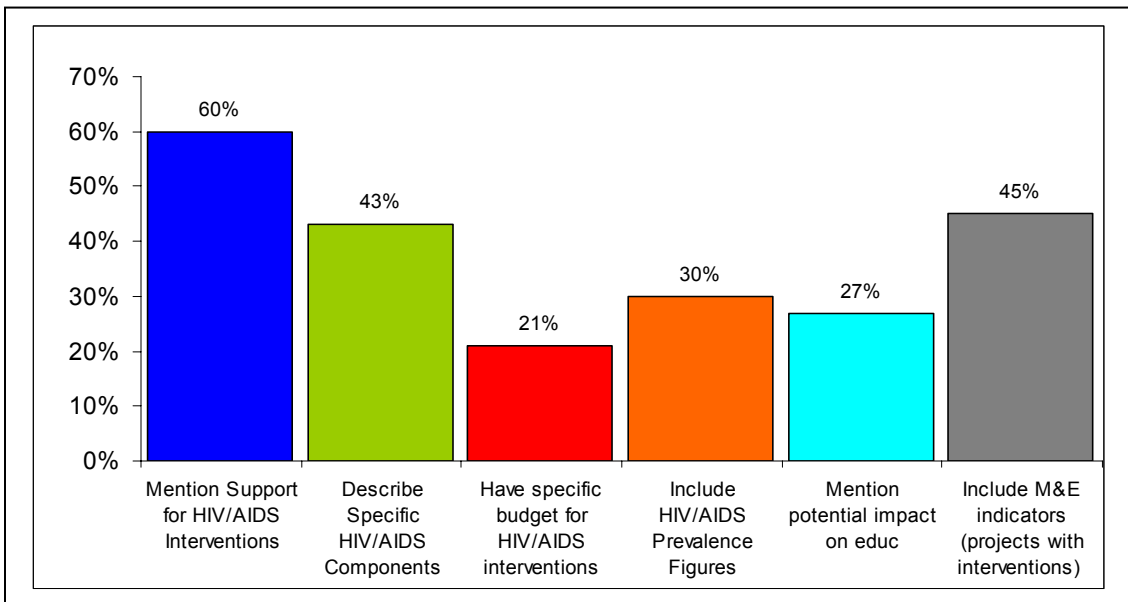
covered by other donors (e.g. Eritrea’s Education Sector Improvement) it is very likely that governments themselves have provided some funding from their own budgets, although rarely at adequate levels. Malawi is an exceptional example of Government commitment since it obliges each Ministry to devote at least 2% of its own budget to HIV/AIDS activities.

- Funding for the HIV/AIDS response is unequally distributed among projects.**

The review found that when some countries, such as Ghana, Kenya, Nigeria, Tanzania and Zambia, have more than one Bank-funded education project, funding for HIV/AIDS is rarely distributed among projects but often concentrated in one. Moreover, even when a country has HIV/AIDS programs in more than one project, support is often uncoordinated. Tanzania for example, has both a Primary Education Project and a Secondary Education Project; both have HIV/AIDS components that do not seem to be linked in their strategy or their range of activities. The earlier Primary Education Project has been supporting prevention, life skills and policy development while the later Secondary Education Project will support assessment of ongoing activities and curriculum issues.

Figure 2: HIV/AIDS in Bank education projects

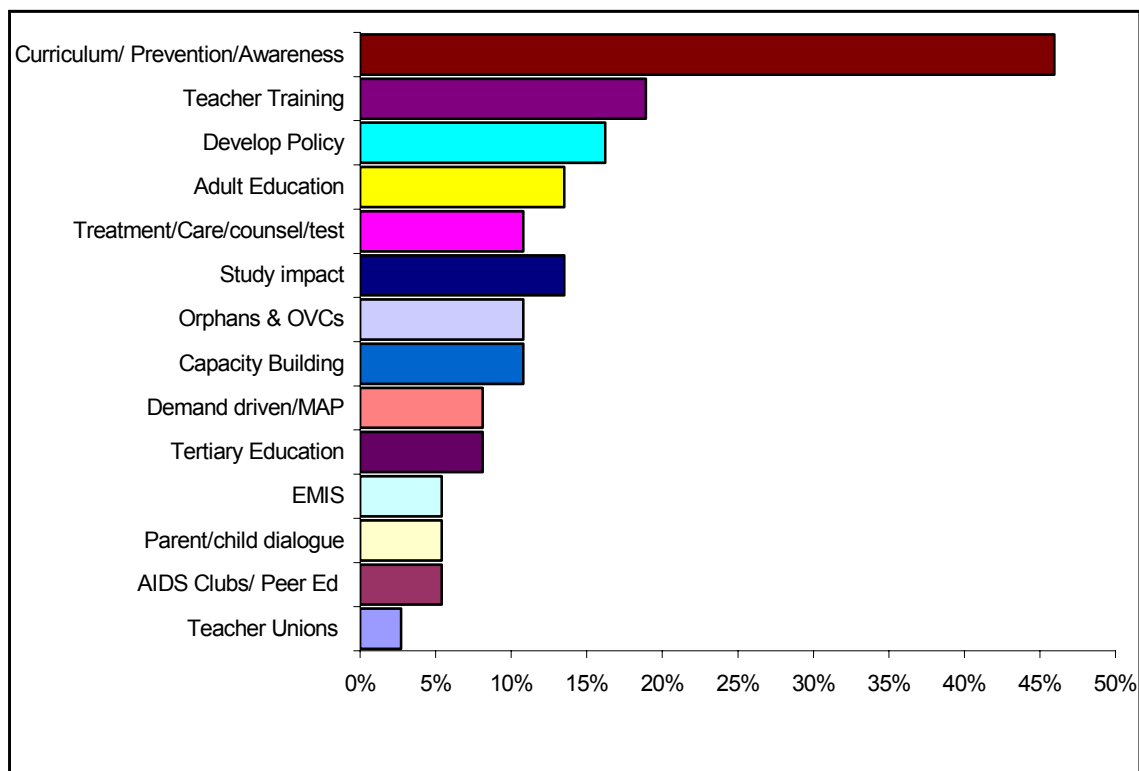
Proportion of Bank education projects that support HIV/AIDS interventions, analyze HIV/AIDS challenges, have separate budgets for HIV/AIDS activities, and/or contain monitoring and evaluation frameworks for HIV/AIDS 1997-2004.



Education projects rarely include a comprehensive response to HIV/AIDS and most focus on prevention.

Overall, education project funding of HIV/AIDS programs, whether in one or multiple investment operations, are rarely comprehensive as Figure 3 illustrates. The most comprehensive education projects (for example Burkina Faso, Rwanda, Nigeria and Zambia) include research, policy, teacher training, and prevention activities. A “Checklist” of components necessary for a comprehensive program is given in Appendix 1.

Figure 3: Percent of Bank Education Projects (1997-2004) supporting specific HIV/AIDS interventions



- **A majority of education project HIV/AIDS activities focus on prevention.** About 46% of all projects include some provision of information, awareness raising or curriculum reform, both for pupils and staff in the sector. Yet teacher training, an essential component of prevention, is addressed in only 7 (19%) projects. The focus of most projects is on primary and secondary schools with only 3 projects having some prevention activities at the tertiary level (Ghana, Mozambique, Guinea).
- **Six (16%) projects address policy issues.** A limited number of education projects discussed the impact of the epidemic in the country itself, relying on examples from other countries or citing information from publications on Education and HIV/AIDS. The Zambia Basic Education Sub-Sector Investment Project uses projections of teacher needs taking into account teacher mortality due to AIDS. The Lesotho Project

demonstrates the impact of HIV/AIDS on the education sector, citing the frequency of funerals and direct requests for assistance for orphans, the number of orphans in the country as well as incorporating information on teacher mortality in projections of teacher demand. The Burkina Faso Project proposes to undertake a study on the impact of AIDS on pre-school children as part of strengthening the project's Early Childhood Development component. There is no project that mentions any study completed as part of project preparation, though Lesotho used information from a study on HIV/AIDS and education conducted by a UN agency.

- **Four projects mention the need to change management practices to mitigate the impact of HIV/AIDS on the sector.** In addition to studying the impact of the epidemic, four projects include a capacity enhancement component for MOE staff. The Kenya Education project proposes to strengthen teacher management as well as to provide support to teachers on HIV/AIDS instruction. Nigeria's capacity building activities aim to support MOE officials to prepare HIV/AIDS projects and to analyze the impact of the epidemic.
- **Less than 15% of projects mention the need to respond to the growing numbers of orphans and vulnerable children.** One of the major challenges that MOEs face is the growing number of children made vulnerable by HIV/AIDS, including orphans. The majority of education projects do not present figures on the projected extent of this challenge and how MOEs propose to tackle this as part of EFA.²
- **Education projects do not include a comprehensive response on workplace practices.** The review found that while a few projects (12%) aim to support prevention of HIV/AIDS infection among teachers, the activities planned rarely offer the full range of workplace interventions that should be addressed. Few education projects recognize HIV/AIDS as a workplace issue; no project, for example, proposed to support issues around stigma and discrimination on the basis of real or perceived HIV/AIDS status, screening for purposes of employment, continuation of employment when infected, gender and issues of violence. No education project included proposals for activities to limit abuse of pupils by teachers, which has been cited as one of the ways that young girls become infected. Few projects aim to foster dialogue between MOEs and community or teacher associations even though teacher associations are usually closely involved in HIV/AIDS activities especially in assisting teachers. Exceptions to this are: (i) the Tanzania Teachers Union which has become involved in the fight against HIV e.g. assisting teachers who are infected or affected or their children who are left destitute; (ii) the Burkina Faso Basic Education Project cited collaborating with teacher unions and parent associations as part of the activities proposed; (iii) care, support and counseling of teachers were included in the Zambia, Kenya and Rwanda projects; and (iv) the Nigeria MAP team cited the supply of condoms to teachers as an important component of prevention efforts.

² UNAIDS estimates that by 2010 there will be 18 million orphans in Sub-Saharan Africa (UNAIDS 2004).

Education Projects Lack Technical Content on HIV/AIDS Programs

Fewer than 50% of education sector projects identify the technical content of the HIV/AIDS component. Even where HIV/AIDS is mentioned specifically, there is often a surprising lack of detail in the project documentation about the details of the response.

- **Less than a third of education PADs discuss the impact of HIV/AIDS on the sector.** Few projects undertake an analysis of the severity of the epidemic in the country and, as a result, what the education sector response should be. Most projects do not use available statistics on the extent of the epidemic; even when a project has HIV/AIDS interventions, most lack a rationale as to why the education sector needs to be involved and for those that do have interventions the rationale for choosing some interventions over others is usually missing.
- **Analyses of the impact on the sector or the potential for an impact in the education sector are exceptions.** The Lesotho Sector Project is an exception; the magnitude of the problem is presented both for Lesotho as well as a comparison with neighboring countries. The Lesotho documentation also quotes information on HIV/AIDS awareness among students from a study conducted by a UN agency. The Zambia Education Project is also very informative on how the impact of the epidemic justifies planned HIV/AIDS interventions. It provides figures on the number of orphans and how they will have to be ready to enter the job market, probably at an earlier age.
- **Only 45% of projects with HIV/AIDS include HIV/AIDS indicators.** Fifty five percent of projects did not cite key performance indicators for the HIV/AIDS response. And projects that did include key performance indicators do so for at most only a few of the proposed interventions. However, there are exceptions, including Rwanda, Burkina Faso, Tanzania and Zambia. The Rwanda Project includes indicators for many of the activities listed. The Tanzania Primary Education Project provides some measures of how the success/failure of the HIV/AIDS component of the project will be judged, such as reducing HIV prevalence among females aged 15-24 from a baseline of 8.1% in 2001.
- **Few projects assess the risks in implementing HIV/AIDS components.** Despite the limitations in the analysis of HIV/AIDS epidemics and the potential impact on education, only a handful (6 projects) signal that there might be risks involved in implementing these components. The risks identified for other HIV/AIDS projects outside the education sector, such as lack of ownership, limited capacity and coordination in sector ministries, are not identified for HIV/AIDS components in education projects.

Estimating the Amount of Education Sector Funding for HIV/AIDS

It is difficult to determine with precision how much funding has been disbursed for HIV/AIDS components of education sector investments. A total of seven education

projects (out of 23) have an indicated budget for the education sector response to HIV/AIDS which amounts to US\$13.2 million. On average these projects each had a budget allocation of US\$1.9 million over the life of the project. Making assumptions, that all projects with an HIV/AIDS component have budgeted this average amount (US\$1.9 million over the life of the project) we estimated the total amount of funds that have been earmarked for HIV/AIDS in education projects to be US\$43.5 million from 1997 to 2004 or about US\$ 6.2 million dollars a year.

4. FINANCING EDUCATION SECTOR HIV/AIDS PROGRAMS THROUGH THE MULTI-COUNTRY AIDS PROGRAM (MAP)

In the late 1990s, the World Bank and other stakeholders in the International Partnership against AIDS in Africa (IPAA) assessed the performance of HIV/AIDS prevention, care and treatment, and mitigation programs in general in Sub-Saharan Africa and concluded that efforts were failing because:

- There was insufficient commitment and leadership to fight the epidemic among nations both inside and outside the continent;
- The war was being waged with too few human and financial resources;
- Programs that were effective, often undertaken by civil society organizations, were seldom scaled up and rarely expanded to national levels;
- Resources weren't reaching communities which have proven one of the most effective implementers of HIV/AIDS programs; and
- Programs were often too narrowly focused on the health sector.

A new strategy was developed by African countries and the donor community to wage war more effectively based on:

- Defining national HIV/AIDS prevention, care and treatment, and mitigation strategies and implementation plans through a participatory and more comprehensive process, including greater attention to a multi-sector approach;
- Establishing a National AIDS Council (NAC) as a legal entity with broad stakeholder representation from the public and private sectors and civil society, and with access to the highest levels of decision-making in the country;
- Empowering and mobilizing stakeholders from the village to the national level and with money and decision-making authority within a multi-sectoral framework; and
- Using *exceptional* implementation arrangements such as channeling money directly to communities and decentralized public agencies and contracting services for many administrative functions such as financial management and procurement, program monitoring and evaluation, elements of program approval, as well as capacity development.

The emphasis of the new approach is on speed, scaling up existing programs, “learning by doing” and continuous project rework, rather than on exhaustive up-front technical analysis of individual interventions which is the approach taken in most sector investment projects, including in the education sector. The MAP *demand-driven* approach is particularly innovative and flexible as it:

- Empowers stakeholders, including MOEs, with funding and decision-making authority;
- Involves actors at all levels, from individuals and villages to regions and central authorities;
- Provides *comprehensive* program funding including for operating costs such as salaries, administration, logistics, mobility, etc;
- Encompasses all sectors and the full range of HIV/AIDS prevention, care and treatment, and mitigation activities.

From 2000 to the end of August 2004, the MAP had committed almost US\$1.1 billion to 29 African countries and three sub-regional programs, or about US\$250-300 million per year, up from US\$10 million annually through traditional sector lending in the 1990s. The role of the NACs and their secretariats (NASs) have been to coordinate and facilitate the access of all stakeholders, including MOEs, to MAP funding as efficiently and effectively as possible and “learning by doing”.

MAP Funds and Public Sector Financing

The flexibility that MAP funding offers makes it possible for the education sector to use a variety of ways to access MAP funds, as outlined in the MAP generic operations manual published in 2004 as *Turning Bureaucrats into Warriors: Preparing and Implementing Multi-Sector HIV/AIDS Programs in Africa*. According to the manual, MOEs, like other public service agencies, have a range of responsibilities to provide prevention and mitigation services to those served by the education sector (“the clients”) as well as to MOE staff and their families. The NACs and NASs have a critical role to play in enabling public service agencies achieve this. The full range of education sector HIV/AIDS activities could be funded: (i) directly under the auspices of the Ministry at the national, regional or local levels; (ii) through civil society organizations working in the education sector; and (iii) through communities that could access funds, including for the care of orphans and other vulnerable children who would otherwise be left destitute, for student and parent associations, etc.

According to the manual, NACs and NASs are designed to be flexible and able to quickly disburse funding to the various stakeholders. MAP projects are encouraged to start soon after funding is available and to be able to do this NAS units, inter alia, should have few but highly qualified staff and should contract out many of the functions such as financial management, procurement, M&E, capacity development etc. With regards to public sector agencies, one of the recommendations of the GOM is to contract out additional

support in preparing work programs or in the implementation of activities suggested in their work programs.

The objective of the MAP concept is to make it easy for implementation agencies to access funding but the reality depends on how a country, especially the NAC/NAS, defines the MAP concept in each country. The Zambia MAP (ZAMSIF) demonstrates the process of accessing MAP funds for MOE activities. First, the Ministerial AIDS focal point prepares an annual work plan which is submitted to the Ministry's Permanent Secretary for approval. Following approval, the proposal is forwarded to the Technical Review Committee of NAC for review; it is considered for approval in joint consultation with the Joint Financing AIDS Committee (JFC). The NAC then sends its recommendation to the Project Implementation Unit for disbursement to MOE's account. The process of accessing funds by communities is a bit more complex since: (i) few communities initially know about the existence of MAP funds; (ii) they may not have the capacity to draft proposals; and (iii) they may not possess bank accounts which can receive funds directly. A number of variations exist, especially for disbursement mechanisms for communities, given the very different country situations. For example, if a community wants to assist orphans, the process is as follows: a community prepares a proposal (this could be assisted by a facilitating NGO) which is submitted through the District Planning Sub-Committee which then submits to the District AIDS Task Force for appraisal and to the District Council for initial approval. ZAMSIF will complete the community's costing and budgeting and then refer the proposal to NAC for authorization to fund which will advise ZAMSIF to disburse.

The MAP operational manual made a number of recommendations to enhance the ability of public sector agencies to access MAP funding, including:

- NACs and NACs should concentrate on their “facilitation and coordination” roles rather than becoming “command and control” agencies. In short, NAC/NASs should allow public agencies considerable flexibility in getting initial funding and through monitoring and evaluation improve program design and implementation over time;
- Public sector agencies often find that naming “focal points” for HIV/AIDS was insufficient in itself to establish agency commitment, prepare programs for funding, and implement funding commitments. Instead, agencies should complement focal points by hiring consultants in whom they have confidence to do a “social assessment” of the impact of HIV/AIDS on agency staff, their families, and agency clients that would then, through a process of participation and consultation, result in the preparation of implementation programs that would often be executed by contracting specialized firms.
- Specifically with regard to MOEs, the manual notes: “The Ministry of Education is pivotal in the fight against HIV/AIDS, but often the most difficult to mobilize. Ministries of Education are the largest employers in most countries and reach every community. They interact daily with the most important single audience for the HIV/AIDS message – youth. But because of their size and inherent difficulty in

reaching consensus on changes in curricula, they have often been slow in responding to the challenge effectively. The first priority for a multi-sectoral program should be to build full-time capacity in the MOE to mobilize its tremendous potential for influencing attitudes, values and behaviors toward the disease. MOE needs to intensify information for all (including establishing resource centers in schools), introduce and/or intensify HIV/AIDS at the tertiary level, and build bridges between MOE and other ministries dealing with children. HIV/AIDS should be a subject matter in the curriculum.”

Allocation of MAP Funds to the Education Sector

As of November 2004, MAP projects, after a slow start, were disbursing at about 90% of current targets. However, the disaggregated information is important. Figure 4 shows for each country the proportion of MAP funds that has been disbursed as of March 26, 2004, by the number of days that the project had been effective. Two key observations arise: (i) it takes a considerable length of time for projects to actually disburse funds after they have become effective; and (ii) there are clear outliers: (a) projects that have moved more quickly, such as Ghana, Burkina Faso and Cameroon; and (b) projects that have been effective for almost two years with low disbursements, such as Nigeria.

However, various reviews of the MAP have concluded that civil society organizations seem more adept at accessing funding than public agencies, and within public agencies, those ministries such as health and education which have critical roles to play in the battle against HIV/AIDS, have been slower to access funding than expected. Table 2 lists countries that have begun disbursing MAP funding to MOEs together with the amounts that had been disbursed by the end of August 2004.

Figure 4: Percent of total funds disbursed by MAP by number of days passed since project effectiveness (as of March 2004)

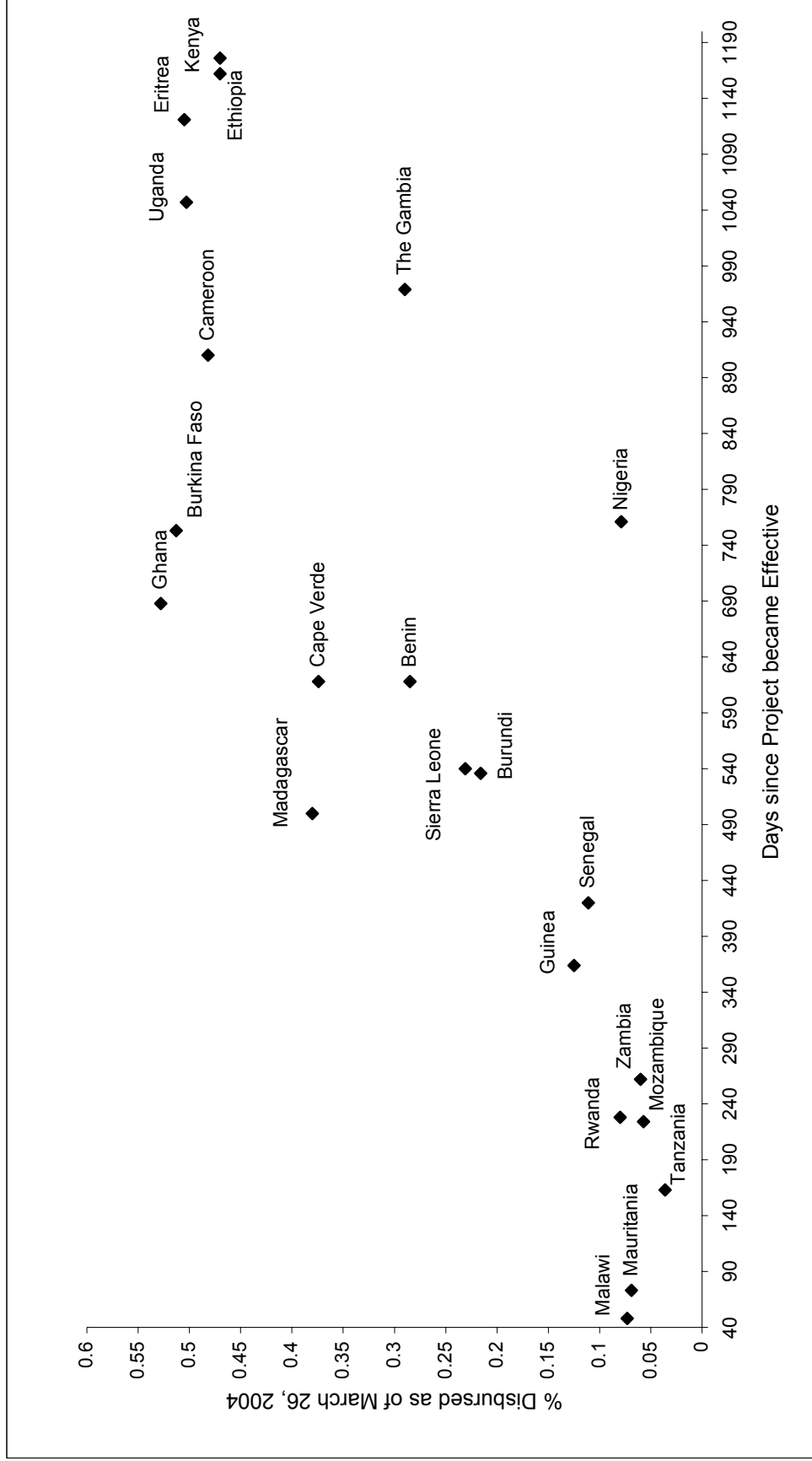


Table 2: MAP disbursements to Ministries of Education (as of end of August 2004)

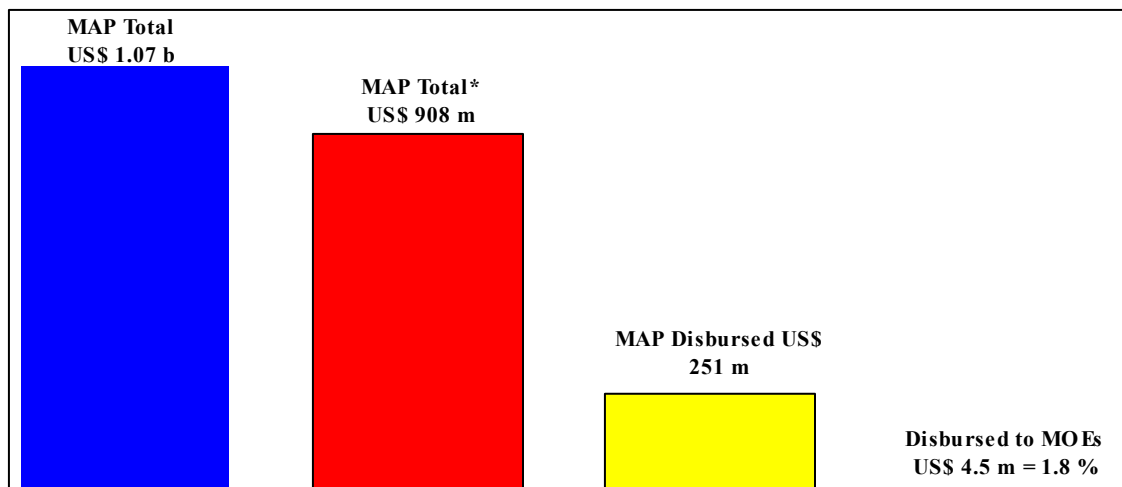
	MAP US\$ million ^{1/}	Year ^{2/}	Total Disbursement US\$ million	Disbursement to MOE US\$	Disbursement to MOE %
Ethiopia	59.7	2001	33.40	120,295	0.36
Kenya	50.0	2001	27.30	325,000	1.19
Eritrea	40.0	2001	21.60	1,739,000	8.03
Uganda	47.5	2001	27.80	262,507	0.94
Burkina Faso	22.0	2002	13.40	894,114	6.67
Nigeria	90.3	2002	9.80	600,000	6.10
Ghana	25.0	2002	16.00	500,000	3.12
Zambia	42.0	2003	4.30	82,632	1.9
Tanzania	70.0	2003	2.90	500,000	17.4
Gambia	15.0	2001	6.40	<10, 000	<0.005
Cameroon	50.0	2001	26.20	<10, 000	<0.005
Benin	23.0	2002	8.60	<10, 000	<0.005
Cape Verde	9.0	2002	4.50	<10, 000	<0.005
Sierra Leone	15.0	2002	4.60	<10, 000	<0.005
Madagascar	20.0	2002	9.10	<10, 000	<0.005
Senegal	30.0	2003	6.80	<10, 000	<0.005
Guinea	20.3	2003	3.00	<10, 000	<0.005
Rwanda	30.5	2003	5.30	<10, 000	<0.005
Mozambique	55.0	2003	3.30	<10, 000	<0.005
Burundi	36.0	2003	9.50	<10, 000	<0.005
Niger	25.0	2003	2.30	<10, 000	<0.005
Mauritania	21.0	2004	2.10	<10, 000	<0.005
Malawi	35.0	2004	2.80	<10, 000	<0.005
TOTAL	US\$ 1.07 billion		US\$ 251 million	US\$ 4.5 million	1.8%

1/ Total amount committed

2/ Year the project became effective

Figure 5 summarizes information contained in Table 2. Of great interest here is, first, the small amount that has been disbursed to MOEs. Of the US\$1.07 billion that has been committed under the MAP countries in Africa, only about US\$908 million was ready for disbursement through projects that were effective by end of August 2004. Of all amounts that have been disbursed from the MAP since its inception in 2000, Ministries of Education have received 1.8%, or US\$ 4.5 million. This is roughly US\$ 1.5 million for every year that the MAP has been effective. It is interesting to note that the nine countries disbursing to MOEs are among the countries in Figure 2 that have disbursed high percentages compared to others that have been effective for roughly the same amount of time.

Figure 5: Total MAP commitments and disbursements, and disbursements to Ministries of Education



Note: MAP Total* (second column from left) is the sum of all MAP commitments in projects that are already effective (i.e. able to begin disbursing). The larger MAP total also includes newly approved projects that are not yet effective.

Key Determinants of Disbursement of MAP Funds to the Education Sector

The review, through the consultation workshop and in discussions with country and Bank staff, came to a number of conclusions about the inability of MOEs in general to access substantial amounts of funding from the MAP:

- **Weak commitment and insufficient dedicated capacity and coordination of MOE officials.** MOEs generally still consider Ministries of Health as the main implementing agencies in the battle against HIV/AIDS. As a result MOEs have not been forthcoming in approaching NACs or NASs for assistance in initiating or scaling up education-related responses to the epidemic. Moreover MOEs have not seen the necessity of building capacity to strategize and plan for effective education sector responses to the epidemic. All these eventually impact on the quality of proposals for work programs that are submitted to NACs through NASs, many of which are declared as unfit for support.
- **Dependence on “focal points”.** Most MOEs that are active in MAPs depend on focal points that usually do not have the administrative authority and standing or adequate resources to perform their tasks. Few MOEs use the “social assessment” process and/or contracting of program preparation/implementation that the generic operations manual suggests, even though MAP funding can be used to hire these consultants.
- **NACs/NASs may not fully recognize the key role of the education sector.** 60% of Bank and country staff mentioned that the lack of recognition of the role of the education sector by NAC officials was a major constraint in accelerating education

sector responses. One of the key tasks of NACs, through their NASs, is to mobilize line ministries and to assist them in refining their work plans. This requires that NAS public sector coordinators be fully conversant with the pivotal role that MOEs have in fighting the epidemic. The combined effect of a NAC/NAS that is not committed to assisting the MOE and a MOE that does not see a clear role for education in the battle against HIV/AIDS is definitely a major challenge for the MAP.

- **Absence of an education sector strategy and/or implementation plan for HIV/AIDS prior to MAP effectiveness.** 90% of all MAP teams mentioned that Ministries of Education had yet to produce an education sector strategy on HIV/AIDS at the time the MAP became effective. It is important to note that the country that had an education sector HIV/AIDS strategy and prepared an HIV/AIDS education sector program as part of MAP project preparation – Eritrea – had accessed the largest absolute amount of money from MAP. In addition, other countries that had benefited from a special workshop on MAP and MOEs had accessed more funding than MOEs that had not. The clear conclusion is that MOEs need to go through the traditional “project preparation approach” in order to access MAP funding.
- **Limited engagement of education sector specialists, either from the World Bank or from MOEs, in MAP preparation or supervision.** Despite MAP projects being multi-sector operations, the reality is that MAP task team leaders often come from the health sector, as do many NAS staff. According to information on MAP TTL specialization at the end of December 2003, no MAP was task-managed by an education sector specialist.³ Even more important, the majority (80%) of MAP teams in the Bank mentioned that no education specialists had even been involved in MAP project preparation or supervision. In the original plan for the MAP the Africa Region of the World Bank provides three times the budget for MAP supervision, as compared with traditional investment projects, in part to ensure that sector specialists are fully involved in MAP supervision to ensure the “multi-sectoral response”. In practice these funds do not appear to have been made available to all sectors.

5. ACCELERATING WORLD BANK HIV/AIDS FUNDING FOR THE EDUCATION SECTOR: CONCLUSIONS AND RECOMMENDATIONS

Conclusions

The review’s assessment of the role of the education sector in the HIV/AIDS response and of support from World Bank education sector investment and MAP projects suggests the following:

³ The majority of MAP TTLs are Health sector specialists (49%); Operations specialists (17%); Economists/Agricultural Economists and Social Development specialists (9% each) and 4% were from other sectors such as Human Development, Social Protection, Transport and Population. There was no MAP TTL from the education sector.

- **World Bank funding for the Education sector response to HIV/AIDS has yet to achieve its potential.** At mid 2004, 40% of 38 education projects and 60% of 22 MAP projects did not include budgets for the education response to HIV/AIDS. For those projects that did fund the response, education projects committed some US\$6.2 million a year, and MAP projects disbursed some US\$ 4.5 million; a total of US\$10.7 million a year.
- **Better estimates and better resource tracking are required to determine the financing needs for an effective education response to HIV/AIDS in sub-Saharan Africa.** UNESCO (2002) estimates that the global response to HIV/AIDS requires an extra US\$975 million per year to achieve universal primary education, with most of the cost required for the worst affected countries in sub-Saharan Africa. The World Bank (2002) estimates that an extra US\$286 million per year is required for the 33 most affected countries. In addition to the variance in these estimates, it is unclear to what extent mainstream education financing will contribute to the HIV/AIDS response. For example, enhanced access to education for OVC – a component of both estimates – will be in part achieved by efforts to remove financial barriers to access for the population as a whole. Current methods of tracking expenditure for HIV/AIDS are unable to differentiate the contribution of general education sector expenditure to the HIV/AIDS response, and undoubtedly underestimate the scale of investment. Nevertheless, current levels of resources for HIV/AIDS, which represent only 3.7% of what the more conservative estimate suggests is required, appear to fall well short of need.
- **Countries are using a mix of sources to fund Education sector responses.** Countries disbursing from MAP to the education sector all have an education project or a Poverty Reduction Support Credit (PRSC) that has an AIDS component. This implies that the perception that MAP fulfills HIV/AIDS needs in the education sector is not borne out in practice. Moreover, for countries that have an education project with an AIDS component but no MAP disbursement, there is evidence that the education sector has tried to obtain MAP funds: these include Mozambique, Sierra Leone and Zambia where proposals have been made to MAP but have not been funded as yet. Fourteen (14) effective (approved and ready to disburse) MAPs have yet to start disbursing to education; of these 50% are in countries with education projects with HIV/AIDS interventions. The remaining 50% do not have an education sector response either because the education project does not support a response (4) or they simply do not have an education project (3).
- **MAP funding is not substituting for Education sector funding.** While there is an overall upward trend in education projects financing HIV/AIDS interventions, there has been a slight decline in this proportion since the introduction of the MAP (from 74% in 2000-2001 to 64% in projects that became effective in 2003-2004). While this trend could be misconstrued to be a result of MAP funds becoming available, this evaluation did not find that MAP funding is substituting for education sector funding. In fact the previous section showed that the reverse is the case since MAPs that are

disbursing to education are in countries with education projects with HIV/AIDS responses.

- **Successful MAP disbursement for Education requires a strong Education sector response.** This review found that MAPs that were disbursing to MOEs were predominantly in countries that have participated in workshops developed by the UNAIDS Inter-Agency Task Team for Education Working Group, irrespective of the HIV/AIDS prevalence in these countries. These workshops provide an opportunity for countries, and for staff from both NASs and the education sector, to share information on the importance of the role of the education sector in the HIV/AIDS response, feasible education sector actions, and how to access MAP funding, and usually cover thematic areas such as prevention and teacher training, workplace HIV/AIDS policy, and management and planning.
- **The World Bank needs motivated and knowledgeable task team leaders.** This review found that successful MAP disbursement to the education sector very much depends on the motivation and knowledge of the respective education sector and MAP task team leaders (TTLs). As was pointed out above, MAPs which provide financial support to the education sector are in countries with education projects which themselves fund the response to HIV/AIDS; this suggests very strongly that an education sector response needs motivated and knowledgeable TTLs. The situation is probably not facilitated by the fact that there is very limited cross sector involvement in project design and supervision for both MAP and Education projects. The review found that teams that design education projects are almost exclusively education specialists. The two education sector projects that have a wide range of HIV/AIDS activities - Rwanda and Burkina Faso - both have health sector specialists listed as part of the preparation teams.⁴
- **More focused NAC/NAS involvement.** The review showed that too many NACs/NASs still do not appreciate the pivotal role of education in the multi-sector response to HIV/AIDS. In many cases NACs/NASs provide low levels of financing to very large numbers of non-health public sectors in order to support internal mainstreaming of the HIV/AIDS response, that is, to support programs to protect public sector employees. There is a lack of recognition that some sectors can play an additional important role in external mainstreaming, and can contribute materially to the national prevention response. Education is one of the key sectors that can play this additional role. The fact that there are still 14 MAPs that have yet to disburse to the education sector suggests that more, and more focused support from NAC/NAS for the education sector is necessary. The review showed that where the education sector is trying to respond to HIV/AIDS, all sources of funding (MAP, PRSC, education sector projects) are pursued. It also shows that: (i) ensuring stronger

⁴ In fact, the Rwanda project lists HIV/AIDS specialists as part of the Quality Assurance Team and the Quality Enhancement Review. The Rwanda project not only proposes a wide range of HIV/AIDS activities for the education sector, it also has better use of statistics on HIV/AIDS and a more elaborated way of measuring the impact of HIV/AIDS interventions funded by the project.

NAC/NAS involvement in the multi-sector response is key; and (ii) preparing education sector programs for MAP funding requires more than appointing a focal point.

Recommendations

In order to increase the quantity and improve the efficiency and effectiveness of the funding of HIV/AIDS activities in the education sector, African countries and the donors, in particular the World Bank, need to act differently.

The country response

Ministries of Education need to take leadership in developing the education sector response to HIV/AIDS. This is the most important determinant of an effective response. Countries should also be encouraged to share experiences and lessons learned about the education sector and HIV/AIDS among and between countries through dedicated consultation workshops. The World Bank, through the Norwegian Education Trust Fund, has appointed regional coordinators for HIV/AIDS and education in East and West/Central Africa to support countries in this aim. In addition, the World Bank as a member of the UNAIDS Inter-Agency Task Team on Education and HIV/AIDS is working with more than 20 other development partners in a working group to “Accelerate the Education Sector Response to HIV/AIDS in Africa”.

The NACs/NASs need to be more receptive to the role of the education sector in the war against HIV/AIDS. Where the education sector response is weak, the NACs/NASs should fund mechanisms to assist the education sector to encourage program development, especially through a process of social assessment and participatory program preparation and implementation, contracting out these functions as a first choice. Since the MAPs are designed to be “demand driven”, the education sector should be encouraged by the NACs/NASs to submit large programs for financing since this is what is required to stimulate quickly an enhanced education sector response. The NACs/NASs should give specific priority to funding the education sector because of the sector’s key role in external mainstreaming of prevention.

The donor response

The main donors and providers of technical expertise to the education sector have all pledged to work more effectively together within the framework of the “Three Ones”.⁵ This means that within the education sector, coordination and collaboration should be enhanced both at the global level and at country level. The specialized UN agencies, especially UNESCO and UNICEF, which deal most directly with the education sector, may wish to take the lead in stimulating and coordinating the donor response.

⁵ The “Three Ones”, initiated by the UNAIDS co-sponsors and now endorsed, inter alia, by the three main external HIV/AIDS funders – The Global Fund, the U.S. Government, and the World Bank – aim at achieving effective and efficient use of available resources and ensuring rapid action and results-based management through: (i) one agreed HIV-AIDS action framework that provides the basis for coordinating the work of all partners; (ii) one national AIDS coordinating authority, with a broad based multi-sectoral mandate; and (iii) one agreed country level program monitoring and evaluation system.

Improving World Bank performance. Managers and staff in the World Bank, particularly those dealing with education sector and MAP projects, have an important opportunity to increase funding for education sector HIV/AIDS activities through:

- **Better information from MAP projects.** While some MAP TTLs include disbursement for the education sector in their supervision reports, there is a general lack of information on MAP disbursement for education. The allocation and use of funds by line ministries should be captured in the MAP program monitoring system or the end of year audit reports. The need here is for basic disbursement data, not extensive reporting on content, impact or beneficiaries. Such basic information would help education TTLs to mainstream HIV/AIDS and to identify funding gaps that can be filled by education sector resources. It might also encourage the key country policy makers, especially in NACs/NASs, to pay more attention to the sector.
- **Better information from education sector projects.** Some Education TTLs include the education sectoral response to HIV/AIDS in their supervision reports on education projects, but most do not. However, it is usually the education sector TTLs that have the most comprehensive view of the education sector, and the appropriate role for the education sector in HIV/AIDS programs. The TTLs have to be empowered by instruction and funding to fulfill this coordination function, especially to make the link between the MAP and other education activities supported by Bank instruments. It may be that this coordination/information function could be played by the HD Anchor.
- **There is a lack of incentive (BB resources)⁶ for cross-sector supervision of HIV/AIDS by education TTLs.** In order to ensure the multi-sectoral composition of MAP supervision, World Bank country directors have for the last three years received \$200,000 to supervise each MAP project, two to three times the country average for other projects. In very few cases has this money been used to fund sector specialists in MAP supervision, including in the education sector. World Bank country directors and sector managers should ensure that the Bank's ample funding for MAP supervision is used as intended, including for involving education specialists in MAP supervision, supplemented where necessary by education project supervision funding.
- **Lessons learned - expand what works.** It is now demonstrated that education sectors need help from outside their own staff to stimulate the preparation and implementation of HIV/AIDS activities for their staff and families and for their clients. The process of social assessment and program preparation, contracting out program implementation, sending specialized consultants, holding consultation workshops, etc. have all been shown to increase funding for the education sector's HIV/AIDS coverage and should be expanded quickly, including through use of specialized trust funds. The Bank should expand its attention to the education sector

⁶ "BB" or "Bank Budget" refers to World Bank operational budgets, not including resources from other funders that are channeled through or made available to the Bank.

with the same commitment to speed and to changing the way it operates that it did for the MAP as a whole.

- **Increasing resources and focus.** MAP funds can catalyze action to mainstream the HIV/AIDS response in education, but are inadequate to respond to all the needs of the education sector. A long term, mainstream education sector response to HIV/AIDS will require more systematic and specific allocation of resources from: education projects, HIPC resources for education and, most particularly, Education for All. Some other non-health sectors (e.g. transport) have mainstreamed HIV/AIDS as a deliberate sector strategy which has resulted in the routine inclusion of HIV/AIDS responses in their projects. The 2005 update of the World Bank Education Sector Strategy argues specifically for an increase in World Bank assistance for the education sector response to HIV/AIDS.

ANNEX 1: Accelerating the HIV/AIDS Response by the Education Sector in Africa: a Checklist of Good Practice

This checklist is based on experiences with education sector teams from 33 countries in Africa from November 2002 to June 2005. It reflects dialogue during workshops and country missions that formed part of the multi-agency effort to “Accelerate the Education Sector Response to HIV/AIDS in Africa”, led by a working group of the UNAIDS Inter-Agency Task Team for Education and HIV/AIDS.

The checklist is not intended as a guide to a minimum or ideal package, but rather to provide an Aide Memoire of the universe of issues that might be considered in preparing an effective education sector response to HIV/AIDS. Each country response will be different, and the relevance of the items listed here will vary depending on local needs and circumstances.

The checklist addresses four issues that have consistently emerged as central to an effective education sector response:

- Education Sector policy for HIV/AIDS
- Education Sector management and planning to mitigate the impact of HIV/AIDS
- Prevention of HIV/AIDS by education systems
- Ensuring access to education for orphans and vulnerable children

The checklist is a work in progress and was developed by a team from the World Bank (Don Bundy, Seung-hee Francis Lee, Alexandria Valerio, Stella Manda, Andy Tembon), UNICEF (Amaya Gillespie, Marcel Ouataro), UNESCO (Bachir Sarr, Christine Panchaud), DfID (David Clarke) and the Partnership for Child Development (Lesley Drake and Matthew Jukes).

Sector Policy Checklist

Check Item	Comment
<p>National HIV/AIDS Strategy</p> <ul style="list-style-type: none"> ○ adopted by the government ○ includes education in a multisectoral approach <p>National Education Sector HIV/AIDS Strategy</p> <ul style="list-style-type: none"> ○ adopted by the Ministry of Education ○ incorporated in the national education sector plan <p>Education sector policy for HIV/AIDS</p> <ul style="list-style-type: none"> ○ adopted by Ministry of Education ○ shared with all stakeholders and disseminated ○ addresses gender, curriculum content, planning issues, and education needs of orphans and vulnerable children ○ includes workplace policy <p>Workplace policy</p> <ul style="list-style-type: none"> ○ addresses stigma and discrimination in recruitment and career advancement ○ addresses sick leave and absenteeism ○ includes enforcement of codes of practice, especially with respect to the role of teachers in protecting children ○ addresses care, support and treatment of staff, and access to voluntary counseling and testing (VCT) 	<p>Demonstrates the government's commitment to responding to HIV/AIDS. The inclusion of the education sector shows the recognition of the role of the sector in the response.</p> <p>Shows how sector plans contribute to the response to HIV/AIDS nationally. Inclusion in the education plan (and EFA) indicates how this strategy will be implemented.</p> <p>Addresses sector specific HIV/AIDS issues. Establishing policy is the essential first step in an effective sectoral response. The policy will only be effective if it is owned by the relevant stakeholders, especially the teacher unions, and if it is widely known and understood. Addressing curriculum at this stage can facilitate dialogue and agreement with the community on sensitive issues that can otherwise slow progress in implementation. HIV/AIDS presents major new issues in the workplace (the school, the office).</p> <p>Recruitment and career progression are constrained by stigma and discrimination; sick leave policies rarely cope with long-term disease, and encourage undisclosed absenteeism; codes of practice that forbid sexual abuse of pupils are rarely enforced. Teachers need to receive appropriate psychosocial support and ready access to VCT. The public sector can often learn from the private sector in developing a workplace response. Autonomous tertiary level institutions should be encouraged to develop individual HIV/AIDS policies.</p>

Management and Planning Checklist

Check Item	Comments
<p>Management of the sector response requires:</p> <ul style="list-style-type: none"> ○ an interdepartmental committee ○ department focal points who have HIV/AIDS activities as a specific part of their job description ○ a secretariat or unit that supports the mainstreaming of the response, and has clear political support ○ understanding of new sources of financial support and effective dialogue with the National AIDS Authority 	<p>Mainstreaming the HIV/AIDS response requires, at least initially, mechanisms for involving all departments (the committee) and for implementation (the unit). Keys to success are: the focal points have space in their work program to allocate time to HIV/AIDS; the unit reports to the highest level; the unit is led at the department director level. Through National AIDS Authorities the sector now has access to new financial resources (eg MAP, Global Fund).</p>
<p>For short to medium term planning, the Education Management Information System (EMIS) and/or school survey data should be used to assess the following at both national and district level:</p> <ul style="list-style-type: none"> ○ HIV/AIDS specific indicators ○ teacher mortality and attrition data ○ teacher absenteeism data ○ district level data 	<p>Even where an effective EMIS is unavailable, school survey data can be used to assess the impact of HIV/AIDS on the education system. This should relate district level education data to the geographical pattern of the epidemic, using epidemiological data from the health service.</p>
<p>For long term planning:</p> <ul style="list-style-type: none"> ○ computer model projection of the impact of HIV/AIDS on education supply and demand ○ assessment of the implications of changes in supply for teacher recruitment and training ○ assessment of the implications for demand of changes in the size of the school age population and the proportion of orphans and vulnerable children 	<p>The effects of the epidemic have a time scale of decades, and impacts only slowly become apparent. Long term planning similarly requires projection of impact over decades. This can be achieved using computer projection models which combine epidemiological and education data. Projection allows for the planning of future teacher supply needs, and where necessary the reform of teacher training schedules, and for future demand.</p>

Prevention Checklist

Check Item	Comments
<p>Achieve Education for All</p> <p>The national curriculum uses a life skills approach, including:</p> <ul style="list-style-type: none"> ○ formal and non-formal components ○ grade and age specific content, beginning before the onset of sexual activity ○ participatory teaching methods ○ based in a carrier subject ○ teach in the context of school health (eg FRESH) ○ ownership and support of the community <p>HIV/AIDS prevention requires that teachers develop skills in participatory methods through:</p> <ul style="list-style-type: none"> ○ pre-service training and materials ○ in-service training and materials ○ messages and approaches that help teachers to protect themselves <p>Complementary approaches:</p> <ul style="list-style-type: none"> ○ peer education ○ MOE has input to community Information, Education and Communication (IEC) strategies ○ MOE coordinates with NGO, FBO and CBO prevention programs ○ MOE assists MOH in promoting youth-friendly clinics for VCT, the treatment of sexually transmitted infections (STIs) and condom distribution 	<p>Completing a quality basic education is a social vaccine against HIV/AIDS.</p> <p>Key issues: Teaching needs to start before risky behaviors have become established, and the content needs to be matched to the development stage of the child. Teaching methods which establish knowledge, values and skills that support positive behaviors should be used. A single carrier subject (eg social studies) is simpler and avoids spreading messages thinly across subjects (eg integration/ infusion). Failure to involve the community in this sensitive area is one of the major causes of delay in implementation.</p> <p>Preventive education is more frequently taught as part of in-service training than pre-service. While both are necessary, new teachers may be more readily trained in the participatory methods that are required to teach the subject. Teacher training institutions frequently overlook the benefits of helping teachers to protect themselves.</p> <p>An holistic approach is essential for effective prevention. Peer education can reinforce active learning by youth. IEC strategies ensure consistent messages in the school, home and community. Building on existing programs speeds up the response. Early and effective treatment of STIs is effective in reducing HIV transmission, youth need access to VCT and condoms to translate learned behaviors into practice.</p>

Orphans and Vulnerable Children Checklist

Check Item	Comments
<p>Financial barriers to education are eliminated:</p> <ul style="list-style-type: none"> ○ achieve Education for All ○ abolish school fees ○ develop a mitigation strategy to avoid informal and illegal levies ○ subsidize payment of informal levies <p>The education system helps maintain attendance:</p> <ul style="list-style-type: none"> ○ offer conditional cash (or food) transfers ○ provide school health programs to support children (eg FRESH), including psychosocial counseling <p>The education sector works with other agencies providing care, support and protection:</p> <ul style="list-style-type: none"> ○ MOE coordinates with NGOs, FBOs and CBOs ○ MOE coordinates with Ministry of Welfare/Social Affairs 	<p>Achieving EFA enhances access for all children including OVC. School fees in particular may prevent OVC from accessing education. Abolition provides partial relief, but fees are often substituted by levies (eg for textbooks, PTA, uniforms) which must be addressed in financing plans for fee abolition. Social funds offering subsidies through schools, PTAs or the community can help overcome these barriers.</p> <p>Ensuring that OVC are able to attend school is only the beginning: they also require support to remain in school. One effective method is to offer caregivers cash (or food) transfers that are conditional upon attendance. OVC may require special care because of their experiences, and benefit from school health programs based on the FRESH framework, including psychosocial counseling.</p> <p>In practice, civil society and FBOs are often most directly involved in these programs, and offer an immediate point of entry. MOE can ensure that education system programs are complementary with these activities. Long term care, support and protection of OVC are typically the mandate of social programs under Ministries of Welfare or Social Affairs.</p>

Materials available from eservice@worldbank.org or www.schoolsandhealth.org for supporting the development of the key components of the education sector response to HIV/AIDS.

Sector policy

- An ILO Code of Practice on HIV/AIDS and the World of Work (ILO, 2001)
- Implementing the ILO Code of Practice: An education and training manual (CD format)
- The Namibia Ministry of Education National Policy on HIV/AIDS and Education
- HIV/AIDS and Education: A Strategic Approach (UNAIDS Inter Agency Task Team on HIV/AIDS and Education, 2002)
- Education and HIV/AIDS: A Window of Hope (World Bank, 2002)

Management and planning

- Education and HIV/AIDS: Modeling the Impact of HIV/AIDS on Education Systems: A training Manual (World Bank and UNAIDS, 2002)
- Using school survey data to project the impact of HIV/AIDS on the education sector in Mozambique, as a component of the planning for the FTI response (Alexandria Valerio and Kamal Desai, 2002)

Prevention

- Education and HIV/AIDS: A Sourcebook of HIV/AIDS Prevention Programs in Schools (World Bank and Development Cooperation Ireland, 2003).
- UNAIDS Benchmarks for Effective HIV/AIDS Prevention Programs in Schools (UNAIDS IATT Working Group, 2002)
- Focusing Resources on Effective School Health: a FRESH Start to Enhancing the Quality and Equity of Education (UNESCO, UNICEF, WHO and World Bank, 2000)
- Focusing Resources on Effective School Health: a FRESH Approach to achieving Education for All (UNESCO, UNICEF, WHO, World Bank, 2002)
- Focusing Resources on Effective School Health: a FRESH Start to Enhancing HIV/AIDS Prevention (UNICEF, UNESCO, WHO and the World Bank, 2002)

Orphans and vulnerable children

- Education and HIV/AIDS: Ensuring Education Access for Orphans and Vulnerable Children – a Training Module (The World Bank and UNICEF, 2002).
- Children on the Brink (UNICEF and USAID, 2002)
- The Role of Education in Supporting and Caring for Orphans and other Children Made Vulnerable by HIV/AIDS (UNAIDS Inter Agency Task Team on HIV/AIDS and Education, 2003)

APPENDIX 2: The Education Sector Response to HIV/AIDS in Countries Reviewed During the Survey of World Bank Assistance^{7,8}

Country	HIV/AIDS Strategy			Planning and Management			Prevention		Access to Education for OVC	School Health Program
	National Strategy	Education Sector Strategy	Education Sector Policy	HIV/AIDS Focal Point in MOE	Interdepartmental Steering Committee	HIV/AIDS Curriculum	Pre-Service Teacher Training	School Fees eliminated		
Benin	+	-	-	+	+	+	+	-	-	
Burkina Faso	+	+	-	+	+	+	+	+	+	
Chad	-	-	-	-	-	-	-	-	+	
Côte d'Ivoire	+	+	-	+	+	+	+	-	-	
Eritrea	+	+	+	+	-	-	+	+	+	
Ethiopia	+	+	-	+	+	+	+	-	-	
Ghana	+	+	-	+	+	+	+	+	+	
Guinea	+	-	-	+	+	-	+	-	+	
Guinea Bissau	+	-	-	+	-	+	+	-	-	
Kenya	+	+	+	+	+	+	+	+	+	
Lesotho	+	-	+	+	-	+	+	+	-	
Madagascar	+	-	-	+	+	+	+	+	+	
Malawi	+	-	+	+	+	+	+	+	+	
Mali	+	+	-	+	-	-	-	-	+	
Mauritania	+	-	-	+	+	-	-	-	-	
Mozambique	+	+	+	+	+	+	+	+	+	
Niger	+	+	-	+	+	-	-	-	-	

⁷ All countries have World Bank education sector assistance and HIV/AIDS MAP projects. The activities listed are those considered essential to a basic response. A “+” indicates that documentation exists that describes implementation of a particular activity, but does not necessarily imply that the activity is completed or effective. A “-” indicates that no documentation was found.

Sources of information include: World Bank documents (particularly Program/Project Appraisal Documents); Sub-Regional and National Reports of the “Accelerating the Education Sector Response to HIV/AIDS” Workshops; Regional HIV/AIDS and Education Network Reports and the “www.schoolsandhealth.org” website.

⁸ Note that in many cases, the activities are under development.

Country	HIV/AIDS Strategy				Planning and Management			Prevention		Access to Education for OVC	School Health Program
	National Strategy	Education Sector Strategy	Education Sector Policy	HIV/AIDS Focal Point in MOE	Interdepartmental Steering Committee	HIV/AIDS Curriculum	Pre-Service Teacher Training	School Fees eliminated			
Nigeria	+	+	+	+	-	+	+	+	+	-	
Rwanda	-	+	+	+	+	-	+	+	+	-	
Senegal	+	+	+	+	+	+	+	+	+	+	
Sierra Leone	+	-	-	+	+	+	+	+	+	-	
Tanzania	+	+	+	+	+	+	+	+	+	+	
The Gambia	+	+	-	+	+	+	+	+	-	-	
Uganda	+	+	+	+	+	+	+	-	+	+	
Zambia	+	+	+	+	+	+	+	+	+	+	



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