EVALUATION REPORT
The Partnership for Child Development (PCD)
Supporting EFA/FTI with more effective
School Health and Nutrition and HIV/AIDS Programs

EXECUTIVE SUMMARY AND RECOMMENDATIONS

In summary, working within a multi-agency partnership, PCD has provided leadership and key technical support for the development and dissemination of technical content as well as for the technical facilitation of training workshops and other capacity building initiatives, all aimed at strengthening school health and HIV/AIDS and education responses in countries in Africa and Asia. PCD, with its focus on research (“production of knowledge”), networking, dissemination of knowledge (including research findings) and capacity building, is particularly well positioned to help a partnership of agencies move forward in building a consensus on goals and methods to strengthen education ministries in their response to HIV/AIDS, as its track record in building and in strengthening the FRESH partnership shows. PCD activities have resulted in leveraging significant resources, including World Bank MAP and project resources, for the education sector.

INTRODUCTION AND BACKGROUND

The Development Grant Facility (DGF) of the World Bank has been supporting the Partnership for Child Development (PCD) in their efforts to support the Education for All (EFA) Fast Track Initiative (FTI) and Millennium Development Goals (MDG) through school health and HIV/AIDS and Education activities. These activities are undertaken in partnership with other agencies and stakeholders; school health programming is carried out under the banner of FRESH \(^1\) and HIV/AIDS and Education activities are supportive of a multi-agency initiative to “Accelerate the Education Sector Response to HIV/AIDS” which is executed under the banner of the Interagency Task Team on HIV/AIDS and Education (IATT) and its Working Group\(^2\).

This report describes an evaluation of these activities using the following key outputs as guidelines – outputs which can be found in the approved DGF proposal:

1. Providing technical support and assistance to FRESH and HIV/AIDS and Education programs and initiatives;
2. Strengthening the knowledge base by conducting innovative research and developing evidence-based documents and tools;

\(^1\) FRESH = Focusing Resources on Effective School Health – a framework of actions and actors developed as an interagency initiative by UNESCO, WHO, UNICEF, WFP, Education International and the World Bank to which PCD has contributed significantly in terms of research and technical assistance.

\(^2\) The IATT on HIV/AIDS and Education was established in 2000 and is chaired and convened by UNESCO. Several agencies are members and have been involved in its initiatives, including the World Bank, UNESCO, UNFPA, UNICEF, WHO, ILO, WFP and Educational International. The IATT Working Group was developed in 2002.
3. Information dissemination;
4. Strengthening and expanding strategic partnerships.

This evaluation included: (i) discussions with clients, task managers, development partners, workshop participants and other stakeholders; (ii) observations of two HIV/AIDS and education workshops in Mozambique and Ethiopia and (iii) a review of documents and tools developed by PCD.

It should be mentioned that there are two elements of PCD’s work and the DGF’s role in it that make an evaluation of these activities challenging. First, by nature, DGF grants can never make up more than 15% of a beneficiary agency’s funding base. In the case of PCD, DGF funding makes up less than 9% of its funding. This makes it sometimes difficult to distinguish what is funded by the DGF, and what is funded from other sources. Second, PCD works in partnership with a large number of other organizations, and many of the achievements and outputs over the past years can therefore be attributed to joint efforts of PCD and its partners. This makes it difficult to distinguish what was achieved by PCD itself, what was achieved by the partners it works with, and what was achieved by the partnership as a whole. But, since the formation and strengthening of strategic partnerships could be viewed as PCD’s main strategy for achieving its other goals, the success of these partnerships may further reflect the success of PCD.

OUTPUTS

Under the outputs detailed above, the key results of PCD activities are:

In Support of FRESH
1. PCD supported and implemented research has shown the cost-effectiveness of school health interventions providing key guidance to policy makers, educational planners and program implementers;

2. Key documentation and training tools developed by / or in collaboration with PCD have proven successful in building the capacity of education sector staff to manage and implement successful programs;

3. FRESH programs are currently being implemented in over 35 countries in Africa, Asia and LAC.

For example:
- The Tajikistan FRESH program, technically supported by PCD, now targets the 100,000 neediest children in all 200 schools in the 6 poorest districts of Tajikistan, at an approximate per capita cost of US$1.00;
- A 3 year impact assessment survey and operations research, conducted by PCD in collaboration with the Ministry of Education (MoE), contributed to the recent expansion of the Zambian FRESH program to 5 of the 9 Provinces of Zambia, with the goal of 100% coverage by 2006. A substantial proportion of this program is now supported by Government funds, allowing PCD efforts to focus elsewhere;
- PCD is supporting the Eritrean MoE in their efforts to develop a FRESH program. A situation analysis provided information regarding the health and nutritional problems facing Eritrean schoolchildren and provided guidance to program design. Current
activities include continued guidance on design and implementation and also on school health policy development.

In Support of HIV/AIDS and Education Initiatives

1. Since the inception of the “Accelerate the Education Sector Response to HIV/AIDS” initiative of the IATT in November 2002, PCD has provided technical support and assistance to 4 sub-regional and 2 national level workshops in Africa. Support has taken the form of content development, technical facilitation and, in some instances, national level follow up. Two more workshops are scheduled in the next 3 months;

2. In many instances, for the first time, a comprehensive education sector response was discussed among - and between - country delegations and linkages established between people working in education and other HIV/AIDS stakeholders, for example, people working on issues concerning OVCs (Orphans and Vulnerable Children);

3. A main output of the workshops is the development of DRAFT country / provincial work plans that include both long and short term goals. The evaluation results (Annexes 2 and 8) suggest that the capacity of participants to respond to HIV/AIDS in the education sector was dramatically improved by the workshops. The evaluation results also reinforce that these workshops fulfill a demand and that clients regard these workshops as relevant to their work.

For example:

• As part of the response plan developed during the Mombasa 2002 workshop, 14,200 students were reached in 10 months with skills based peer education through health clubs in Eritrea. This resulted in a decrease in sexual activity from 9 to 2% of 12-17 year-olds (also, see below);

• Following participation in the Mombasa 2002 workshop, the Ethiopian Ministry of Education requested a national level follow up workshop. This has recently been completed (March 2004). All 11 regions of Ethiopia and over 20 development partners were represented. Mechanisms were put in place whereby regional response plans could be financed by MAP funds at the regional level;

• Two workshops have been completed in Nigeria, with a third scheduled for April 2004. The first, involved Federal level participation. The second involved teams from 4 States of Nigeria. It is the intention of the Ministry of Education to train teams from all 36 States; The second workshop was run at the National Institute of Educational Planning and Administration (NIEPA) with the international facilitation team cofacilitating with a team from NIEPA. The Ministry of Education have now requested support to run a third workshop at NIEPA to train a further 8 States. It is envisaged that the NIEPA team will take a lead role in the facilitation of this workshop. Through this capacity building exercise, it is hoped that NIEPA will complete the training of the remaining States and take full responsibility for follow up, with external support on request.

• A national level workshop held in Mozambique received high level political support and set the ground for the development of a Lusophone network for AIDS and Education (see the box below for further details).
Detailed Output from the Mozambique workshop (attended by the evaluator)

**Staffing**
1. A full time director level post of HIV/AIDS coordinator, reporting directly to the Minister, has been created in the Ministry of Education (MINED);
2. MINED is reviewing the role of HIV/AIDS Focal Points at the provincial level to ensure that AIDS related activities are included in their formal job descriptions and that the appointees have specific space in their work programs to further their province’s education sector’s response to HIV/AIDS.

**System Planning**
1. All 11 provinces have adapted the pre-existing MINED national HIV/AIDS strategic plan to the specific needs of each province, and priorities for action have been identified, including specific short term actions against HIV/AIDS that will be implemented and completed within 100 days;
2. The Director of Planning promised that HIV/AIDS indicators will be included in the Education Monitoring and Information System (EMIS - SERGE);
3. A workplace policy for HIV/AIDS, including actions to prevent stigmatization and discrimination (as defined in law 5/2002), has been drafted and will now be finalized by the Director of the Human Resources Department and taken forward for adoption;
4. MINED is reviewing current policies on fee exemptions and the need for issuing poverty certificates for OVC, to ensure equitable access to education.

**Planned Activities at School Level**
1. The Government of Mozambique has a program in place to provide more than 8000 primary schools with a direct grant (varying from $200 to $2000 depending on the size of the school) to finance school improvements. Following the "Accelerate" workshop in Maputo, the government is considering including a specific small sum of money to promote school health (e.g. de-worming) and some activities towards HIV/AIDS prevention;
2. The September 2004 Annual Review of the Education Sector will include a half day session on AIDS and Education when all 11 provinces will report to MINED on progress made since the workshop.

**Building Regional Networks**
1. Formal endorsement is being sought from Portuguese-speaking African Countries (PALOPs) for the creation of a Lusophone network for AIDS and Education;
2. The Minister of Education has proposed a Regional AIDS and Education meeting to follow-up on the workshop in 2005.

In all workshops organized at the country level, similar concrete outputs have been achieved. It remains a challenge to make sure all good intentions and ideas will actually be implemented.

Full reports of all these workshops can be obtained from [www.schoolsandhealth.org](http://www.schoolsandhealth.org).

**Strengthening of the Knowledge Base**
1. Conceptual Research: The research conducted by PCD is innovative and contemporary. Research has proven how cost effective and relatively easy school health interventions can be, and how strongly these interventions are linked to a child’s ability to learn and
attend school, and hence, how important these interventions are to attain EFA and the Millennium Development Goals.

For example:
- Impact assessment showing how de-worming improves a child’s ability to learn in Zambia, which convinced the Government to expand this pilot project nationwide;
- Longitudinal study of incidence and socio-economic situation and household circumstances of orphans in Zimbabwe, clarifying the factors that affect an orphan’s ability and opportunity to attend school (ongoing);
- Research in Gambia showing the long-term benefits of malaria prevention during childhood for school attendance in later years, especially for girls;
- Research showing how iron supplements increase pre-school children’s ability to concentrate in India;

Details of these studies are available upon request.

2. Synthetic Research: PCD have been responsible for developing a large number of documents and tools.

For example:
- The key strategic document Focusing Resources on Effective School Health: a FRESH Approach to achieving Education for All (with UNESCO, UNICEF, WHO, 2002) was developed, again in collaboration with partner agencies, and widely disseminated. PCD were specifically responsible for developing four rationale documents that provide the evidence base for the four key intervention components of the FRESH framework;
- At the request of the UN Standing Committee on Nutrition, PCD produced a substantive peer reviewed document entitled School-age Children: their health and nutrition. This has now been endorsed by 6 UN agencies;
- At the request of the World Bank, PCD are in the process of producing a document that reviews the linkages between health, nutrition and education;
- PCD contributed significant technical support for the development of the World Bank Strategy document on HIV/AIDS and Education – A Window of Hope;
- The document Education and HIV/AIDS: A Sourcebook of HIV/AIDS Prevention Programs in Schools was compiled in partnership with key agencies (with major financing from DCI though the World Bank). PCD were the lead technical agency on this activity and were responsible for the development of the questionnaires for information gathering, the information gathering process itself and also the report writing. It is widely distributed and used, and is now part of the curriculum of two major tertiary education institutions in Africa. Its success has prompted partner agencies to propose and prepare a second volume. PCD has been selected again to be the lead technical agency;
- The Education and HIV/AIDS: Ensuring Education Access for Orphans and Vulnerable Children – a Training Module was developed with UNICEF in 2002;
- With UNAIDS, the training module Education and HIV/AIDS: Modeling the Impact of HIV/AIDS on Education Systems: A training Manual was developed in 2002 and has since been used to train educational planners in over 20 African countries.
All the documents listed above are fully downloadable from www.schoolsandhealth.org.

It is important to note that due to the multisectoral nature of this research, it is unlikely that without DGF funding, this research could have been so effectively conducted.

**Information dissemination**

1. The Website: The www.schoolsandhealth.org website is actively maintained by PCD and receives inputs from the many civil society agencies that contribute to the associated list-serve. The site focuses on providing contemporary and quality-assured information, including access to more than 170 downloadable documents, covering strategy and policy, examples of good programming practice, technical reviews and toolkits, as well as current reports arising from the work of the FRESH partnership and the IATT Working Group.

   It has seen over 240% more visitors over the previous 12 months. Since January 2003, the number of Hits has risen from more than 20,000 to nearly 50,000 per month – with an average of more than 1,000 hits per day. All other statistics show the same upward trend.

   There has been a sustained increase in requests for downloads of documents, rising from more than 1500 to nearly 8000 per month, with a particularly strong upward trend in requests to download files related to HIV/AIDS and education. The top three documents requested are all on HIV/AIDS, with *The Sourcebook of HIV/AIDS Prevention Programs* being the most popular, receiving an average of more than 2000 requests per month since it was first made available in April 2003.

   In terms of accessibility, the site has the advantage of maturity, such that it is now listed in the “top ten” on a search for “school health”, by a number of major search engines (including Google, AOL, AltaVista, Ask Jeeves and Yahoo). Its accessibility is further enhanced by the increasing number of related web sites which now include direct links to the School Health web site, including major UN agencies such as UNESCO and UNICEF, together with multinational organizations such as the World Bank. The School Health web site also supports links to over 45 related sites in the field of school health and nutrition. The HIV/AIDS and Education section of the site includes further links to relevant sites in this field, including UNAIDS, UNESCO, UNICEF and other AIDS and Education-related web sites and pages.

   School health is an area that is not historically well served by information media in general, let alone the internet, making this website particularly valuable and unique.

2. The Mailing List: The mailing list was established to provide a forum for communication and debate for the school health community. It has seen steady growth in both the number of members and in discussion activity.

3. Documentation: Over 20 existing key documents were for the first time translated from English into Portuguese, including the Sourcebook, and disseminated to Lusophone countries. This, again, was a joint financing operation between major partners in this region. A total number of 41,000 documents have so far been disseminated at the HIV/AIDS and Education workshops, and many thousands of additional copies downloaded from the website (Annex 7 and 9).
Improved Partnerships and Collaboration

1. Partnerships between countries were strengthened as a result of the regional workshops, and in-country partnerships between the central and provincial levels were improved;

2. During the workshop in Mozambique a network of Lusophone country education focal points for HIV/AIDS was formally established, and initial discussions about exchanges and national level workshops in Angola, Guinea Bissau and Cape Verde were held;

3. Supporting agency members noted that the process of organizing the workshops had forged a new sense of partnership and better collaboration and coordination at the country level. On average, 20 partner agencies were involved in the organization of training workshops in each country.

SUMMARY CONCLUSIONS

Strengths

The initiatives undertaken by PCD have clearly resulted in a stronger evidence base and therefore better technical documents and tools based on solid research findings. There has been improved capacity by education sector staff to respond to the HIV/AIDS epidemic. The work has led to consensus about common strategies and goals, and supported stronger partnerships between Ministries and their key donors and partner agencies. The work has led to the development of new national or provincial plans, and in the case of FRESH has already led to increased programming and implementation. Financial and technical resources from the bank (especially MAP) and other agencies have been leveraged.

The research, information dissemination and capacity building activities of PCD in strengthening HIV/AIDS and education and school health responses were found to be relevant, effective, of high quality, catalytic and with a high likelihood of sustainability.

Challenges

A main challenge is to ensure that the momentum developed is translated into country-level follow-up and implementation of an effective education sector response to school health and HIV/AIDS. In some countries, the mechanisms to apply for or disburse funding need clarification and strengthening. Assistance to provincial and regional Education Departments and NGOs to access available funds needs to be stronger. A key solution to this is to continue to foster strong partnerships with other agencies at the regional and country levels before, during and after the workshops, and place a stronger focus on potential pitfalls in applying for funds and how to overcome them during the workshops. In addition, in the training workshops the attention paid to particularities of HIV/AIDS vulnerabilities (i.e. ethnic, cultural and language differences, gender, poverty) and school health in the local cultural context should be made stronger.

Impact

In terms of impact, it is too early to conclude whether the Accelerate Initiative – especially its workshops at country level – will have the desired outcome: better planning, scaled-up implementation, higher spending and increased coverage of HIV/AIDS prevention and care programs implemented by and for the education sector. Initial outputs of activities as listed above suggest a high likelihood of success, because PCD is taking a similar approach as the one taken to successfully strengthen school health programs in the FRESH partnership.
KEY RECOMMENDATIONS TO THE DGF COUNCIL

1. Support to PCD for capacity building of education Ministries, strengthening the knowledge base, information dissemination and strengthening partnerships aimed at enhancing and scaling up school health and HIV/AIDS and education responses should be continued;

2. PCD supported countries and programs should not accumulate – there should be a process for disengagement, ensuring that local partner agencies (i.e. UNESCO, UNICEF, UNFPA, WHO, ILO, WFP, etc) take them on, ensuring that PCD can move on to new areas. Technical assistance should be continued where necessary in ‘old’ areas;

3. The partnership approach for school health and HIV/AIDS and education has been successful and should continue, but specific efforts to engage new and other partners should continue. At the global level, these are mainly bilateral donor agencies, and at the local level these include a stronger involvement of the Ministry of Social Welfare, especially in countries where a significant OVC problem exists, and other Governmental partners and NGOs;

4. The principle that in the school health / education and HIV/AIDS partnerships each agency should self-fund its participation has merit, but in special circumstances PCD should be allowed to provide funding for other agencies’ participation – especially if this increases the chance that these agencies can be brought on board;

5. After having worked in 20 African and 7 Asian countries, it is time to expand the focus of activity to other areas in the world. PCD has the capacity to respond to the needs in other areas in the world, but current funding levels are only sufficient for Africa. DGF may consider expanding funding support to PCD, so that other regions, especially South Asia, Southeast Asia and China, Latin America and the Caribbean regions, Central Asia and the Pacific (in this order of priority) can be covered.
SECTION 1: CONTEXT AND BACKGROUND OF THIS EVALUATION

Development gains of the past 20 years are being wiped out by the onslaught of the HIV/AIDS epidemic in sub-Saharan Africa. The education sector is hard hit by the epidemic, yet it is also our main weapon in the fight against AIDS, since it can equip teachers and learners (both in and out of school) with knowledge, attitudes and skills to prevent infection with HIV and improve health-seeking behavior, as well as to care for and support people already infected with the virus. This is done by focusing on HIV/AIDS explicitly, or by integrating HIV/AIDS in a wider school health approach.

The Development Grant Facility (DGF) of the World Bank has been supporting the Partnership for Child Development (PCD) in their efforts to support the Education for All (EFA) Fast Track Initiative (FTI) and Millennium Development Goals (MDG) through school health and HIV/AIDS and Education activities. These activities are undertaken in partnership with other agencies and stakeholders; school health programming is carried out under the FRESH Framework\(^3\) and HIV/AIDS and Education activities are supportive of a multi-agency initiative to “Accelerate the Education Sector Response to HIV/AIDS” which is executed under the banner of the Interagency Task Team on HIV/AIDS and Education (IATT) and its Working Group\(^4\).

This report describes an evaluation of these activities using the following key outputs as guidelines – outputs which can be found in the approved DGF proposal:

1. Providing technical support and assistance to FRESH and HIV/AIDS and Education programs and initiatives;
2. Strengthening the knowledge base by conducting innovative research and developing evidence-based documents and tools;
3. Information dissemination;
4. Strengthening and expanding strategic partnerships.

However, it should be mentioned that there are two elements of PCD’s work and the DGF’s role in it that make an evaluation of these activities challenging. First, by nature, DGF grants can never make up more than 15% of a beneficiary agency’s funding base. In the case of PCD, DGF funding makes up less than 9% of its funding. This makes it sometimes difficult to distinguish what is funded by the DGF, and what is funded from other sources. Second, PCD works in partnership with a large number of other organizations, and many of the achievements and outputs over the past years can therefore be attributed to joint efforts of PCD and its partners. This makes it difficult to distinguish what was achieved by PCD itself, what was achieved by the partners it works with, and what was achieved by the partnership as a whole. But, since the formation and strengthening of strategic partnerships could be viewed as PCD’s main strategy for achieving its other goals, the success of these partnerships may further reflect the success of PCD.

\(^3\) FRESH = Focusing Resources on Effective School Health – a framework of actions and actors developed as an interagency initiative by UNESCO, WHO, UNICEF, WFP, Education International and the World Bank to which PCD has contributed significantly in terms of research and technical assistance.

\(^4\) The IATT on HIV/AIDS and Education was established in 2000 and is chaired and convened by UNESCO. Several agencies are members and have been involved in its initiatives, including the World Bank, UNESCO, UNFPA, UNICEF, WHO, ILO, WFP and Educational International. The IATT Working Group was developed in 2002.
In the remainder of this Section, I will describe how I evaluated activities of PCD under each of the four key outputs listed above. The evaluation included: (i) discussions with clients, task managers, development partners, workshop participants and other stakeholders; (see Annex 4). (ii) observations of two HIV/AIDS and education workshops in Mozambique and Ethiopia and (iii) a review of documents and tools developed by PCD.

An overview of PCD’s activities, both past and ongoing, is given in Section 2. In Section 3 the evaluation findings are presented, followed by conclusions and recommendations in Section 4. In Section 5 there are Annexes for further reference.

The Evaluation Process

Providing technical support and assistance to FRESH and HIV/AIDS and education initiatives

Support for FRESH activities undertaken by PCD and funded by DGF was positively evaluated in 2001 by Amaya Gillespie of UNICEF. The activities described in her report have since continued and been taken to scale in several countries. Because of the growing importance of HIV/AIDS in PCD’s work, this evaluation adds a strong focus on HIV/AIDS and education activities, which have been observed, discussed, described and evaluated in the context of a broader FRESH framework. The conclusions in this report related to FRESH have been derived from interviews with key stakeholders, the World Bank, PCD and from the study of documents.

Related to HIV/AIDS and education, I observed and participated in two workshops aimed at accelerating education sector responses to HIV/AIDS. The first was organized in Mozambique on 8 – 12 February 2004, at which four lusophone countries – Brazil, Angola, Guinea Bissau and Cape Verde – attended as observers. The second was held in Ethiopia on 26 February – 1 March 2004. I analyzed the program, the distributed documents and tools, and the lists of speakers, facilitators and participants. I witnessed all plenary and some group discussion sessions. Moreover I spoke informally to participants from the national and provincial level (including department directors, provincial department directors, health sector representatives, representatives from a teacher training college and from a teacher union) and to key partner representatives (from World Bank, UNESCO, UNICEF, DFID, NORAD/SIDA and DANIDA). For a complete list of persons spoken to, I refer to Annex 4. I also reviewed all evaluation forms filled out by participants after the workshops were finished (see Annex 2 and Annex 8 for results).

Strengthening of the knowledge base: Research and development of key documents

I reviewed and discussed key documents that PCD has developed with key partners in the context of the Accelerate Initiative and discussed the use and relevance of these documents with key stakeholders.

I discussed the ongoing research that PCD is leading with principal investigators of this research: Matthew Jukes of PCD in London, Michael Kremer and Pascaline Dupas of New York University. This evaluation has not tried to assess research technical questions (on research design, methodology, ethics) but has instead focused on how relevant the research questions, findings and lessons learned are, and how they are linked to capacity building initiatives, program design and implementation and information dissemination of PCD.
Information dissemination
I reviewed the website, mailing list and available statistics, and discussed these issues with the PCD officer in charge of these, Celia Maier.

Strengthening partnerships
I reviewed the support given by PCD to both the multi-agency partnership/multisectoral FRESH partnership and to the relatively new IATTWG.

As the AIDS and Education activities are relatively young, determining their impact is difficult; however, looking at the continued effort made to the successful FRESH partnership may help shed light on where the current partnership and its activities in HIV/AIDS and Education are leading, and will provide evidence of the usefulness of a strategy of providing technical assistance to a multisectoral partnership.
SECTION TWO: WHAT DOES THE PARTNERSHIP FOR CHILD DEVELOPMENT DO?

Established in 1992, PCD is an organisation committed to improving the education, health and nutrition of school-age children and youth in low income countries. Based at London’s Imperial College, the organisation helps countries and international agencies turn the findings of evidence based research into national interventions. Due to the onslaught of the HIV/AIDS epidemic in many areas where PCD is working, stronger funding and a stronger focus on HIV/AIDS has emerged in recent years.

Providing technical support and assistance to FRESH and HIV/AIDS and Education Programs and Initiatives

In Support of the FRESH Partnership

Early school health programmes have traditionally been heavily focused on disease prevention, lacking coordination and integration, with a lack of evaluation research and methods. Most programs were biased towards urban schools, ignoring the poorest schools in rural areas. This situation appears to be rapidly improving as new policies and partnerships are being formulated which help ensure that programmes are socially progressive and specifically targeting the poor, girls and disadvantaged children.

This change in perspective is timely as countries and agencies seek to achieve EFA by 2015 as well as the MDGs of Universal Basic Education and Gender Equality in Education Access. If every girl and boy is to be able to complete a basic education of good quality, then school nutrition and health programmes are essential to ensure that the poorest children, who suffer the most malnutrition and ill health, are able to both attend school and to learn while there.

A major step forward in international coordination was achieved when the FRESH framework was developed. This partnership effort was launched at the World Education Forum in Dakar in April 2000, which carried the clear message that good school health and nutrition are a key component of efforts to achieve EFA. Since then, UNESCO has adopted FRESH as one of its Flagship Programs contributing to EFA, and other agencies, including, the WFP, PCD, and Save the Children (US), have joined the partnership. Since joining, PCD has provided major technical and coordination support to the partnership.

The FRESH Framework is based on good practice recognized by all the partners, and provides a consensus approach for the effective implementation of health and nutrition services within school health programmes. The framework calls for four core components to be made available, together, in all schools:

- Policy: health and nutrition related school policies that provide a non-discriminatory, safe and secure environment;
- School environment: access to safe water, and provision of separate sanitation facilities for girls and boys;
- Education: skills based education that addresses health, nutrition and hygiene issues, and promotes positive behaviours;
- Services: simple, safe and familiar health and nutrition services that can be delivered cost-effectively in schools (such as de-worming, micronutrient supplements, and snacks that avoid hunger), and increased access to youth-friendly clinics.
To be effective, these core components require a strong evidence base, as well as strategic partnerships between: 1) the health and education sectors, especially teachers and health workers; 2) schools and the community; and 3) pupils and those responsible for designing programmes.

Three major new international initiatives show how specific school health interventions can be inserted into one or all of the four core components of the FRESH framework:

• The multi-agency effort to “Accelerate the Education Sector Response to HIV/AIDS in Africa” under the banner of the IATT and its Working Group;
• The “Food for Education” initiative of the WFP, encouraging the link between nutrition and education;
• The WHO-led “Partnership for Parasite Control (PPC)”, aimed at the inclusion of de-worming in school health services.

Over the past years, PCD has supported and implemented research that has shown the cost-effectiveness of school health interventions providing key guidance to policy makers, educational planners and program implementers. Strengthening of the evidence base is an important way to prioritize actions under the FRESH framework in low-resources settings, as well as a way to galvanize support and convince key decision makers of the need for certain school health interventions.

PCD has further developed key documentation and training tools to build the capacity of education sector staff to manage and implement successful programs in school health (see below). FRESH related programs are currently being implemented in over 35 countries in Africa, Asia and LAC.

For example:

• The Tajikistan FRESH program, technically supported by PCD, now targets the 100,000 neediest children in all 200 schools in the 6 poorest districts of Tajikistan, at an approximate per capita cost of US$1.00;
• A 3 year impact assessment survey and operations research, conducted by PCD in collaboration with the MoE, contributed to the recent expansion of the Zambian FRESH program to 5 of the 9 Provinces of Zambia, with the goal of 100% coverage by 2006. A substantial proportion of this program is now supported by Government funds, allowing PCD efforts to focus elsewhere;
• PCD is supporting the Eritrean MoE in their efforts to develop a FRESH program. A situation analysis provided information regarding the health and nutritional problems facing Eritrean schoolchildren and provided guidance to program design. Current activities include continued guidance on design and implementation and also on school health policy development.

For an overview of key elements of successful FRESH approaches, see Annex 6.

In Support of HIV/AIDS and Education Initiatives
Since the inception of the “Accelerate the Education Sector Response to HIV/AIDS” initiative of the IATT in November 2002, PCD has provided technical support and assistance to 4 sub-regional and 2 national level workshops in Africa. Support has taken the form of content development, technical facilitation and, in some instances, national level follow up. Two more workshops are scheduled in the next 3 months.
The first workshop was a sub-regional one, which was held in Mombasa, Kenya, 11-15 November 2002. A total of 97 participants attended from Eritrea, Ethiopia, Kenya, Tanzania, Uganda and Zambia, including an observer team from Nigeria. Representatives from 14 partner agencies attended. A second sub-regional workshop was held in Gabon (23-29 May 2003) for Burundi, Cameroon, Congo and Gabon. In Nigeria one ‘sub-regional’ workshop was held for the Federal level, and a second for 4 out of Nigeria’s 32 states. A third workshop for another 8 states is planned for April 2004.

In Mozambique a national level workshop was organized, 8-12 February 2004, at which four lusaphone countries – Brazil, Angola, Guinea Bissau and Cape Verde – attended as observers. In Eritrea, a so-called ‘mini-workshop’, was held with a limited number of participants and of limited duration, on 16-17 February 2004. In Ethiopia, a national level workshop was held on 26 February – 1 March 2004.

**Strengthening of the Knowledge base: Research and development of key documents**

One major way that PCD supports both the FRESH and HIV/AIDS and Education initiatives is through the creation and sharing of knowledge. During the last 10 years its operational research has shown how interventions can be implemented and evaluated at the country level, for example enabling mass treatment of children for common infections such as hookworms and bilharzia. PCD also facilitates the sharing of knowledge between academia, governments and agencies at both national and international level. In recent years, a major focus of this work has been assisting educators and health professionals to work together to help schools respond to the threat that HIV/AIDS poses to education, health and poverty alleviation.

**Conceptual Research**

The following research projects have been implemented or are ongoing:

1. 3-year impact assessment showing how de-worming improves a child’s ability to learn in Zambia (completed), convincing the Government to expand this pilot project nationwide;
2. Longitudinal study of incidence and socio-economic situation and household circumstances of orphans in Zimbabwe, clarifying the factors that affect an orphan’s ability and opportunity to attend school (ongoing);
3. Research with children in Gambia, showing the long-term benefits of malaria prevention during childhood for school attendance in later years, especially for girls (completed);
4. In India it was shown how iron supplements increase pre-school children’s ability to concentrate (completed);
5. Evaluation study comparing two HIV preventive strategies for their cost-effectiveness in Kenya: Girls education (i.e. providing families with support to send their daughters to school) versus life skills training of teachers, with pregnancy rates and HIV incidence in antenatal care centers as (proxy) indicators (ongoing).

Details of these studies are available upon request.

**Synthetic Research**

PCD have been responsible for developing a large number of documents and tools.

1. The key strategic document *Focusing Resources on Effective School Health: a FRESH Approach to achieving Education for All* (with UNESCO, UNICEF, WHO, 2002) was
developed, again in collaboration with partner agencies, and widely disseminated. PCD were specifically responsible for developing four rationale documents that provide the evidence base for the four key intervention components of the FRESH framework;

2. At the request of the UN Standing Committee on Nutrition, PCD produced a substantive peer reviewed document entitled *School-age Children: their health and nutrition*. This has now been endorsed by 6 UN agencies;

3. At the request of the World Bank, PCD are in the process of producing a document that reviews the linkages between health, nutrition and education;

4. PCD contributed significant technical support for the development of the *World Bank Strategy document on HIV/AIDS and Education – A Window of Hope*;

5. The document *Education and HIV/AIDS: A Sourcebook of HIV/AIDS Prevention Programs in Schools* was compiled in partnership with key agencies (with major financing from DCI though the World Bank). PCD were the lead technical agency on this activity and were responsible for the development of the questionnaires for information gathering, the information gathering process itself and also the report writing. It is widely distributed and used, and is now part of the curriculum of two major tertiary education institutions in Africa. Its success has prompted partner agencies to propose and prepare a second volume. PCD has been selected again to be the lead technical agency;


7. *Education and HIV/AIDS: Modeling the Impact of HIV/AIDS on Education Systems: A training Manual* was developed in 2002 in collaboration with UNAIDS. It is aimed at improving information collection and usage in educational planning, especially in preparing and guiding education sector policy and decision makers in their response to the impact of the AIDS pandemic on the education system. Training courses focusing on this have been conducted in 16 African countries, and the Education Monitoring and Information System (EMIS) which is part of this approach has been adopted officially by eight countries.

8. *A Sourcebook on Programs ensuring Access to Education for Orphans and Vulnerable Children*, is being developed in close collaboration with UNICEF, using much the same format and with the same purpose as the Prevention Sourcebook: to enhance advocacy and expand and improve existing and planned programs by providing policy makers and program implementers with evidence-backed suggestions and directions about what works.

All completed documents listed above are fully downloadable from [www.schoolsandhealth.org](http://www.schoolsandhealth.org).

It is important to note that due to the multisectoral nature of this research, it is unlikely that without DGF funding, this research could have been so effectively conducted.

**Information dissemination**

The Websites

PCD runs or contributes to three websites: the PCD website, describing and promoting the organization ([www.child-development.org](http://www.child-development.org)), the school health website, which is their main tool for information and research dissemination ([www.schoolsandhealth.org](http://www.schoolsandhealth.org)) and a portal linking organization working together under the FRESH umbrella ([www.freshschools.org](http://www.freshschools.org)).
The school health website is the most important of the three websites maintained by PCD www.schoolsandhealth.org and is one of a minority of sites that specializes in the health dimension of education. Since 2000, it has been listed by the Encyclopaedia Britannica as one of the ‘top sites on the web’ for school health, and was identified by a UNICEF led evaluation as a world leader in the field.

1. Over the past few years, the website has supported the partnership of UNESCO, UNICEF, WHO and the World Bank in FRESH. More recently the site has expanded its coverage of the education sector response to HIV/AIDS. The site is actively maintained and receives inputs from the many civil society agencies contribute to the associated list-serve. It focuses on providing contemporary and quality-assured information, including access to more than 170 downloadable documents, covering strategy and policy, examples of good programming practice, technical reviews and toolkits, as well as current reports arising from the work of the FRESH partnership and the IATT Working Group.

2. The www.schoolsandhealth.org website is actively maintained by PCD and receives inputs from the many civil society agencies that contribute to the associated list-serve. The site focuses on providing contemporary and quality-assured information, including access to more than 170 downloadable documents, covering strategy and policy, examples of good programming practice, technical reviews and toolkits, as well as current reports arising from the work of the FRESH partnership and the IATT Working Group.

3. It has seen over 240% more visitors over the previous 12 months. Since January 2003, the number of Hits has risen from more than 20,000 to nearly 50,000 per month – with an average of more than 1,000 hits per day. All other statistics show the same upward trend.

4. There has been a sustained increase in requests for downloads of documents, rising from more than 1500 to nearly 8000 per month, with a particularly strong upward trend in requests to download files related to HIV/AIDS and education. The top three documents requested are all on HIV/AIDS, with The Sourcebook of HIV/AIDS Prevention Programs being the most popular, receiving an average of more than 2000 requests per month since it was first made available in April 2003.

5. In terms of accessibility, the site has the advantage of maturity, such that it is now listed in the “top ten” on a search for “school health”, by a number of major search engines (including Google, AOL, AltaVista, Ask Jeeves and Yahoo). Its accessibility is further enhanced by the increasing number of related web sites which now include direct links to the School Health web site, including major UN agencies such as UNESCO and UNICEF, together with multinational organizations such as the World Bank. The School Health web site also supports links to over 45 related sites in the field of school health and nutrition. The HIV/AIDS and Education section of the site includes further links to relevant sites in this field, including UNAIDS, UNESCO, UNICEF and other AIDS and Education-related web sites and pages.

School health is an area that is not historically well served by information media in general, let alone the internet, making this website particularly valuable and unique.

The Mailing List
The mailing list was established to provide a forum for communication and debate for the school health community of which 274 people are currently members.

Prepared by Jan de Lind van Wijngaarden, consultant, j.wijngaarden@unescobkk.org
**Documentation**
A further major function of PCD is disseminating information both during capacity building events, for example at HIV/AIDS and Education Workshops, and upon direct requests made directly through the website, mail list and other avenues. This includes documents that PCD has been involved in developing as well as key documents produced by its partner agencies (see Annex 7 and 9).

Over 20 existing key documents were for the first time translated from English into Portuguese, including the Sourcebook, and disseminated to lusophone countries. This, again, was a joint financing operation between major partners in this region. A total number of 41,000 documents have so far been disseminated at the HIV/AIDS and Education workshops, and many thousands of additional copies downloaded from the website (Annex 7 and 9).

**Strengthening partnerships**
Forming and strengthening partnerships could be viewed as PCDs main strategy for achieving its other goals of strengthening the knowledge base, building the capacity of the education sector, and disseminating information, all aimed at the delivery of higher quality school health and HIV/AIDS programs implemented by the education sector.
SECTION THREE: EVALUATION FINDINGS

Providing technical support and assistance to FRESH and HIV/AIDS and Education programs and initiatives

In Support of the FRESH Partnership

The FRESH initiative was scaled up over the past 2 years, and the partnership was strengthened both by the inclusion of new partners, as well as in the completion of key research providing evidence for how cost-effective and successful school health interventions can be - to which PCD played a major role - (if implemented following key principles, see Annex 6). The World Bank’s approach of supporting PCD in providing technical and management support to a partnership of agencies that have reached consensus on common goals for school health has proven its effectiveness with clear outputs and impact.

Within the FRESH framework, PCD has provided strategic guidance for the design of programs to improve the education, health and nutrition of school age children, taking into account the considerable variation in practical design of specific programs, reflecting local needs and capacity. PCD has strengthened the evidence base for school health interventions by backing them up with targeted operational research (see below) and by the development of key materials on school health, in close collaboration with FRESH partners. The number of countries implementing school health reforms has increased and existing programs have gone to scale. As a result of concerted action by governments and participating agencies, national programs based on the FRESH framework have been adopted by over 20 countries in sub-Saharan Africa, targeting a population of 45 million school age children. The following examples from low and middle income countries show some of the results:

- Through a ‘social fund approach’ the public sector in Tajikistan has supported community interventions to improve school health in a joint activity of the Ministry of Labor and Social Protection and the Ministries of Education and of Health, who together have developed a Memorandum of Understanding that sets out clear health policies for the education sector. The program channels resources through Parent Teacher Associations (PTAs), which identify and assist needy children. The program currently targets the 100,000 neediest children in all 200 schools in the 6 poorest districts of Tajikistan, at an approximate annual per capita cost of US$1.00.
- A 3 year impact assessment survey and operations research, conducted by PCD in collaboration with the MoE, contributed to the recent expansion of the Zambian FRESH program to 5 of the 9 Provinces of Zambia, with the goal of 100% coverage by 2006. A substantial proportion of this program is now supported by Government funds, allowing PCD efforts to focus elsewhere.
- PCD is supporting the Eritrean MoE in their efforts to develop a FRESH program. A situation analysis provided information regarding the health and nutritional problems facing Eritrean schoolchildren and provided guidance to program design. Current activities include continued guidance on design and implementation and also on school health policy development.

It is apparent that there are many ways to approach the delivery of school health. Many of these have been documented and backed up by PCD-supported and implemented
research, in collaboration with the FRESH partners. Looking at these diverse experiences, some common features of the roles of the various actors and stakeholders can be distilled. It should be noted that these lessons learned are currently being applied for the Accelerate (HIV/AIDS and Education) initiative:

- The Ministry of Education is almost always the lead implementing agency. This reflects:
  1) the focus on EFA and the recognition that good health and nutrition is essential to the education of the poorest children; 2) only the Ministry of Education can determine the education policy for health, the school environment, the curriculum for health education, and the role of schools and teachers in health delivery; 3) the education system is the most pervasive public sector agency for reaching school age children; 4) by default, since other agencies do not perceive school health as their operational priority.
- The Ministry of Health has key roles as gatekeeper and guide. In low income countries, health sector implemented school health programs tend to be socially regressive, serving urban center and elite schools. The health of school age children is the responsibility of the MoH, but has low priority compared with clinical services, infant and maternal health. Nevertheless, health delivery by teachers or other agents can only proceed with the express permission of the MoH.
- Other Ministries can play important enabling roles. Ministries of Welfare and Social Affairs provide mechanisms for the provision of social funds. Ministries of Local Government often are the fund holders for teachers and schools.
- Civil society and the private sector can play supporting roles. NGOs can be contracted to undertake training and supervision, particularly in peripheral areas where the public sector has no or little reach. The private sector can, for some communities, play a major role in service delivery.
- The community is a key partner in implementation. Parents are gatekeepers for the content of health education (especially moral and sexual content) and for the role of non-health agents (especially teachers) in service delivery. Pupils are active participants in all aspects of the process at the school level. Communities are effective sources of program finance only in special circumstances.

If these lessons are also applied to the current Accelerate partnership’s initiatives to which PCD provides support (see below), it bodes well for the effectiveness, efficacy and sustainability of its activities.

In Support of HIV/AIDS and Education Initiatives

Preparation: The preparation of the “Accelerate” workshops took place under guidance of an organizing committee that consisted of key partners in the field and led by the Ministry of Education. In both Mozambique and Ethiopia, a major role in the organization was played by UNICEF; in Mozambique strong logistical and management support was provided by a young DANIDA project officer, and in Ethiopia a consultant was hired to oversee logistics and managerial issues during the final two weeks of preparation.

PCD provided logistical and contents-related guidance in the form of a check-list / to-do-list, three VDO conferences for each workshop, and by frequent e-mail and telephone contacts. The agenda, workshop process and methodology and decisions about who should facilitate and who should participate were among the main issues for which advice was provided. Other partners assisted during the process; for instance, UNESCO in Mozambique.
organized and paid for the translation of some key documents, and in Ethiopia DFID also played an important organizing role.

From my interviews, it appeared that people working on the organization and preparation of the workshop in Ethiopia and Mozambique were very pleased with the way PCD (and Donald Bundy of the World Bank) provided technical and managerial assistance. The preliminary program, a helpful checklist for organizing the workshops, elaborate list of documents to be distributed, and clear assignment of tasks and responsibilities were mentioned as important.

Process: In all workshops (Mombasa, Gabon, Nigeria, Ethiopia, Mozambique), after the opening ceremony with opening speeches by the (vice) Minister (or other high level representatives) and opening presentations (among which a speech by Prof Michael Kelly), the workshop participants were first divided in country / regional / state / provincial groups for the preparation of a situational analysis, using a basic template in PowerPoint. After presenting these, they were then again exposed to basic information and knowledge related to different aspects of HIV/AIDS and Education in plenary sessions, after which they are divided in thematic groups with usually the following themes: Planning and mitigation, Prevention, Orphans and Vulnerable Children, and Policy and workplace issues. These thematic groups are chaired by Department directors, where possible. After these groups prepared and gave plenary presentations, the participants were once again divided up in country groups (or, for the country level workshops, in provincial / state / regional groups) to work on a Plan of Action following a template in PowerPoint. These presentations were then presented during the last day.

During both workshops a ‘Market Place’ was organized, at which organizations could exchange information and establish contacts. In Mozambique this was a big success, with some organizations presenting themselves who were not part of the workshop itself (including the International HIV/AIDS Alliance) but in Ethiopia, due to bad timing (on a Sunday, and also during a time of fasting for Orthodox Christians and Muslims alike), the market place was not well attended and few organizations turned up. The so-called ‘journalist forum’ at which questions by journalists to participants playing the role of the Education minister and other key players were posed, worked well in both workshops.

In Mozambique, both the Prime Minister and the Minister of Education showed up for the opening ceremony and gave impressive speeches, showing their commitment and providing a role model for the participants. At the Gabon workshop, the Minister of Education opened the meeting. In Ethiopia, however, it was only the Vice Minister who showed up, but at least he stayed for large parts of the meeting.

During the workshops, in many instances for the first time, a comprehensive education sector response was discussed among - and between - country delegations and linkages established between people working in education and other HIV/AIDS stakeholders, for example, people working on OVC issues. A main output of the workshops is the development of DRAFT country / provincial work plans that include both long and short term goals. The evaluation results (Annexes 2 and 8) suggest that the capacity of participants to

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5 At the Gabon workshop, some of the thematic groups changed themes – including gender and sexuality, ‘promising practices and priority actions’ and ‘stigmatization and discrimination in the work place’. Possibly in order to stimulate more discussion, apparently in later workshops it was decided to choose broader themes and keep thematic groups intact throughout a number of days rather than having changing constellations every day.
respond to HIV/AIDS in the education sector was dramatically improved by the workshops. The evaluation results also reinforce that these workshops fulfill a demand and that clients regard these workshops as relevant to their work.

For example:
- As part of the response plan developed during the Mombasa 2002 workshop, 14,200 students were reached in 10 months with skills based peer education through health clubs in Eritrea. This resulted in a decrease in sexual activity from 9 to 2% of 12-17 year-olds;
- Following participation in the Mombasa 2002 workshop, the Ethiopian Ministry of Education requested a national level follow up workshop. This has recently been completed (March 2004). All 11 regions of Ethiopia and over 20 development partners were represented. Mechanisms were put in place whereby regional response plans could be financed by MAP funds at the regional level;
- Two workshops have been completed in Nigeria, with a third scheduled for April 2004. The first, involved Federal level participation. The second involved teams from 4 States of Nigeria. It is the intention of the Ministry of Education to train teams from all 36 States;

The second workshop was run at the National Institute of Educational Planning and Administration (NIEPA) with the international facilitation team cofacilitating with a team from NIEPA. The Ministry of Education have now requested support to run a third workshop at NIEPA to train a further 8 States. It is envisaged that the NIEPA team will take a lead role in the facilitation of this workshop. Through this capacity building exercise, it is hoped that NIEPA will complete the training of the remaining States and take full responsibility for follow up, with external support on request.

Observations: According to PCD, the training workshops for education sector officials aim ‘to enrich, strengthen and improve the quality of current strategic plans, without constraining current actions’ (Mombasa workshop report, p2). In Mozambique, the workshop was indeed timely since a review of the National Strategic Plan was planned for the months after the workshop, and in Ethiopia the meeting will feed into the annual Joint Review Meeting of donors of the education sector. However. it was found that in Mozambique a DRAFT education sector plan on HIV/AIDS already exists, written by a consultant a while ago – admittedly of rather poor quality. The workshop program, however, did not provide for a presentation of discussion of this plan. Similarly, in Ethiopia it was noted that little reference was made to plans or strategies already in place – i.e. in poverty reduction or education in general – to which the current initiative can link. For example, in June 2003 a large ministerial meeting on youth took place in Addis Ababa, organized by UNICEF and hosted by the Social Affairs Ministry, leading to a declaration on the need to protect their health and wellbeing. This declaration could have served as a platform – and perhaps as a rallying point – for stronger senior level support to the workshop. It should be noted that the Social Affairs Ministry in Ethiopia was not involved nor invited to the workshop, which seems a missed opportunity.

In general, I found there was not enough reference to the particularities of HIV vulnerability in the countries where workshops were held – i.e. what in the country or society makes that people are at risk of HIV, and makes it particularly challenging for the Education sector to respond to HIV or provide sex education? For instance, addressing the needs and particular vulnerabilities of different cultures of numerous ethnic minorities, also in terms of gender inequalities, are a particular challenge in African countries – which was addressed only in general, but without reference to specific local situations. In Mozambique, UNESCO
had organized a workshop on socio-cultural factors in HIV transmission, at which a research report was presented, in the week before the Education workshop was held. Despite the UNESCO HIV/AIDS focal point being part of the Education workshop’s organizing committee, unfortunately the findings of the research were not included in the agenda, and no linkages were made between the two events. In Ethiopia, UNICEF facilitated an excellent presentation on youth sexuality and gender, but only data from Southern Africa was presented, without making a link to Ethiopian youth – even though some research exists on sexual practices of young people as well as on youth sexual culture.

PCD has rightfully noted that the responses of countries, as well as within countries, are at different stages of program development and implementation, and the epidemic is at different stages in different countries and within different regions within the country (Mombasa report, p.2). Therefore there is a focus on country-level working groups at regional workshops, or at province / state / region level working groups at the country workshops. This has worked well and should be continued.

The workshops aim to provide the opportunity for different countries / regions to learn from each other and share experiences – this happens at the thematic group discussions. The extent to which these were productive appeared to be strongly depending on group dynamics and the presence (or absence) of ‘driving individuals’. It should be considered if the role of the resource person, the moderator and the chair of these thematic groups could be further clarified, and whether the thematic group discussions could be better prepared, linking stronger with the local context (see above). In the plenary sessions and in the thematic group discussions, both at the workshops in Mozambique, and to a lesser extent in Ethiopia, I found that more use could have been made of expertise already present in the country, especially in the thematic group discussions.

The workshops are only one stage in the process of enhancing and accelerating the country (or region / province / state) education sector responses to HIV/AIDS. Therefore it is essential that resources and commitments for follow-up actions are mobilized during the event. The focus of the workshops during the final two days was very strongly on development of a regional / provincial work plans. The idea is that these work plans will be taken back, shared with stakeholders, and will then result in proposals for implementation to be submitted to regional level funding agencies – mainly the HIV/AIDS Prevention and Control Organization (HAPCO) in Ethiopia and the Conselho Nacional de Combate ao SIDA (CNCS) in Mozambique. Some participants (as well as resource persons) were worried that the transformation of a plan into a proposal would not occur easily, and suggested that more attention be paid during the workshops to training participants in proposal development, or to ensure that local partners will assist in following up. Some participants were also not sure how to move forward with their plans of action after returning, being unaware of the way the bureaucracy works.

In general, the workshops that I observed in Ethiopia and Mozambique were very relevant to the participants and of consistently high quality - see evaluation statistics in Annex 2 and Annex 8. The format of dividing participants first in country (or provincial) level groups, then cross-cutting in thematic groups, and then back in country / provincial level groups is innovative and appears to work well – it ensured that the whole delegation was exposed to all four thematic group discussions and that the conclusions of the thematic groups discussions found their ways in the ensuing provincial / country work plans.
Participants were almost without exception happy and contended with the contents and with the process through which the workshops were conducted, and impressed with the facilitators – in particular the ‘HIV/AIDS and Education – need for a social vaccine’ speech by Professor Michael J Kelly and the ‘Window of hope’ presentation by Professor Donald Bundy were impressive in both workshops, and the terms ‘window of hope’ and ‘social vaccine’ came back several times in questions, comments and plans brought forward by the participants. The evaluations conducted at the end of both workshops resulted in high scores for both events (see Annex Two).

The workshops do clearly fulfill their objectives of sharing information among countries and regions and in strengthening the capacity of participants. The extent to which they will also strengthen the education sector response is difficult to assess at this stage, but it is highly likely, especially in the case of Ethiopia, where the results of the workshop will feed into a forthcoming Joint Donor Review meeting, held in March, and to a lesser extent in Mozambique where the results may lead into more focus on the education sector in the forthcoming reformulation of the National Strategic Plan.

Below, I have summarized the outputs of the Mozambique workshop as a concrete illustration:

<table>
<thead>
<tr>
<th>Detailed Output from the Mozambique workshop (attended by the evaluator)</th>
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<tbody>
<tr>
<td><strong>Staffing</strong></td>
</tr>
<tr>
<td>1. A full time director level post of HIV/AIDS coordinator, reporting directly to the Minister, has been created in the Ministry of Education (MINED);</td>
</tr>
<tr>
<td>2. MINED is reviewing the role of HIV/AIDS Focal Points at the provincial level to ensure that AIDS related activities are included in their formal job descriptions and that the appointees have specific space in their work programs to further their province’s education sector’s response to HIV/AIDS.</td>
</tr>
<tr>
<td><strong>System Planning</strong></td>
</tr>
<tr>
<td>1. All 11 provinces have adapted the pre-existing MINED national HIV/AIDS strategic plan to the specific needs of each province, and priorities for action have been identified, including specific short term actions against HIV/AIDS that will be implemented and completed within 100 days;</td>
</tr>
<tr>
<td>2. The Director of Planning promised that HIV/AIDS indicators will be included in the Education Monitoring and Information System (EMIS - SERGE);</td>
</tr>
<tr>
<td>3. A workplace policy for HIV/AIDS, including actions to prevent stigmatization and discrimination (as defined in law 5/2002), has been drafted and will now be finalized by the Director of the Human Resources Department and taken forward for adoption;</td>
</tr>
<tr>
<td>4. MINED is reviewing current policies on fee exemptions and the need for issuing poverty certificates for OVC, to ensure equitable access to education.</td>
</tr>
<tr>
<td><strong>Planned Activities at School Level</strong></td>
</tr>
<tr>
<td>1. The Government of Mozambique has a program in place to provide more than 8000 primary schools with a direct grant (varying from $200 to $2000 depending on the size of the school) to finance school improvements. Following the “Accelerate” workshop in Maputo, the government is considering including a specific small sum of money to promote school health (e.g. de-worming) and some activities towards HIV/AIDS prevention;</td>
</tr>
</tbody>
</table>
2. The September 2004 Annual Review of the Education Sector will include a half day session on AIDS and Education when all 11 provinces will report to MINED on progress made since the workshop.

Building Regional Networks
1. Formal endorsement is being sought from PALOPS for the creation of a Lusophone network for AIDS and Education;
2. The Minister of Education has proposed a Regional AIDS and Education meeting to follow-up on the workshop in 2005.

In all workshops organized at the country level, similar concrete outputs have been achieved. It remains a challenge to make sure all good intentions and ideas will actually be implemented.

Strengthening of the Knowledge base: Research and development of key documents
In the context of FRESH and Accelerate initiatives, I have reviewed and discussed important documents that PCD has developed with key partners, often with significant DGF support.

Conceptual Research
The research conducted by PCD, and described in detail in Section Two, is innovative and contemporary. Research has proven how cost effective and relatively easy school health interventions can be, and how strongly these interventions are linked to a child’s ability to learn and attend school, and hence, how important these interventions are to attain EFA and Millennium development goals.

Synthetic Research
PCD have been responsible for developing a large number of documents and tools that are described in Section Two.

The research conducted by PCD appears to be of high quality and is aimed at formulating knowledge (technical directions and evidence for advocacy) that will point the way forward for school health interventions in resource-poor settings. It must be noted that the cross-cutting, inter / multidisciplinary nature of the research conducted makes it innovative and state-of-the-art, and aimed very strongly at helping improve program design and implementation. For instance, it will soon be possible to determine the actual cost and resulting increases in cognitive ability to learn for students of de-worming, providing additional iron supplements to students, and other school health related interventions. For the first time, research currently ongoing in Kenya will provide evidence about how effective ‘keeping girls in schools’ is as an HIV prevention strategy in itself – even if these girls are not exposed to HIV preventive education – compared to teaching teachers about life skills and HIV prevention.

The research PCD is doing provides important directions for policy makers and program implementers, and provides evidence that will make advocacy for HIV related interventions, separately or as part of a comprehensive school health approach, more convincing. It also provides evidence for the need to focus on orphans and vulnerable children in relation to their access to education, and on the effectiveness of prevention programs in classrooms.

In general, the technical documents that PCD has developed in cooperation with its partners are innovative, of consistently high quality, and in many instances it has been for the first
time that policy, strategy and programmatic advice related to HIV/AIDS and school health have been backed up with evidence from research findings. By clarifying successful and effective approaches and by helping set school health priorities, their documents and research findings serve as important catalysts for follow-up action.

For example,

1. The Source book on HIV prevention programs in schools has been an important ‘back up’ for the evidence base of much of the advice provided to Governments and NGOs. The Sourcebook is now available in English, French and Portuguese. Recently the Source Book has been made part of the core curriculum of two major tertiary education institutions’ Master courses on HIV/AIDS in Africa\(^6\).

In PCD’s concept note, it says that the Sourcebook will be expanded to include examples from other parts in the world. This might be useful from the perspective of African countries, showing them that they are not alone in responding to the pandemic. But from the Asian (and probably also Latin American) perspective, where the tendency exists to deny the problem of HIV/AIDS and to interpret the pandemic as ‘an African problem’, producing a Sourcebook with both Asian and African examples may backfire in terms of its advocacy value. It is therefore recommended that PCD expand its activities to work with key partners to develop separate Sourcebooks for other regions, starting with HIV prevention in the context of school health (since most areas outside sub-Saharan Africa do not (yet) have major orphan problems).

2. Currently there seems to be no connection between the Sourcebook collection of good prevention practices and the UNAIDS Best Practice Collection. There is also a collection of Best Practices related to OVC, compiled by USAID, and possibly a collection of the Alliance. It is recommended that at least reference is made in the Source book to the existence of the UNAIDS and other partners’ collections, and possibly to establish a collaboration with UNAIDS on linking or even merging (parts of the) collections of best practices.

A key tool for evaluating the impact of HIV/AIDS on education systems is the Education – AIDS (or EdSIDA) model, which PCD developed in collaboration with the UNAIDS reference epidemiology group. This model combines education dynamic models (or recruitment and attrition) with UNAIDS models of the HIV/AIDS epidemic. PCD worked with representatives of the Ministries of Education from the following countries to apply this model to their country-specific education system and HIV/AIDS epidemic: Guinea, Togo, Burkina Faso, Ghana, Senegal, Gambia, Niger, Nigeria, Ethiopia, Rwanda, Kenya, Eritrea, Tanzania, Mozambique, Uganda, Zambia.

It is important to note that due to the multisectoral nature of the conceptual and synthetic research, it is unlikely that without DGF funding, this research could have been so effectively conducted.

**Information dissemination**

\(^6\) The institutions are the University of South Africa, reaching 100 students per year with their course, and the Malawi Institute of Management, reaching up to 400 students in 2004, including students from other countries in the region.

Prepared by Jan de Lind van Wijngaarden, consultant, [j.wijngaarden@unescobkk.org](mailto:j.wijngaarden@unescobkk.org)
PCD has played an important role to share information and coordinate several initiatives in the field of HIV/AIDS and education and school health. The website and e-list are becoming more and more important in fulfilling this role.

The website www.schoolsandhealth.org run by PCD has enjoyed a strong growth in the number of hits and in the number of documents downloaded. Spontaneous positive feedback of users has been received, and the website features among the most frequented and trusted among a World Bank list of websites promoting school health and issues related to HIV/AIDS and education.

The statistics are impressive: in the final quarter of 2002, the website received 44,855 hits, and recorded 7,711 unique users. In the final quarter of 2003, however, the website received 126,348 hits (282% higher than in 2002) and recorded 18,760 unique users (243% higher than 2002). This amounts to around 1,373 hits per day. The number of requests for file downloads at the site increased from 4,573 in the first quarter of 2003 to 19,109 in the final quarter – an increase of 418% in less than a year. The most popular document for download, the Sourcebook of HIV Prevention Programs, has been downloaded more than 2,000 times per month since it was first made available on the website in April 2003, with an (as of yet unexplained) peak of 12,000 downloads in June 2003 alone. For an overview of statistics of the website, see Annex 3.

The analysis of the statistics for the School Health web site shows that this is an active and well used site – both in terms of areas such as number of hits, unique users and page views, and in the number of requests to download files that have been made available on the site. The latter is especially true of AIDS and Education related files – which is an important and growing area of the School Health web site – providing a valuable resource for agencies, organizations and individuals in this field. The overall trend demonstrates increased awareness and use of the site as an important resource for HIV/AIDS and Education and school health and nutrition programming.

The School Health web site provides numerous links to related sites and resources and, as suggested by the data for Entry Pages (and other sources not given here), the School Health web site and its component pages can also be accessed via a range of web sites managed by other organizations – suggesting that they also believe it to be a useful resource in the field of school health and nutrition, along with the growing area of HIV/AIDS and Education.

The FRESH website, meanwhile, receives only a bit more than 100 hits per day, 14 times less than the School health website. This can be explained by the fact that no new information is posted on this website, which functions mainly as a portal to other sites (of UNICEF, UNESCO, PCD, WHO, WFP, Education International and Schoolhealth.org).

Although it has to be said that it is unsure who are accessing the information on the website and downloading the documents posted there, it can safely be assumed that the website fulfills an important demand for technical information and knowledge, and that it plays an important role in PCD’s work.

In terms of monitoring the users of the website, it would be good to explore if new monitoring software could shed more light on who the users of the website are. How many hits are

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7 17 September 2002 till 11 December 2002 – 86 days
there from Mozambique and Ethiopia after the workshops are finished? Is there a notable increase?

The School health e-forum, on the other hand, had 274 members in the first quarter of 2004, which is still a rather small number compared to the number of people using the website. The number of discussion e-mails and postings is limited – this is a service that could be further expanded.

I believe that both the website, but especially the e-mail discussion group on school health should (and could) be better promoted. At the workshops I attended, some information on the website but no information about the e-list service was distributed to the participants. The e-list should also be more actively promoted at other, existing e-lists, including AF-AIDS, SEA-AIDS and other HIV related e-groups, the AHRN and other harm reduction listservs.

During the workshops, PCD has disseminated over 41,000 documents and tools aimed at strengthening HIV/AIDS and school health interventions in three languages (English, French and Portuguese). These documents were produced by World Bank, UNICEF, UNESCO, WHO, PCD, and other partner organizations. For an overview of these documents per language, see Annex 7 and 9.

**Strengthened partnerships**

Forming and strengthening partnerships could be viewed as PCD’s main strategy for achieving its other goals of strengthening the knowledge base, building the capacity of the education sector, and disseminating information, all aimed at the delivery of higher quality school health and HIV/AIDS programs implemented by the education sector. PCD is a technical partner in the UN-system FRESH partnership, the WHO-based Partnership for Parasite Control, the UNAIDS Interagency Task Team for Education and HIV/AIDS, the UN Nutrition Forum ACC/SCN, and the Schistosomiasis Control Initiative.

Partnerships between countries were strengthened as a result of the regional workshops, and in-country partnerships between the central and provincial levels were improved. For example, during the workshop in Mozambique a network of lusophone country education focal points for HIV/AIDS was formally established, and initial discussions about exchanges and national level workshops in Angola, Guinea Bissau and Cape Verde were held.

The Tanzanian delegation befriended the Ugandan delegation during the Mombasa workshop, and sent a delegation to Uganda to learn from experiences there; the Eritrean delegation was impressed by the Zambian experience using DEMIS, presented in Mombasa, which led to their Government adopting a similar system for use in Eritrea. PCD helped the Eritreans put it into place.

Supporting agency members noted that the process of organizing the workshops had forged a new sense of partnership and better collaboration and coordination at the country level. On average, 20 partner agencies were involved in the organization of training workshops in each country.

**SECTION FOUR: CONCLUSIONS AND RECOMMENDATIONS**
PCD, with its focus on research (“production of knowledge”), networking, dissemination of knowledge (including research findings) and capacity building, is particularly well positioned to help a partnership of agencies move forward in building a consensus on goals and methods to strengthen education ministries in their response to HIV/AIDS and school health, as its track record in building and strengthening the FRESH partnership shows.

Do the activities of PCD contribute to an accelerated education sector response to HIV/AIDS in Africa? Since the accelerate initiative started only in the summer of 2002, this is not yet possible to conclude. However there are many examples of ‘spin-off’ – where clear outputs emerged as a direct result of PCD’s work. I would like to mention a number of examples of these outputs, as ‘proxy indicators’ for an accelerated education sector response:

**In Support of FRESH**
1. PCD supported and implemented research has shown the cost-effectiveness of school health interventions providing key guidance to policy makers, educational planners and program implementers;
2. Key documentation and training tools developed by / or in collaboration with PCD have proven successful in building the capacity of education sector staff to manage and implement successful programs;
3. FRESH programs are currently being implemented in over 35 countries in Africa, Asia and LAC.

**In Support of HIV/AIDS and Education Initiatives**
1. Since the inception of the “Accelerate the Education Sector Response to HIV/AIDS” initiative of the IATT in November 2002, PCD has provided technical support and assistance to 4 sub-regional and 2 national level workshops in Africa. Support has taken the form of content development, technical facilitation and, in some instances, national level follow up. Two more workshops are scheduled in the next 3 months;
2. In many instances, for the first time, a comprehensive education sector response was discussed among - and between - country delegations and linkages established between people working in education and other HIV/AIDS stakeholders, for example, people working on OVC issues;
3. A main output of the workshops is the development of DRAFT country / provincial work plans that include both long and short term goals. The evaluation results (Annexes 2 and 8) suggest that the capacity of participants to respond to HIV/AIDS in the education sector was dramatically improved by the workshops. The evaluation results also reinforce that these workshops fulfill a demand and that clients regard these workshops as relevant to their work.

**Strengthening of the Knowledge Base**

**Conceptual Research**
1. The research conducted by PCD is innovative and contemporary, and includes:
   a. Impact assessment showing how de-worming improves a child’s ability to learn in Zambia, which convinced the Government to expand this pilot project nationwide;
   b. Longitudinal study of incidence and socio-economic situation and household circumstances of orphans in Zimbabwe, clarifying the factors that affect an orphan’s ability and opportunity to attend school (ongoing);
   c. Research in Gambia showing the long-term benefits of malaria prevention during childhood for school attendance in later years, especially for girls;
Research showing how iron supplements increase pre-school children’s ability to concentrate in India;

d. Evaluation study comparing two HIV preventive strategies for their cost-effectiveness in Kenya: promoting girls’ education versus life skills education for teachers

2. Research has proven how cost effective and relatively easy school health interventions can be, and how strongly these interventions are linked to a child’s ability to learn and attend school, and hence, how important these interventions are to attain EFA and Millennium development goals.

Synthetic Research
PCD have been responsible for developing a large number of documents and tools, including:

9. The key strategic document *Focusing Resources on Effective School Health: a FRESH Approach to achieving Education for All* (with UNESCO, UNICEF, WHO, 2002);

10. A substantive peer reviewed document entitled *School-age Children: their health and nutrition*. This has now been endorsed by 6 UN agencies;

11. Significant technical support for the development of the *World Bank Strategy document on HIV/AIDS and Education – A Window of Hope*;

1. The document *Education and HIV/AIDS: A Sourcebook of HIV/AIDS Prevention Programs in Schools* for which PCD were the lead technical agency. It is widely distributed and used, and is now part of the curriculum of two major tertiary education institutions in Africa. Its success has prompted partner agencies to propose and prepare a second volume. PCD has been selected again to be the lead technical agency;

12. *The Education and HIV/AIDS: Ensuring Education Access for Orphans and Vulnerable Children – a Training Module* was developed with UNICEF in 2002;

13. With UNAIDS, the training module *Education and HIV/AIDS: Modeling the Impact of HIV/AIDS on Education Systems: A training Manual* was developed in 2002 and has since been used to train educational planners in over 20 African countries.

Information dissemination

1. The [www.schoolsandhealth.org](http://www.schoolsandhealth.org) website is actively maintained by PCD and receives inputs from the many civil society agencies that contribute to the associated list-serve. It has seen over 240% more visitors over the previous 12 months. Since January 2003, the number of Hits has risen from more than 20,000 to nearly 50,000 per month – with an average of more than 1,000 hits per day. All other statistics show the same upward trend. There has been a sustained increase in requests for downloads of documents, rising from more than 1500 to nearly 8000 per month, with a particularly strong upward trend in requests to download files related to HIV/AIDS and education.

2. The website is supported by a school health mailing list.

3. A total number of 41,000 documents have so far been disseminated at the HIV/AIDS and Education workshops, and many thousands of additional copies downloaded from the website ([Annex 7 and 9](#)).

Improved Partnerships and Collaboration

1. Partnerships between countries were strengthened as a result of the regional workshops, and in-country partnerships between the central and provincial levels were improved;
2. Supporting agency members noted that the process of organizing the workshops had forged a new sense of partnership and better collaboration and coordination at the country level. On average, 20 partner agencies were involved in the organization of training workshops in each country.

Strengths
The initiatives undertaken by PCD have resulted in a stronger evidence base and therefore better technical documents and tools based on solid research findings. There has been improved capacity by education sector staff to respond to the epidemic. The work has led to consensus about common strategies and goals, and supported stronger partnerships between Ministries and their key donors and partner agencies. The work has led to the development of new national or provincial plans, and in the case of FRESH has already led to increased programming and implementation. Financial and technical resources from the World Bank (especially MAP) and other agencies have been leveraged.

The research, information dissemination and capacity building activities of PCD in strengthening HIV/AIDS and education and school health responses were found to be relevant, effective, of high quality, catalytic and with a high likelihood of sustainability.

Challenges
A main challenge is to ensure that the momentum developed is translated into country-level follow-up implementation of an effective education sector response to school health and HIV/AIDS. In some countries, the mechanisms to apply for or disburse funding need clarification and strengthening. Assistance to provincial and regional Education Departments and NGOs to access available funds needs to be stronger. A key solution to this is to continue to foster strong partnerships with other agencies at the regional and country levels before, during and after the workshops, and place a stronger focus on potential pitfalls in applying for funds and how to overcome them during the workshops. In addition, in the training workshops the attention paid to particularities of HIV/AIDS vulnerabilities (i.e. ethnic, cultural and language differences, gender, poverty) and school health in the local cultural context should be made stronger.

Impact
In terms of impact, it is too early to conclude whether the Accelerate initiative – especially its workshops at country level – will have the desired outcome: better planning, scaled-up implementation, higher spending and increased coverage of HIV/AIDS prevention and care programs implemented by and for the education sector. Initial outputs of activities as listed above suggest a high likelihood of success, because PCD is taking a similar approach as the one taken to successfully strengthen school health programs in the FRESH partnership.

KEY RECOMMENDATIONS TO THE DGF COUNCIL

1. Support to PCD for capacity building of education ministries, strengthening the knowledge base, information dissemination and strengthening partnerships aimed at enhancing and scaling up school health and HIV/AIDS and education responses should be continued;

2. PCD supported countries and programs should not accumulate – there should be a process for disengagement, ensuring that local partner agencies (i.e. UNESCO,
UNICEF, UNFPA, WHO, ILO, WFP, etc) take them on, ensuring that PCD can move on to new areas. TA should be continued where necessary in ‘old’ areas;

3. The partnership approach for school health and HIV/AIDS and education has been successful and should continue, but specific efforts to engage new and other partners should continue. At the global level, these are mainly bilateral donor agencies, and at the local level these include a stronger involvement of the Ministry of Social Welfare, especially in countries where a significant OVC problem exists, and other Governmental partners and NGOs;

4. The principle that in the school health / education and HIV/AIDS partnerships each agency should self-fund its participation has merit, but in special circumstances PCD should be allowed to provide funding for other agencies’ participation – especially if this increases the chance that these agencies can be brought on board;

5. After having worked in 20 African and 7 Asian countries, it is time to expand the focus of activity to other areas in the world. PCD has the capacity to respond to the needs in other areas in the world, but current funding levels are only sufficient for Africa. DGF may consider to expand funding support to PCD, so that other regions, especially South Asia, Southeast Asia and China, Latin America and the Caribbean regions, Central Asia and the Pacific (in this order of priority) can be covered.

Specific recommendations to PCD and its partners in school health and HIV/AIDS and education

1. On Improved capacity by the education sector to respond to HIV/AIDS (see Annex 5 for more specific recommendations):
   a. PCD must continue the current capacity building approach through regional workshops and national / provincial follow-up training
   b. PCD must further enhance linkages with existing policies, strategies and initiatives in countries where it organizes workshops
   c. PCD must try to encourage the Ministry of Education to engage even more partners at the country level workshops, especially the Ministry of Social Welfare
   d. PCD must include more references to (research on) these countries’ sexual and gender culture(s) and HIV vulnerability enhanced by norms and values in their society, in order to further increase the relevance of the workshops and make them more country-specific.
   e. PCD should be careful that, in the wake of its obvious successes in delivering high-quality training workshops, it remains sensitive to each country’s particularities in designing the program and methodology, avoiding a ‘one size fits all’ approach, especially if it expands to other regions in the world;
   f. PCD should ensure that provincial / regional work plans will be transformed into actual funding proposals after the workshops, by ensuring follow-up;

2. On Information dissemination:
   a. PCD should work to further promote the website by making it more attractive;
   b. PCD should enhance its e-list on school health, for instance by actively promoting membership of it during the workshops it organizes and by promoting it on existing e-forums;
   c. PCD should continue to support key research activities that strengthen the evidence base for HIV and school health related interventions

3. On Strengthening of the knowledge base:
a. PCD should work with key partners on developing separate Sourcebooks on Prevention, or perhaps more general on AIDS and Education, for use in the Asian and Latin American regions, rather than making these regions part of the current efforts.

b. PCD should also advise the World Bank to establish a link between the Sourcebook(s) and other initiatives to collect and disseminate best practices, notably those by UNAIDS (UNAIDS Best Practice Collection, see www.unaids.org and USAID’s Collection of USAID supported responses for OVC, www.usaid.gov)

4. On Strengthening partnerships:
   a. PCD should try to bring more partners into their school health and HIV/AIDS and education partnerships, especially bilateral donor agencies and NGOs;
   b. At the country level, PCD should advise the Ministries of Education it works with to involve key line ministries in their activities, especially the Ministry of Social Welfare.
Annex 1: Rationale for mobilizing the education sector against HIV/AIDS

HIV/AIDS is a deadly disease. In the absence of effective vaccination against HIV or medical treatment to cure AIDS, and because while caused by a virus, it is spread through human behaviors that are ‘learned’ or ‘socialized, education is the most important weapon at our disposal in the battle against the epidemic. It is by acquiring knowledge, attitudes, norms, values and skills that young people can be equipped to both prevent themselves from infection with HIV, prevent themselves from unwanted pregnancy and from other sexually transmitted infections (STI), acquire correct and positive attitudes towards counseling, testing and accessing medical facilities as well as to respond with compassion and understanding to people in their community who are already infected with HIV.

In most countries around the globe, however, responsibility for dealing with the epidemic has not been assigned to the Ministry of Education, but has instead been handed to the Ministry of Health – in some instances as the Chair of multi-sectoral AIDS Councils, of which the Education Ministry is usually a member. Most donor support (be it technical or financial) has therefore focused on strengthening the MOH response, and the MOE has in most countries been slow to respond to the epidemic, assuming that the MOH will deal with the crisis.

As a result, in many countries responses in the education sector so far have been scattered. Several agencies provide technical and financial support to Ministries of Education in certain countries, but there is no common approach or agreed strategy for either fulfilling the EFA/UNGASS goals or for providing technical or financial support to strengthen the response to the epidemic by Ministries of Education.

The education sector is being systematically destroyed by HIV/AIDS, but at the same time has the potential to provide the ‘social vaccine’ that teachers and learners need to avoid becoming infected, and thereby providing a ‘window of hope’ for the next generation. Cornerstones of an effective education sector response include policy development, sectoral planning, HIV prevention, access to education for orphans and vulnerable children (OVCs), workplace interventions, linkages to health and other support services.

There is a need to increase our understanding of issues related to HIV/AIDS and education, and of the education sector’s ability and potential to respond to the epidemic, either as a topic in itself or as part of a wider school health framework. There is also a need among Education ministries and their key partners to agree on common goals and strategies to mobilize the education sector in its response to HIV/AIDS, and there is a need to avoid duplication and overlap.

It is these needs that PCD, with its focus on research (“production of knowledge”), networking, dissemination of knowledge (including their research findings), and capacity building, seems particularly well positioned to fulfill.
## Annex 2: Evaluation statistics compared: Nigeria, Mozambique, Ethiopia

<table>
<thead>
<tr>
<th>Question (Scores: 1-5)</th>
<th>Average response (Abudja, Nigeria)</th>
<th>Average Response (Ondo, Nigeria)</th>
<th>Average Response (Mozambique)</th>
<th>Average Response (Ethiopia)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relevance of the activity to your country’s needs</td>
<td>4.9</td>
<td>4.5</td>
<td>4.4</td>
<td>4.8</td>
</tr>
<tr>
<td>Relevance of the activity to your current work/functions</td>
<td>4.1</td>
<td>4.6</td>
<td>4.2</td>
<td>4.5</td>
</tr>
<tr>
<td>Improvement in your appreciation of the importance of the issue</td>
<td>4.1</td>
<td>4.5</td>
<td>3.9</td>
<td>4.4</td>
</tr>
<tr>
<td>Effectiveness of the Thematic Groups in providing you with opportunities to discuss issues further</td>
<td>4.5</td>
<td>4.7</td>
<td>3.6</td>
<td>4.2</td>
</tr>
<tr>
<td>Activity’s help in enabling you to identify the most suitable solutions for your needs</td>
<td>3.8</td>
<td>4.1</td>
<td>3.6</td>
<td>3.4</td>
</tr>
<tr>
<td>Increase in strength of your partnership with others involved in the issue</td>
<td>3.9</td>
<td>4.4</td>
<td>4.0</td>
<td>3.9</td>
</tr>
<tr>
<td>Extent to which you gained ideas that will enhance your ability to implement your plan</td>
<td>4.1</td>
<td>4.6</td>
<td>4.0</td>
<td>4.0</td>
</tr>
<tr>
<td><strong>Overall usefulness of the activity</strong></td>
<td><strong>4.4</strong></td>
<td><strong>4.4</strong></td>
<td><strong>4.1</strong></td>
<td><strong>4.7</strong></td>
</tr>
</tbody>
</table>

Overall it can be concluded that participants were contended and happy with the workshops, and that they were relevant and beneficial to their work.
Annex 3: Website statistics

School Health Web Site: Summary Statistics

www.schoolsandhealth.org

A summary of current use of the HIV/AIDS and Education and School health Web Site, January-October 2003, compiled by Celia Mayer and reviewed by Jan Wijngaarden

The data reported here are part of the continuing evaluation of the site, and describe the volume of traffic for the period January-October 2003, analysed using SurfStats Standard Edition, 2002. Since January 2003, the number of hits has risen from more than 20,000 to nearly 50,000 per month – with an average of more than 1,000 hits per day. Other statistics show the same upward trend.

There has been a sustained increase in requests for downloads of documents, rising from more than 1500 to nearly 8000 per month, with a particularly dramatic upward trend in requests to download files related to HIV/AIDS and education. The top three documents requested are all on HIV/AIDS, with The Sourcebook of HIV/AIDS Prevention Programs being the most popular, receiving an average of more than 2000 requests per month since it was first made available in April 2003.

Accessibility has improved since it is now listed in the “top ten” on a search for “school health”, by a number of major search engines (including Google, AOL, AltaVista, and Yahoo). Its accessibility is further enhanced by the increasing number of related web sites which now include direct links to the School Health web site, including major UN agencies such as UNESCO and UNICEF, together with multinational organizations such as the World Bank. The School Health web site also supports links to over 45 related sites in the field of school health and nutrition. The HIV/AIDS and Education section of the site includes further links to relevant sites in this field, including UNAIDS, UNESCO, UNICEF and other AIDS and Education-related web sites and pages.

In summary, the statistics presented in this report indicate that www.schoolsandhealth.org is an active, well known and well used site that is growing in importance.

Summary Statistics

Between 1st January and 31st October 2003, the site received a total of 306,636 hits – which translates to a mean number of 30,664 hits per month and 1009 hits per day. Other useful measures of site use are: Visitor sessions; Unique visitors (i.e. the number of different individuals, or more accurately, IP addresses) that have accessed the site; number of Page Views and Requests to Download Files. There was a mean number of 7,279 visitor sessions each month, with over 4,500 unique visitors using the site each month, and a mean of 14,655 page views and 4,414 download file requests. (Table 1 and Figure 1).8

8 See glossary at the end of the report for further explanation of statistics used.
Table 1. Summary statistics for School Health web site, January-October 2003.

<table>
<thead>
<tr>
<th></th>
<th>hits</th>
<th>unique visitors</th>
<th>sessions</th>
<th>page views</th>
<th>download file requests</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
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<td>4866</td>
<td>10094</td>
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<tr>
<td>February</td>
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<td>4815</td>
<td>7995</td>
<td>14804</td>
<td>5515</td>
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<td>5242</td>
<td>8308</td>
<td>15159</td>
<td>5948</td>
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<td>27267</td>
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<tr>
<td>October</td>
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<td>6869</td>
<td>10019</td>
<td>18820</td>
<td>7950</td>
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<tr>
<td>TOTAL</td>
<td>306,636</td>
<td>45,754</td>
<td>72,786</td>
<td>146,553</td>
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<td>Mean/month</td>
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<td>4,574</td>
<td>7,279</td>
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<td>Mean/day</td>
<td>1009</td>
<td>150</td>
<td>239</td>
<td>482</td>
<td>145</td>
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</table>

Download Requests: File Requests appearing in top 20 most requested files

One of the objectives of the school health web site is to provide access to key documents in the field of school health and nutrition and, increasingly, for HIV/AIDS and Education. Most of these files are either in the form of Word documents, or PDF files. These documents range from literature reviews and topic overviews, through toolkits aimed at guiding program design and evaluation, to technical documents containing mathematical models investigating disease transmission and HIV/AIDS impact. The documents that are available

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9 For individual file download requests, SurfStats only provides data for the top 20 most requested files each month.

Prepared by Jan de Lind van Wijngaarden, consultant, j.wijngaarden@unescobkk.org
are diverse in nature and cover many aspects of school health and HIV/AIDS and education. To evaluate the level of interest in this aspect of the site, it is possible to monitor the number of requests for files to be downloaded. (Table 2). However, this is only possible for the top 20 requested files.

Table 2. Top 7 most request files to download: School Health web site, January – October 2003.

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<th>Mar</th>
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<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
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<td>72</td>
<td>62</td>
<td>75</td>
<td>102</td>
<td>818</td>
</tr>
</tbody>
</table>

Key to files
1. Sourcebook (complete)*
2. Education &HIV/AIDS: A window of hope**
3. Ed-SIDA manual
5. School-based feeding programmes…a literature review, David Hay, 2000
6. Situation Analysis: A guide to the design and evaluation of school health and nutrition programmes (Spanish)
7. Situation Analysis: A guide to the design and evaluation of school health and nutrition programmes (English)

One of the most notable features of requests during this period was the dramatic interest in the Sourcebook for HIV/AIDS Prevention Programmes – which became available on the site from April onwards. There also appeared to be increased interest in the other AIDS and education files (Window of Hope and Ed-SIDA Manual) from April onwards, with peaks for all the AIDS and Education files in May/June and again in September/October (Figure 2). It is likely that the level of interest in these documents was affected by international events – e.g. the 13th International Conference on AIDS (ICASA), held in Kenya in September – where the Sourcebook was officially launched.

Figure 2. Download file requests for www.schoolsandhealth.org, January-October 2003

Prepared by Jan de Lind van Wijngaarden, consultant, j.wijngaarden@unescobkk.org
Throughout the period of January to October, there was also a steady interest in FRESH related files to download. Files that regularly appeared in the top 20 most requested download files each month included:

- School Health and Nutrition Programmes: A situation analysis: A guide to the design and evaluation of school health and nutrition programmes. (shown above as: ‘Situation Analysis (Spanish)’ and ‘Situation Analysis (English)’)
- School-based feeding programmes… a guide for programme managers.
- School-based feeding programmes (literature review).
- School Health and Nutrition Programmes: A survey of donor and agency support.
- School Health at a Glance.
- Epidynamics – models in helminth epidemiology.

It is clear from this analysis that the available downloadable documents are satisfying a diverse clientele.\(^{10}\)

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\(^{10}\) NB  File download requests should be taken as a measure of traffic and interest, rather than representing the actual number of complete files successfully downloaded (as the figures will also include failed attempts and partial downloads). Further details of download file requests and other statistics for this site can be obtained from the Partnership for Child Development (c.maier@imperial.ac.uk).
Annex 4 – List of persons interviewed – spoken to

In Mozambique

<table>
<thead>
<tr>
<th>Name</th>
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<tbody>
<tr>
<td>Anya Manghezi</td>
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<td>Patrick de Vos</td>
<td>DANIDA</td>
</tr>
<tr>
<td>Mr Ties</td>
<td>NORAD/SIDA* UNICEF* International AIDS Alliance</td>
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<td>Antoninho Grachane</td>
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<td>Shadit Isaac Muragy</td>
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<tr>
<td>Ines Tembe</td>
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<tr>
<td>Alexandro Joao</td>
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</tr>
<tr>
<td>Gilda Maoman</td>
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</tr>
<tr>
<td>Representative</td>
<td>Department of Pedagogy, Tete province</td>
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In Ethiopia

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<td>David Clarke</td>
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<tr>
<td>Girum Hailu</td>
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<tr>
<td>Samuel Olana</td>
<td>UNICEF</td>
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<td>Klondimu Chirfa</td>
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<td>Beyene Dobo</td>
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<tr>
<td>Yohannes</td>
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<tr>
<td>Kassu Abdi</td>
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<td>Annemiek van Rooyen</td>
<td>Program Management Advisor, HAPCO – Amahara region</td>
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<td>Gebreselassie</td>
<td>Health sector program, World Bank Ethiopia</td>
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<tr>
<td>Getahun Gebru</td>
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</tr>
<tr>
<td>Seung-Hee F. Lee</td>
<td>Save the Children – USA, Ethiopia</td>
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<tr>
<td>Francesca Stuer</td>
<td>Family Health International, Ethiopia</td>
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### Partnership for Child Development (PCD) – London, UK

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<tr>
<td>Lesley Drake</td>
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<td>Ed Cooper</td>
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<td>Celia Mayer</td>
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<tr>
<td>Matthew Jukes</td>
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<td>Michael Beasley</td>
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<td>Richard Suswillo</td>
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### Other

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<td>Pascaline Dupas</td>
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Annex 5: Specific recommendations for the Accelerate initiative workshops for PCD and its partners

Recommendations on the preparation phase of workshops: During a long discussion with Anya Magezi of DANIDA, who worked on organizing the Mozambique workshop, as well as with Girum Hallu, consultant for the organizing committee in Ethiopia, a number of practical recommendations came up for organizing country-level workshops:

1. It should be clearer explained, at an earlier stage, to MOE and other stakeholders what the rationale is behind elements of the program, including the thematic groups, the provincial groups, the market place, the journalist forum – explaining why these are part of the program, so that no sudden changes are proposed by the Ministry as happened a week before the Mozambique workshop was held. This should be done in a video conference at the very beginning with all stakeholders, or in an initial fact-finding mission, which could also help in making the program more country / culture specific.

2. More technical support could have been provided in financial aspects of the workshop, especially how money can be accessed and in budgeting. A template or checklist would be helpful. It was unclear how Bank money could be accessed (This was also mentioned in Ethiopia).

3. World Bank and PCD sometimes had different communication channels with persons in the Ministry of Education in Mozambique, which sometimes led to confusion and delays. Sometimes it was not clear who was responsible / who should be contacted about what, PCD (Dr Drake) or the World Bank (Prof Bundy). This should be clarified at the beginning, during the first VDO conference.

4. It is not clear how PCD / the coalition of partners would support the translation of plans into proposals or the implementation of the plans after the workshop. Many delegations asked for technical support to follow-up and for help in drafting proposals. This should be anticipated already during the preparation phase, and different local partners should be coached to take a guiding role for each delegation to follow-up.

Recommendations related to the contents of the workshops:

1. More information should be collected before the country level workshop programs are designed, making sure more attention is paid to existing plans and strategies or to past events or declarations. Linking new initiatives to existing ones will, in general, ensure a greater sustainability of efforts and more likelihood for follow-up. It is obvious that the Organizing Committee needs to play this role – but PCD should provide assistance in requesting and helping them to do so.

2. Despite PCD trying hard, it seems even more attempts could be made to recruit locally present expertise for the plenary and thematic group work sessions. Making use of such expertise is not only cheaper, but also ensures buy-in and makes follow-up (with involvement of partners on-the-ground) more likely. It is important to involve local expertise and prepare them for their tasks during the workshop.

3. It is essential to discuss the taboos, the constraints and the difficulties that exist in a country’s (ethnic) culture(s) and in urban and rural society in addressing issues related to HIV/AIDS, sex and death – and implications of this for the Education sector response. In both Mozambique and in Ethiopia, some social research has been conducted on these issues, and a summary or presentation of this research, as well as a discussion of implications, should be presented and distributed at the workshops – possibly in one or more of the Thematic groups.
4. It should be considered whether an exhibition of books, tools, posters and other IEC products related to HIV/AIDS could be held, coinciding with the Workshops, to attract members of the general public and the press. In both Mozambique and Ethiopia the Conference Centers were big enough to accommodate such an exhibition. Possibly this could replace the Market Place.

Recommendations for a stronger follow-up:
1. It should be considered whether the provincial / regional groups should be given the proposal template of the locally available funding facility and work on developing an outright proposal during the workshop, rather than on developing a work plan. If the template does not include a discussion of strategic priorities, this should be added to the existing proposal template as a rationale for the proposal.
2. Announcing the development of a funding proposal in advance of the workshop may also lead to more high-level attention and participation in the workshop.
3. Furthermore, the workshop organizers should explain what they expect the delegations to do with the plans/proposals developed, and suggests ways to move ahead with it (i.e. organizing a stakeholder meeting, presentation of the plan to senior decision makers and stakeholders in the province, et cetera).
4. Already during the preparation of the workshops, local partners should be assigned to each delegation to assist in the follow-up.
Annex 6: Key elements of an effective school health program

The diverse experiences of school health programming suggest some common contributors to success.

- **Focus on education outcomes.** Linking school health and nutrition with education sector priorities, especially EFA and gender equity, helps clarify the lead role of the education sector in program implementation.

- **Begin by developing a formal, multisectoral policy.** There are multiple stakeholders, implementers, enablers and gatekeepers, amongst whom agreement has to be reached before progress can be made. The starting point is a memorandum of understanding between the education and health sectors that clearly sets out the specific responsibilities. A subsequent process of dissemination and consultation will establish ownership and identify obstacles before they constrain progress. For example, the MoH resisted teacher delivery of anti-schistosomiasis drugs in Madagascar and all anthelmintics in Tajikistan, while in Kenya lack of community support for the content of sexuality education delayed implementation for 3 years.

- **Use the existing infrastructure.** Build on existing curriculum opportunities and the role of the existing network of teachers. Programs which rely on the development of new delivery systems – mobile school health teams, a cadre of school nurses – have invariably failed to go to scale.

- **Build the program around simple, safe and familiar interventions.** Success is crucially dependent upon stakeholder acceptance of the whole package of deliverables. Acceptance is most likely if the interventions are already sanctioned by local and international agencies, and are already in common use by the community. Simple interventions are more likely to reach all schools.

- **Provide primary support from public resources.** There are compelling arguments for public support for school health because of the contribution to economic growth, the high rate of return, and the fact that the majority of interventions lead to public goods. There is also compelling evidence of market failure.

- **Provide opportunities for civil society and the private sector to play a role.** NGOs have proven effective in supporting public sector programs through training and supervision, particularly at the periphery. While there are no successful examples of the private sector effectively implementing a whole program, there are excellent examples of specific roles in specific populations (cf Japan and Indonesia).

*Source: Donald A.P. Bundy, World Bank, 2004*
Annex 7 - Total number of documents distributed to date through the Accelerate Initiative Seminars

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<td>Skills Based Health Education: A Briefing Package. UNICEF/WHO, 2002.</td>
<td>465</td>
<td>n/a</td>
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<td>Skills for Health: Skills-Based Health Education. UNICEF, WHO, World Bank, UNFPA, 2002.</td>
<td>668</td>
<td>200</td>
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<td>Sound of Silence, Actionaid.</td>
<td>45</td>
<td>200</td>
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<td>Sourcebook of HIV/AIDS Prevention Programs in Schools. World Bank, 2002.</td>
<td>1274</td>
<td>200</td>
<td>170</td>
<td>n/a</td>
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<tr>
<td>Status of Behaviour Change Research, Evidence and Programmes for Prevention of HIV Infection in Southern Africa. OfDID, 2002.</td>
<td>115</td>
<td>n/a</td>
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<td>Strategic Guidance for HIV Prevention: Preventing HIV, Promoting Reproductive Health. UNFPA, 2002 (200 copies in Spanish)</td>
<td>783</td>
<td>n/a</td>
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<td>Summary of OVC Programming Approaches. World Vision International, 2002.</td>
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<td>n/a</td>
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<td>Training and Resource Manual on School Health and HIV/AIDS Prevention. Education International/WHO, 2001.</td>
<td>169</td>
<td>n/a</td>
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<tr>
<td>UNAIDS Benchmarks</td>
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<td>UNESCO Poster (200 in Spanish)</td>
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<td>n/a</td>
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<td>USAID Response to the Impact of HIV/AIDS on Basic Education on Africa. Africa Bureau Brief, 2002.</td>
<td>364</td>
<td>n/a</td>
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Total number of documents distributed through the Seminars: 41,781 in five different languages.

Part I
Participants were requested to rate each aspect of the activity listed below on a progressive scale of 1 to 5, where 1 is the minimum and 5 is the maximum. In this scale, 3 is the middle.

Overall Usefulness of the activity
80% of the respondents awarded a rating of 4 or 5 to the overall usefulness of the Seminar. The overall average rating awarded to the Seminar was 4.0.

Relevance
89% of the participants awarded a rating of 4 or 5 to the relevance of the seminar, in assisting them in both their current and future work and functions as well as the needs of their country, institution, organization or enterprise. The average rating awarded here was 4.5.

Benefits
1. 50% of the participants awarded a rating of 4 or 5 to the benefit of the Seminar in raising their awareness and deepening their understanding of the issues together with providing guidance on solving the problems, and the knowledge to do so. The average rating awarded here was 3.5
2. 71% of the participants awarded a rating of 4 or 5 to the benefit of the Seminar in terms of facilitating the discussion between various groups and strengthening local capacities. The average rating awarded here was 3.9.

Contribution to Capacity Strengthening

Logistics
58% of the respondents rated the logistics of the Seminar with a 4 or 5. The average rating awarded here was 3.4.

Part II
Participants were requested to rate the content and delivery of the Seminar using the following scale:

- A = insufficient
- B = somewhat insufficient
- C = adequate
- D = somewhat excessive
- E = excessive
- X = no opinion

48% of respondents indicated that the balance was optimal overall (rated C).
In general, participants felt that more time could have been spent on discussions, as well as study of materials used in the seminar – both in terms of personal study time as well as period of time between receiving the materials and the start of the Seminar. Participants felt that there was a good balance of the various training methods used, the diversity of the groups present (regarding professional expertise, countries of origin etc) and the amount of work that needed to be done between sessions. They also indicated that there was a good level of interaction between participants.

**Part III**

In the final section of the evaluation questionnaire, a number of open ended questions gave participants an opportunity to express their views in more detail.

1. The most useful activities
   - Sharing country experiences (group discussions, networking, informal evening sessions).
   - The participatory nature of the Seminar.
   - The resource people (especially personal experiences of resource people).
   - The resource materials available.

2. The least useful activities
   - Discussion of theory.
   - The medicalization of the issue.

3. That more time should be given to
   - Group work and interactive discussion.
   - Financial mechanisms.
   - Discussions of OVC and prevention issues.

4. The main messages that participants would take home with them
   - To advocate the issues to senior politicians in an attempt to bring about better policy – especially multi-sectoral.
   - To improve the networking of partners.
   - To disseminate the knowledge gained within the seminar to colleagues
   - To turn plans into action.
   - There is a definite need for technical assistance and follow up.
   - All participants would recommend that their colleagues attend a similar seminar.

5. Advice that participants would give for future seminars
   - Documents and information be sent to participants further in advance.
   - That the agenda be less intense.
   - More time be allocated for group work.
   - That administrative and logistical issues are better explained.
Annex 9 – FRESH RELATED DOCUMENTS & TRANSLATIONS - 2004

Some of the documents currently held by the Partnership for Child Development, which are available in translation

<table>
<thead>
<tr>
<th>DOCUMENT</th>
<th>English</th>
<th>French</th>
<th>Spanish</th>
<th>Portuguese</th>
<th>Russian</th>
<th>Hindi</th>
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<td>Education and HIV/AIDS: A window of hope</td>
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<td>FRESH: A FRESH start to enhancing the quality and equity of education</td>
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<td>Ed-SIDA Manual</td>
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<td>School Health and Nutrition: A situation analysis</td>
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<td>Presentation HPSU (ppt on health promoting schools)</td>
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<td>LSBE. FINAL. NOTES (ppt on skills-based education)</td>
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<td>indicatorrus (possible indicators for life-skills education programs)</td>
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</table>

**Rationale documents**

Core intervention 1: Health related school policies
Core intervention 2: Provision of safe water and sanitation
Core intervention 3: Skills-based health education
Core intervention 4: School-based health and nutrition policies

**Global HIV/AIDS Workshop Materials:**

Effective placement within the school curriculum                         | X       | X      | X       |            |         |       |           |
FRESH and HIV/AIDS                                                      | X       | X      | X       | X          |         |       |           |
Lessons learned LSBE                                                    | X       | X      | X       |            |         |       |           |
Models                                                                  | X       | X      | X       |            |         |       |           |
Priority Actions LSBE

Quality Checklist

**Resources for teachers**

Facts about intestinal worms
Facts about Schistosomiasis
Iron deficiency anaemia fact sheet
Vitamin A deficiency
Use of a tablet pole

**Available from UNESCO**

FRESH brochure (one folded page - tri-lingual)
FRESH: A Comprehensive School Health Approach to Achieve EFA
UNESCO's Strategy for HIV/AIDS Prevention
HIV/AIDS and Education: A Strategic Approach (IATT document)

**Available from WHO**

The physical school environment: an essential component of a health-promoting school
Family life, reproductive health, and population education: key elements of a health-promoting school
Oral health promotion through schools
Skills for Health - Skills-based health education including life skills
Creating an environment for emotional and social well-being
Sun protection
Improving health through schools: national and international strategies
Local Action: Creating Health-Promoting Schools
Preventing HIV/AIDS/STDs and related discrimination
Tobacco use prevention
WHO's Global School Health Initiative - health-promoting schools
Healthy nutrition
Violence prevention
Strengthening interventions to reduce helminth infections