

Accelerating the Education Sector Response to HIV&AIDS in Sub-Saharan Africa

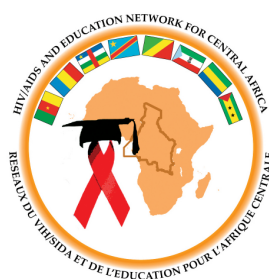
A Rapid Situation Analysis of 34 Countries



**Data reviewed by the Networks of Ministry of Education
HIV&AIDS Focal Points in sub-Saharan Africa at their 2nd
Annual Meeting, Nairobi, Kenya, November 2007**

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LIST OF ABBREVIATIONS AND ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ART	Anti-retroviral therapy
ARV	Anti-retroviral
DRC	Democratic Republic of Congo
EAC	East African Community
ECCAS	Economic Community of Central African States
ECOWAS	Economic Community of West African States
EFA	Education for All
FRESH	Focusing Resources on Effective School Health
HIV	Human Immunodeficiency Virus
IATT	Inter Agency Task Team on Education
MoE	Ministry of Education
MoEs	Ministries of Education
MoH	Ministry of Health
MDGs	Millennium Development Goals
PALOPS	<i>Paises Africanos de Lingua Oficial Portuguesa</i>
PCD	Partnership for Child Development
SAC	School-age Children
SADC	South African Developmental Community
SHN	School Health and Nutrition
STD	Sexually Transmitted Disease
STP	São Tomé and Príncipe
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations Children's Fund
VCT	Voluntary Counselling and Testing
WB	World Bank
WHO	World Health Organization

EXECUTIVE SUMMARY

In recent years, the education sector in low-income countries has come to play an increasingly important role in the health of the school-aged child. This is supported by research over the past two decades which has shown that poor health, including malnutrition and HIV, are critical underlying factors for poor educational outcomes, such as low school enrolment, absenteeism and poor classroom performance. These outcomes act as important constraints in countries' efforts to achieve Education for All (EFA) and their education Millennium Development Goals (MDGs). Under the auspices of school-based health and nutrition (SHN) more broadly, HIV prevention and mitigation through the education sector is now recognised as a key element of multi-sectoral HIV responses. This is because the sector has a key role in providing young people, especially girls, a chance to a productive and AIDS-free life, through the *social vaccine* of education.

A programme to accelerate this education sector response to HIV&AIDS in sub-Saharan Africa was initiated with a Working Group of the UNAIDS Inter-Agency Task Team on Education in 2002. The main objectives of the Accelerate Initiative have been to:

- Promote leadership by the education sector and create sectoral demand for a response to HIV&AIDS.
- Harmonize support among development partners, so as better assist countries and reduce transaction costs.
- Promote coordination with national AIDS authorities and enhance access to HIV&AIDS funds.
- Share information on HIV&AIDS that has specific relevance to the education sector.
- Strengthen the technical content and implementation of the education sector response to HIV&AIDS.

In response to an expressed demand at national and regional levels for the establishment of concrete mechanisms for exchanging information and experiences among neighbouring countries facing similar operational challenges, the Accelerate Initiative has facilitated the formation of Networks of Ministry of Education HIV&AIDS Focal Points. The Networks are made up of members – HIV&AIDS Focal Points – who are officially appointed by their Ministries of Education to serve as national coordinators of activities related to the education sector response to HIV&AIDS. They provide a framework for consultation, sharing of experiences and expertise among actors in the field of HIV&AIDS. Over the past five years, Networks of HIV&AIDS Focal Points have been successfully formed throughout sub-Saharan Africa.

In 2007, the Networks of Ministry of Education HIV&AIDS Focal Points led a rapid situation analysis to update their current understanding of the education sector responses of HIV&AIDS and SHN in sub-Saharan Africa. It was considered that the identification of priority areas in SHN and HIV&AIDS in each country would enable government officials to concentrate resources and programming in these areas, and aid future planning both within each country and collectively across Networks. The findings would also serve as a baseline from which countries and Networks can measure their progress in coming years.

The Focal Points answered questionnaires that covered the key areas of: SHN and HIV policies and strategies; planning and management; safe school environment; skills-based health education; school-based health and nutrition services; assistance to orphans and vulnerable children and support to Ministry of Education (MoE) SHN and HIV responses. Of the 37 Network countries, 34 responded, and the key findings from their responses were as follows:

- All 34 MoEs have one or more of the following – policies, strategies and work plans – in place to demonstrate their commitment to SHN and HIV response.

- All 34 countries also reported that an organizational framework exists for MoEs to manage and mainstream their response to SHN and HIV&AIDS.
- Twenty-seven of the 34 countries had a mechanism in place to ensure that there is a safe and healthy environment in schools.
- To varying levels in all countries, the education sector is already involved in providing skills-based health education including HIV prevention to staff and students.
- All countries are also involved in providing some form of health and nutrition service to school-age children and teachers.
- Thirty of the 34 MoEs reported having at least a national policy on free primary education for all.
- Twenty-five of the 34 MoEs reported receiving external support for their responses on SHN and HIV prevention.
- Twenty-four of the 34 MoEs reported collecting some data to monitor and evaluate their SHN programmes.

In conclusion, the information from the survey is relevant for national and sub-regional planning, and has been based on reliable data provided by Network Focal Points, the national coordinators of education sector HIV&AIDS response programmes. Potential exists for enhancing the data gathered from the rapid situation analysis as follows: First, some aspects of the education sector response, such as interventions in out-of-school settings, and financial and budget information of programmes, were not well understood by the survey. These aspects may be collected as part of a follow-up exercise, for discussions at future Network of Focal Points meetings, such as that planned during the 2008 International Conference on AIDS and STIs in Africa (ICASA) in Dakar, Senegal. Second, in addition to quantitative information gathered in this survey, qualitative information on responses will enhance the documentation of country activities, and provide further opportunities for sharing experiences. Lastly, data from this survey may be used to assess trends and evaluate progress of education sector responses to HIV. Most of the data collected in this survey relate to programme activities and processes. Therefore repeat surveys for monitoring progress may be conducted on an annual basis, using a methodology similar to this rapid situation analysis for comparability.

1. BACKGROUND

1.1 Education Sector Role in Health, Nutrition and HIV&AIDS

In recent years, the education sector in low-income countries has come to play an increasingly important role in the health and nutrition of the school-aged child. This is largely supported by research over the past two decades which has shown that poor health and malnutrition are critical underlying factors for low school enrolment, absenteeism, poor classroom performance and dropout; all of which act as important constraints in countries' efforts to achieve Education for All (EFA) and their education Millennium Development Goals (MDGs).

Among important health concerns, HIV&AIDS is becoming a priority for the education sector. School-age children have the lowest HIV prevalence of any age group; even in the worst affected countries, the vast majority of schoolchildren are not infected. For these children, there is a **window of hope**, a chance to live a life free from AIDS, if they can acquire knowledge, skills, and values that will help protect them as they grow up. Providing young people, especially girls, with the **social vaccine** of education offers them a real chance at a productive life and has been shown to have a dramatic impact on reducing levels of stigma and discrimination (Bundy, 2002). Young people, and particularly girls, who fail to complete a basic education, are more than twice as likely to become infected, and some seven million cases of AIDS could be avoided by the achievement of EFA (GCE, 2004). Studies in South Africa (Hargreaves *et al.*, 2008; Bärnighausen *et al.*, 2007) and Uganda (de Walque *et al.*, 2004, 2005) have shown that one additional year of schooling can lead to a 7% and 6.7% reduction in the risk of infection respectively.

Consequently, programmes have focused on improving health and nutrition for all children and in HIV prevention, particularly for the poor and disadvantaged, in order to reap education, and subsequent economic gains. In the 1990s, when EFA was launched, school-based health and nutrition (SHN) programmes were adopted by the education sector, and began to be incorporated within EFA programmes (Jukes *et al.*, 2008). A major step forward in international coordination was achieved at the World Education Forum in Dakar in April 2000, where a joint partnership effort by UNESCO, WHO, UNICEF, and the World Bank led to Focusing Resources on Effective School Health (FRESH). The *FRESH framework* is based on good practice recognised by all partners and provides international consensus for effective implementation of comprehensive SHN programmes. In order to provide a sound initial basis for any SHN programme, the framework calls for four core components to be comprehensively implemented in all schools. These are: 1) health-related school policies; 2) safe and sanitary school environment; 3) skills-based health education; and 4) school-based health and nutrition services. Furthermore, these components can be implemented effectively only if supported by strategic partnerships between: the health and education sectors (especially teachers and health workers), schools and communities, and pupils and stakeholders (Jukes *et al.*, 2008).

International understanding that HIV prevention and mitigation is integral to comprehensive SHN programmes, and key events in Africa around the millennium leading up to the Dakar World Education Forum, such as the advocacy by Michael Kelly of Zambia at the 1999 Lusaka International Congress on HIV&AIDS and STIs in Africa, have given new impetus to the HIV response of the education sector. The sector is now recognised as a key partner within the multi-sectoral HIV response, playing an important 'external' role in HIV prevention and in reducing stigma, and an equally important 'internal' role in providing access to care, treatment and support for teachers and staff – a group that represents over 60 percent of the public sector workforce in many countries. To this end, many developments in the education sector response to HIV&AIDS in sub-Saharan Africa have taken place in the past decade.

1.2 Accelerate Initiative

In 2002, the UNAIDS Inter-Agency Task Team on Education (IATT), established a working group – known as the *Accelerate Initiative Working Group* – to support countries in sub-Saharan Africa as they ‘accelerate the education sector response to HIV&AIDS’. The main objectives of the Accelerate Initiative have been to:

- Promote leadership by the education sector and create sectoral demand for a response to HIV&AIDS.
- Harmonize support among development partners, so as better to assist countries and reduce transaction costs.
- Promote coordination with national AIDS authorities and enhance access to HIV&AIDS funds.
- Share information on HIV&AIDS that has specific relevance to the education sector.
- Strengthen the technical content and implementation of the education sector response to HIV&AIDS.

This is intended to lead to the establishment of programmes with strong local ownership, capable of accessing suitable funding and implementation at all levels of the education sector.

The Initiative has had involvement from several key stakeholders, including: governments, United Nations agencies, bilateral donors and civil society, people living with HIV&AIDS, teachers’ unions and the media.

In response to an expressed demand at national and regional levels for the establishment of concrete mechanisms for exchanging information and experiences among neighbouring countries facing similar operational challenges, the Accelerate Initiative has facilitated the formation of sub-regional Networks of Ministry of Education HIV&AIDS Focal Points. The Networks are made up of members who are officially appointed by their Ministers of Education to serve as HIV&AIDS Focal Points. They provide a framework for consultation, sharing of experiences and expertise among actors in the field of HIV&AIDS.

Over the past five years, Networks of HIV&AIDS Focal Points have been successfully formed throughout sub-Saharan Africa. Over the same period, all Networks and the 37 countries they represent have successfully taken full responsibility and ownership of Accelerate activities at sub-regional and national levels (Accelerate Initiative, 2008). They are the:

HIV&AIDS Focal Points of Economic Community of West African States (ECOWAS) and Mauritania Ministries of Education

The Network of Ministry of Education (MoE) HIV&AIDS Focal Points from Benin, Burkina Faso, Cape Verde, Côte d'Ivoire, Gambia, Ghana, Guinea-Bissau, Liberia, Mali, Mauritania, Nigeria, Niger, Republic of Guinea, Sierra Leone, Senegal and Togo was established and launched in December 2004. The Network functions broadly within the political umbrella of the Economic Community of West African States (ECOWAS).

HIV&AIDS and Education Network for Central Africa

This network of Ministry of Education HIV&AIDS Focal Points from Cameroon, Central African Republic, Chad, Democratic Republic of Congo (DRC), Equatorial Guinea, Gabon, Republic of Congo and São Tomé and Príncipe was established and launched in October 2006. The political umbrella for this Network is the Economic Community of Central African States (ECCAS).

HIV&AIDS and Education Network for Eastern Africa

Ministries of Education (MoEs) in Eastern and Southern Africa formed the HIV&AIDS and Education Network for Eastern Africa in response to the high burden of disease in the region. The countries involved are: Burundi, Eritrea, Ethiopia, Kenya, Madagascar, Malawi, Mozambique, Rwanda, United Republic of Tanzania and Zanzibar, Uganda and Zambia. The Network operates within sub-regional economical frameworks such as the East Africa Community (EAC) and the South African Developmental Community (SADC).

In addition, the HIV&AIDS Focal Points from Ministries of Education in Portuguese-speaking countries of sub-Saharan Africa established the Ministries of Education Network of HIV&AIDS Focal Points for Lusophone Africa in 2003. Countries represented within this Network are: Angola, Cape Verde, Guinea-Bissau, Mozambique and São Tomé and Príncipe. As the composition of this Network is on a linguistic basis and not geographic location, some countries also belong to other Networks. For example, Cape Verde and Guinea-Bissau belong to the ECOWAS and Mauritania Network. The political umbrella for this Network is the *Países Africanos de Língua Oficial Portuguesa* (PALOPS).

In 2004, a global survey of 71 countries was conducted on behalf of the UNAIDS IATT on Education to review the readiness of education sectors in managing and mitigating the impact of HIV (UNAIDS IATT on Education, 2005). More information on the global survey can be accessed at <http://unesdoc.unesco.org/images/0013/001399/139972e.pdf>.

In 2007, the Networks of HIV&AIDS Focal Points decided to lead a rapid situation analysis for sub-Saharan Africa in order to update their current understanding and monitor progress of the education sector responses to HIV&AIDS in the continent. This report presents the findings from the rapid situation analysis.

2. PURPOSE AND METHODOLOGY

2.1 Purpose

This rapid situation analysis was conducted to allow the education sector in Network countries to monitor their national and regional acceleration of the HIV&AIDS response. It was considered that identification of priority areas in SHN and HIV&AIDS in each country would enable government officials to concentrate resources and programming in these areas, and aid future planning within each country and collectively across Networks. The findings would also serve as a baseline from which countries and Networks can measure their progress in coming years.

2.2 Methodology

The methodology for conducting the rapid situation analysis was led by Ministry of Education HIV&AIDS Focal Points in the 37 Network countries (see Table 1), and involved a participatory process, which also included development partners. In order to ensure the collection of nationally relevant data, the HIV&AIDS Focal Points jointly developed a questionnaire to assess their national responses to SHN and HIV&AIDS (see Annex 6.1), which they subsequently self-completed.

Table 1. List of Network countries contacted for the Survey

West Africa	Central Africa	Eastern Africa
Benin	Cameroon	Angola*
Burkina Faso	Central African Republic	Burundi
Cape Verde	Chad	Eritrea
Côte d'Ivoire	Democratic Republic of Congo (DRC)	Ethiopia
The Gambia	Equatorial Guinea	Kenya
Ghana	Gabon	Madagascar
Guinea-Bissau	Republic of Congo	Malawi
Liberia	São Tomé and Príncipe (STP)	Mozambique
Mali		Rwanda
Mauritania		Tanzania Mainland
Nigeria		Uganda
Niger		Zambia
Republic of Guinea		Zanzibar
Sierra Leone		
Senegal		
Togo		

*As Angola was the only Lusophone country not part of a regional network above, it is mentioned under Eastern Africa, only for the purposes of this survey. Angola is a member of SADC, one of the political umbrellas of the Network for Eastern Africa.

The format of the questionnaire was guided by the FRESH framework and by key issues for the education sector response to HIV&AIDS. The latter is outlined in the *Checklist of Good Practice*, developed collectively by Network countries and participating members of the Accelerate Initiative (see Annex 6.2). Key areas for assessment identified were: SHN and HIV&AIDS policies; planning and management; safe school environment; skills-based health education; school-based health and nutrition services; orphans and vulnerable children; and support to MoE SHN and HIV responses.

Within skills-based health education, data on SHN related to basic and in-service teacher training were collected, as was information on HIV prevention activities in schools. Information on HIV prevention activities in non-formal education was also collected because the sub-sector provides a means of reaching out-of-school youth who might be more vulnerable to HIV.

The information mostly pertained to primary and secondary education. In Cameroon, Niger, Guinea and Burkina Faso information on higher education was also provided, but those results are not part of this report.

Overall, there was a high level of response to the questionnaires (see Table 2). Thirty-four countries provided information, with the exception of Angola, Equatorial Guinea and Cape Verde.

Table 2. Response rate of countries within their Networks

<i>Network</i>	<i>Response rate</i>
West Africa	94% (15/16)
Central Africa	88% (7/8)
Eastern Africa	92% (12/13)
<i>Overall</i>	<i>92% (34/37)</i>

Members of the UNAIDS IATT on Education, namely UNESCO, World Bank and the Partnership for Child Development, assisted in collating the data provided by the Focal Points. The data were then analyzed and reviewed by the Focal Points in November 2007, during the Second Annual Meeting of Networks of Ministries of Education HIV&AIDS Focal Points in Nairobi, Kenya. Their work resulted in the current report.

There are some important considerations regarding the analyses and interpretation of the survey data. First, percentages are calculated for countries that reported a response activity out of the total 34 countries that responded to the survey. The denominator for each Network percentage is the number of countries in the sub-region that responded to the survey. Percentages have not been analysed for statistical significance because of the small denominators in the Regional Networks. Any comparison between Networks based on their percentage response is also difficult because countries are very different in terms of the AIDS epidemic, as well as strategies used for their response. Secondly, the interpretation of results sometimes proved difficult because there were many non-responses for some questions. It was also difficult to assess the quality of response activities reported by Focal Points because follow-up qualitative and quantitative information about the programme was not collected. Lastly, the fact that the data collected were for information about national SHN and HIV responses precludes their use to indicate programme coverage and success at sub-national level.

3. RESULTS AND DISCUSSION

Survey results presented below provide an overall picture of education sector SHN and HIV&AIDS response, as reported by the 34 Network countries that responded to the survey. The information presented is relevant for national and sub-regional planning, and has been based on reliable data provided by Network Focal Points, the national coordinators of education sector HIV&AIDS response programmes.

3.1 SHN and HIV Policies

Policies for school-based health, nutrition and HIV&AIDS interventions are important because they demonstrate leadership commitment, and provide a framework to ensure the health and education needs of children are holistically and systematically met in all schools. Table 3 summarises policies and strategies relevant to education sector activities on health, nutrition and HIV&AIDS that exist in the 34 Network countries.

Table 3. Policies and strategies for SHN and HIV&AIDS

Policies and Strategies	West Africa										Central Africa					Eastern Africa																		
	Benin	Burkina Faso	Cote d'Ivoire	The Gambia	Ghana	Guinea	Guinea-Bissau	Liberia	Mali	Mauritania	Niger	Nigeria	Senegal	Sierra Leone	Togo	Cameroon	CAR	Chad	DRC	Congo	Gabon	São Tomé	Burundi	Eritrea	Ethiopia	Kenya	Madagascar	Malawi	Mozambique	Rwanda	Tanzania (M)	Uganda	Zambia	Zanzibar
National SHN Policy	√	√	√	√	√	√	NR	√	√	√	√	√	√	NR	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√
National HIV&AIDS Strategy	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√
Education Sector HIV&AIDS Strategy	√	√	√	√	√	√	√	NR	NR	√	√	√	√	√	√	√	√	√	NR	√	√	√	√	√	√	√	√	√	√	√	√	√	√	
Education Sector HIV&AIDS Action Plan	√	√	√	√	√	√	√	√	√	√	√	√	NR	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	NR	√	
National Workplace Policy	√	√	√	√	√	√	NR	NR	NR	NR	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	NR	√	√	√	√	√	√	√	
Education Sector HIV&AIDS Policy that includes Workplace Regulations	√	NR	√	√	√	√	NR	NR	NR	NR	NR	NR	NR	NR	√	√	√	√	√	√	√	√	√	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	

√= yes, Blank= no or not applicable, NR= no response to the question

Twenty-two (65%) countries have a national SHN policy. In the Central Africa Network, three (43%) countries have such a policy, while in the Eastern and West Africa Networks, this number is eight (67%) and 11 (73%) respectively (see Figure 1). Some countries without a specific national SHN policy (Sierra Leone in West Africa; DRC and STP in Central Africa; and Ethiopia, Kenya, Uganda and Zanzibar in Eastern Africa), reported as well that their national education policies advocate for child-friendly and sanitary schools (see School Environment below). Uganda has a draft SHN policy which is in the process of finalization.

On HIV prevention and mitigation, 27 (79%) countries reported having an education sector HIV&AIDS strategy (see Table 3). With the exception of Cameroon, Sierra Leone and Zambia, these countries have also incorporated their strategy into actionable plans for implementation.

As the 'internal' role of the education sector in mitigating the impact of HIV&AIDS on its staff becomes ever more recognised, workplace policies are essential to ensure a safe and inclusive work environment, with access to HIV&AIDS and other health services. Sixteen (47%) countries reported having national workplace policies (see Figure 2). In Uganda the MoE reported having a sector specific workplace policy as well, which is in line with the national policy. In some West African Network countries that do not have workplace policies (see Table 3) and in Cameroon, workplace concerns of education staff are said to be incorporated within the sector's HIV&AIDS policy.

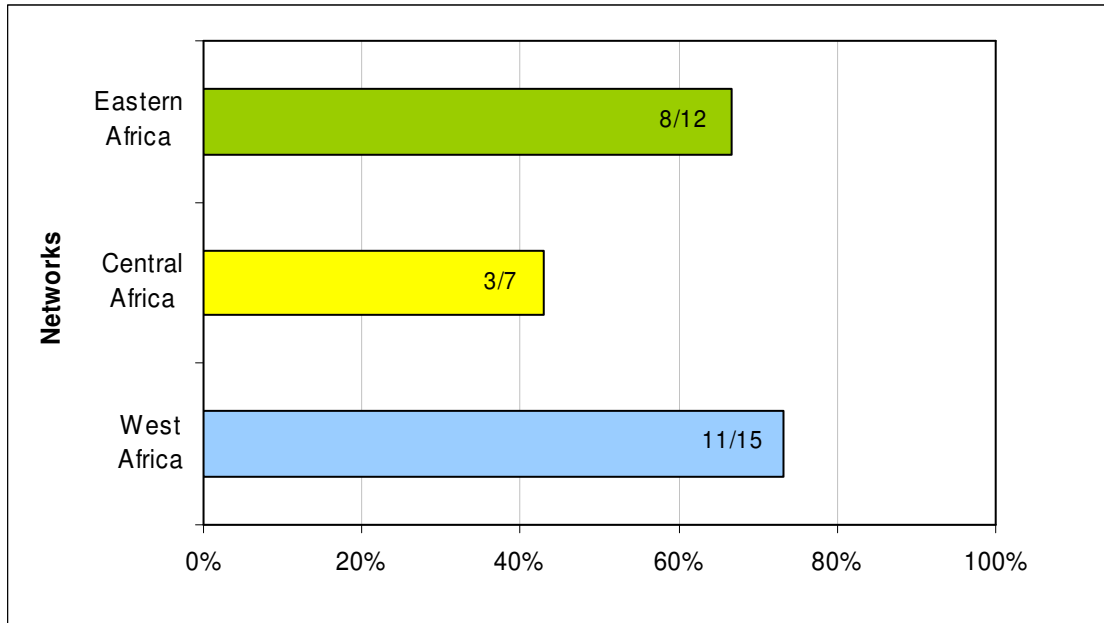


Figure 1. Percentage of Network countries with a national SHN policy

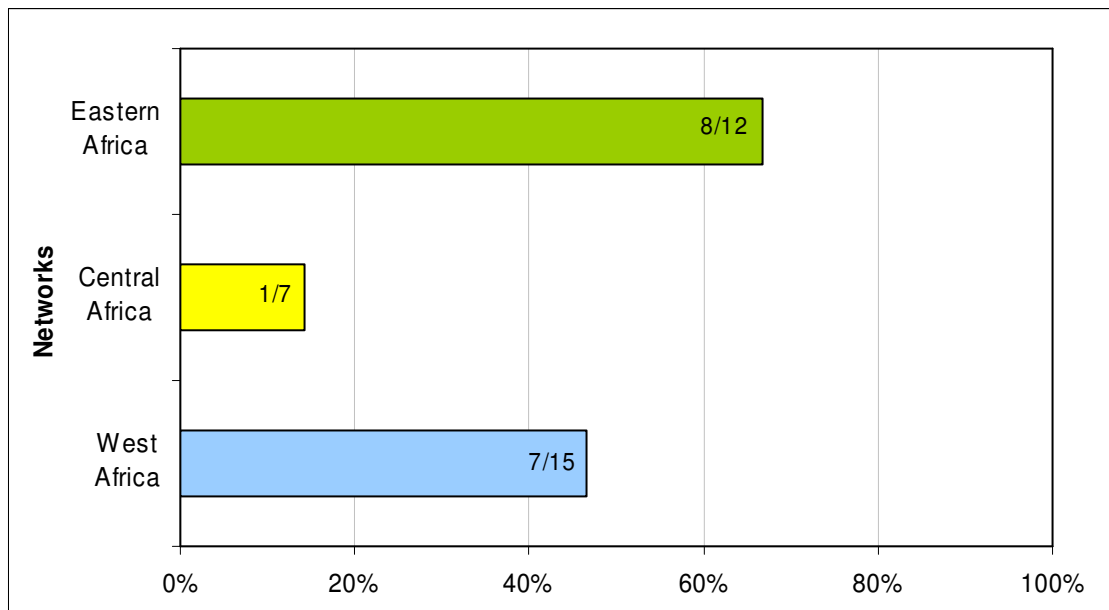


Figure 2. Percentage of Network countries with a national workplace policy

3.2 Planning and Management

In most countries, an organizational framework exists for MoEs to manage and mainstream their response to SHN and HIV&AIDS. SHN units exist in 25 (74%) Network MoEs with a full-time coordinator in 17 of these MoEs (see Table 4). Furthermore, all 34 (100%) countries either have an HIV&AIDS section within their SHN unit or a separate HIV&AIDS unit within the MoE. Thirty-two (94%) Ministries have a designated national HIV&AIDS Focal Point, of which in 20 it is a full-time position.

Table 4. Education sector planning and management for SHN and HIV&AIDS

Planning and Management	West Africa										Central Africa					Eastern Africa																	
	Benin	Burkina Faso	Cote d'Ivoire	The Gambia	Ghana	Guinea	Guinea-Bissau	Liberia	Mali	Mauritania	Niger	Nigeria	Senegal	Sierra Leone	Togo	Cameroon	CAR	Chad	DRC	Congo	Gabon	São Tomé	Burundi	Eritrea	Ethiopia	Kenya	Madagascar	Malawi	Mozambique	Rwanda	Tanzania (M)	Uganda	Zambia
SHN Unit in the MoE	√	√	√	√	√	√	√	√	√	NR	√	√	√		√	√	√	√				√	√		√	√	√	√	√	√	√	√	
Full-time SHN Unit Coordinator	√	NR	√	√	√	√	NR	√		NR	√	√			√	√	√						√		√	NR	√	√	√			√	
HIV&AIDS part of the SHN Unit		√	√			√	√	√		√	√	√	√		√	√	√				√	√	√			√		√	√				√
Separate HIV&AIDS Unit in the MoE	√			√	√				√		√	√	√	√		√			√	√	√			√	√	√	√	√			√	√	
HIV&AIDS Focal Point in the MoE	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	NR	√
Full-time HIV&AIDS Focal Point	√	√	√	√	√	√	√	NR	NR		√	√	√	√		√	√	√	√	√	√	√	√		√	NR	√	√	√	NR	√	NR	√
SHN Focal Points at the Sub-national Level	√	√	√	√	√	√	NR	√	√	√	√	√	√	NR	√	√	NR		NR	NR	NR	NR	√		√	NR	√	√	√	NR	NR	NR	
HIV&AIDS Focal Points at the Sub-national Level	√	√	√	NR	√	NR	NR	√	√	NR	√	√	√		√	√	NR		√	NR	NR	NR	√	√	√	√		√	√	√	√	√	√
SHN and/or HIV&AIDS Interdepartmental Committee within the MoE	√	√	√	√	√			√	√	√	√	√	√	NR	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√
MoE collects data at least annually on health related attrition and absences of teachers			√		√	√	NR	√	√		√	√			√								√		NR			√		√	√	√	√

√= yes, Blank= no or not applicable, NR= no response to the question

As Ministries aim to decentralise their SHN & HIV responses in order to scale up and sustain their interventions, presence of a SHN and/or HIV focal point at sub-national level is regarded as important. Sub-national level HIV&AIDS Focal Points are present in 11 (92%) Eastern African, 10 (67%) West African and three (43%) Central African Network Ministries (see Figure 3). Sub-national SHN Focal Points exist as well, in 12 (80%) West African, five (42%) Eastern African and two (29%) Central African Network Ministries.

SHN and HIV&AIDS inter-departmental committees in MoEs are important mechanisms to facilitate joint coordination and involvement of all education sub-sectors in the planning, management and mainstreaming of programmes. Twenty-six (76%) Ministries have an SHN and/or HIV&AIDS inter-departmental committee within their MoE; 10 (86%) in Eastern Africa, six (83%) in Central Africa, and 10 (67%) in West African Network countries.

Monitoring of programmes and measuring of SHN and HIV related outcomes is fundamental to good planning and management. Thirteen (38%) countries, mostly from West Africa, reported collecting data on health-related teacher attrition and absenteeism at various levels (national, provincial, district and school). Twelve (35%) MoEs, mostly from the Eastern African Network, reported keeping data on numbers of orphans and vulnerable children (see Table 9).

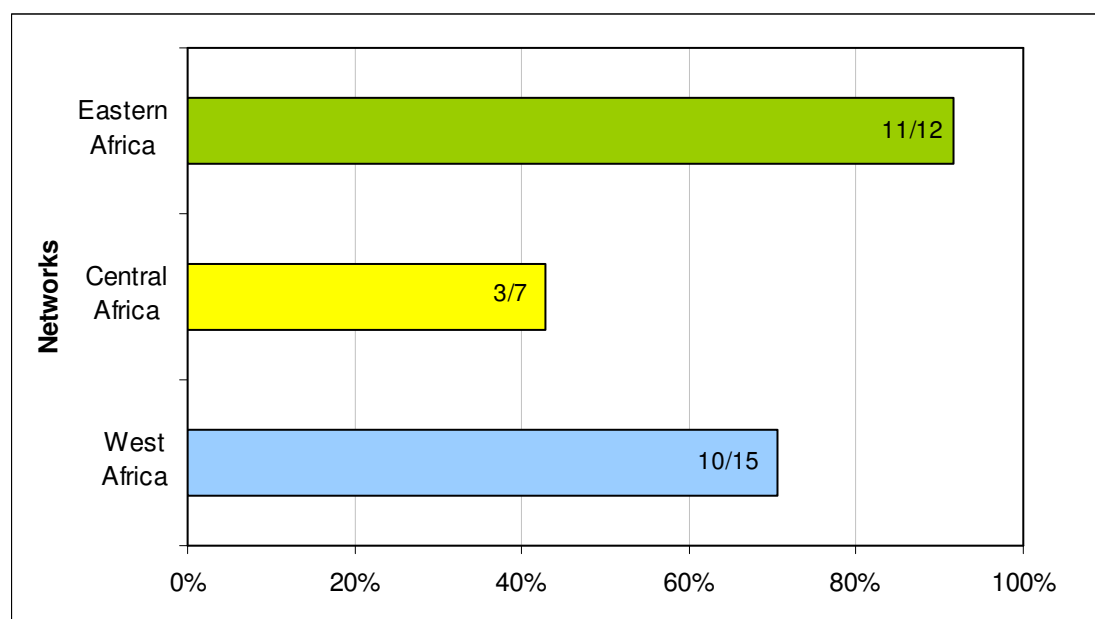


Figure 3. Percentage of Network countries with sub-national HIV Focal Points

3.3 School Environment

A safe and healthy school environment is essential to promote the health, dignity and well-being of children and staff, and thus effective learning. Twenty-three (68%) countries have national policies that ensure a safe and child-friendly environment in schools (see Table 5). Eleven (92%) Ministries in the Eastern Africa Network and nine (60%) in West Africa have these policy regulations in place (see Figure 4). In the Central Africa Network, Cameroon, Chad and DRC also have such policies. Though Mali, Gabon and Madagascar did not report to have these policies, these countries have national SHN policies (see Policies). Data on whether these promote a safe and child-friendly school environment were, however, not available.

Table 5. National policies for safe and sanitary school environment

School Environment	West Africa										Central Africa				Eastern Africa																		
	Benin	Burkina Faso	Cote d'Ivoire	The Gambia	Ghana	Guinea-Bissau	Liberia	Mali	Mauritania	Niger	Nigeria	Senegal	Sierra Leone	Togo	Cameroon	CAR	Chad	DRC	Congo	Gabon	São Tomé	Burundi	Eritrea	Ethiopia	Kenya	Madagascar	Malawi	Mozambique	Rwanda	Tanzania	Uganda	Zambia	Zanzibar
National policies that promotes a safe, child-friendly school environment	✓	✓	✓	✓	✓	✓	NR	✓	NR	✓	✓			✓		✓	✓					✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓
National policies that require schools to provide psychosocial support for students				✓	✓		NR					✓			✓								✓	✓	✓	✓		✓	✓	✓	✓	✓	
National policies that require schools to provide safe, potable drinking water	✓	✓		✓	✓	✓	NR	✓	NR	✓	✓	✓		✓		✓				✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
National policies that require schools to provide hand-washing facilities	✓	✓		✓	✓	✓	NR	✓	NR	✓	✓	✓		✓		✓				✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
National policies that require schools to provide separate latrines for boys and girls	✓	✓	✓	✓		✓	NR	✓	NR	✓	✓	✓		✓		✓				✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
National policies that require schools to provide separate latrines for students and teachers	✓	✓	✓	✓		✓	NR	✓	NR	✓	✓	✓		✓		✓				✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Annual sanitation surveys conducted in all schools				✓			NR	✓	NR			NR		✓									✓		✓				✓	✓		✓	

✓= yes, Blank= no or not applicable, NR= no response to the question

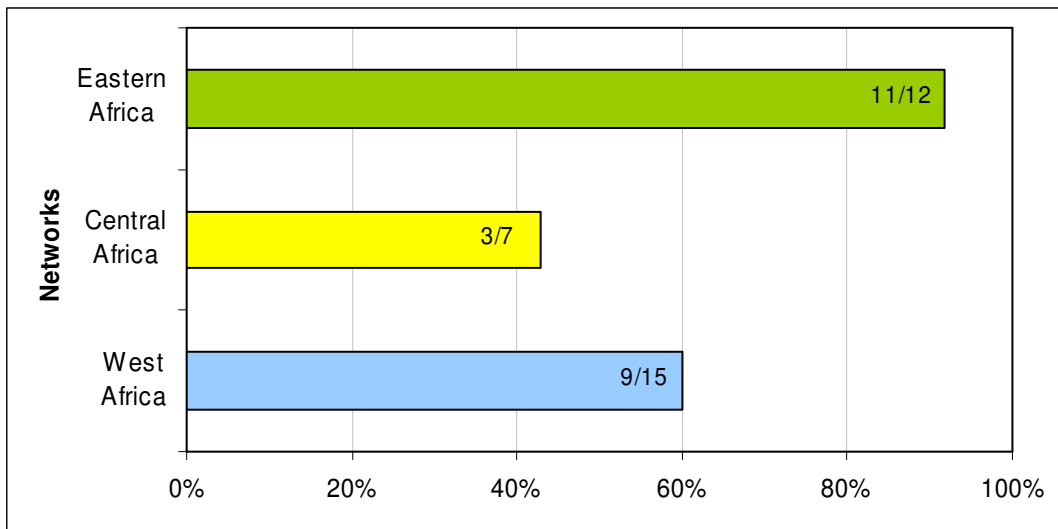


Figure 4. Percentage of Network countries with policies that ensure a safe school environment

In the promotion of a safe environment, many countries reported to have policies that require schools to provide safe water and sanitation facilities for their students and staff. In 24 (71%) countries, schools are required to provide potable drinking water – 11 (92%) Eastern African, nine (60%) West African and four (57%) Central African countries. Hand-washing facilities are mandated in schools in 21 (62%) countries – eight (67%) in Eastern Africa, nine (60%) in West Africa and four (57%) in Central Africa. Similarly, gender segregated latrines in schools are mandated in 22 (65%) countries – nine (75%) in Eastern Africa, nine (60%) in West Africa and four (57%) in Central Africa.

Provision of psychosocial support to students is an important aspect to ensuring a secure and non-discriminatory school environment. Thirteen (38%) countries, of which nine are from the Eastern Africa Network, reported to have policy regulations that ensure schools provide psychosocial support to students (see Figure 5).

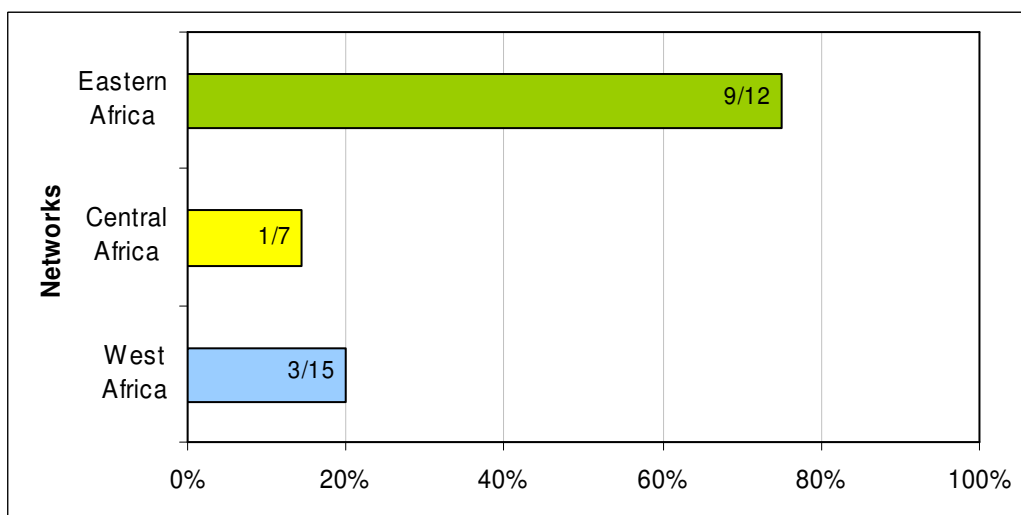


Figure 5. Percentage of Network countries with policies that ensure schools provide psychosocial support to students

Monitoring the implementation of safe school policies is important for improving and scaling up interventions. For regular data collection on the school environment, existing tools for routine data collection provide an avenue to incorporate school sanitation and other SHN

information. This allows SHN information to be available frequently without greatly adding to resources required for data collection. The coverage of annual sanitation surveys in schools was generally low across Networks, and it was reported to be done in only eight (24%) countries.

3.4 Skills-Based Health Education (including HIV Prevention)

Skills-based health education including HIV prevention generally uses a curricular as well as an extra-curricular (peer education) approach in order to impart essential life-skills. With regards to the curricular approach, a national curriculum, which is adaptable at local level, is important to ensure consistent and relevant content is taught. Twenty (59%) countries have a national health education curriculum (see Table 6). Eighteen of these countries also reported that the curriculum can be locally adapted for teaching at sub-national level. In countries without a national curriculum, aspects of health, such as nutrition, hygiene and malaria prevention are said to be taught in some form at primary and secondary level.

Specific to HIV, all 34 Network countries reported having HIV prevention education in schools. In 28 (82%) countries, Ministries reported HIV prevention is taught using a life-skills approach, which emphasises interactive teaching and learning to promote healthy behaviours. In 30 (88%) countries, HIV prevention education takes place in primary schools, when children have not reached puberty and become sexually active. This education is usually infused in a carrier subject (e.g. science or languages) as reported by 32 countries.

The non-formal education sector has an important role to play in HIV prevention education to out-of-school youth who may be more vulnerable to infection. Information gathered on HIV prevention education in the non-formal/out-of-school setting is incomplete due to many non-responses to questions asked. Eighteen (53%) countries reported HIV prevention education in the non-formal setting, while another 18 reported using a life-skills approach to HIV prevention education in the non-formal sector. Follow-up enquiries with the Focal Points on the HIV response of the non-formal education sector are needed.

Table 6. Presence of Skills-Based Health Education including HIV Prevention

Skills-Based Health Education including HIV Prevention	West Africa										Central Africa				Eastern Africa																				
	Benin	Burkina Faso	Cote d'Ivoire	The Gambia	Ghana	Guinea	Guinea-Bissau	Liberia	Mali	Mauritania	Niger	Nigeria	Senegal	Sierra Leone	Togo	Cameroon	CAR	Chad	DRC	Congo	Gabon	São Tomé	Burundi	Eritrea	Ethiopia	Kenya	Madagascar	Malawi	Mozambique	Rwanda	Tanzania	Uganda	Zambia	Zanzibar	
National health education curriculum	√	√	√	√	√	√	NR	√	√	√	√	√	NR	√	√	√	√	√	√	√	√	√	√	√	√	NR	√	NR	√	√	√	NR	√	√	NR
National health education curriculum which is adaptable at sub-national level	NR	√	√	NR	√	√	NR	√	√	√	√	√	NR	√	√	√	√	√	√	√	√	√	√	√	NR	√	NR	√	√	√	NR	√	√	NR	
Nutrition education in schools	√	√	√	√	√	√	NR	√	√	√	√	√	√	√	√	√	NR	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	NR	√	
Hygiene education in schools	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	NR	√	
Malaria prevention education in schools	√	√	√	√	√	√	√	√	√	√	NR	√	√	√	√	√	√	√	√	√	√	√	√	√	√	NR	√	√	√	√	√	√	NR	√	
Peer education within the education sector	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	NR	√	√	√	√	√	√	√	√	
Peer education in primary schools	√	√	√	√	√	√	NR	√	NR	√	√	√	√	√	√	√	√	√	√	√	√	√	√	NR	√	NR	√	NR	√	√	√	NR	√	√	
Peer education in secondary schools	√	√	√	√	√	√	NR	√	NR	√	√	√	√	√	√	√	√	√	√	√	√	√	√	NR	√	NR	√	NR	√	NR	√	√	NR	√	
HIV&AIDS prevention education in primary schools	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	
HIV&AIDS prevention education in secondary schools	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	
HIV&AIDS education infused in a carrier subject	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	NR	√	√	√	√	√	√	√	
HIV&AIDS taught using a life-skills approach	√	√	√	√	√	√	√	√	√	NR	√	√	√	√	√	√	√	√	√	√	√	NR	NR	√	√	√	√	√	√	√	√	NR	√	√	
HIV&AIDS prevention education in the non-formal setting	√	NR	√	NR	√	√	NR	NR	√	√	√	√	NR	√	√	√	√	√	√	√	√	√	NR	√	√	NR	NR	√	NR	√	√	√	NR	NR	
HIV&AIDS taught using a life-skills approach in the non-formal setting	NR	√	√	NR	NR	√	NR	√	NR	√	√	√	√	√	√	√	√	√	√	√	NR	NR	√	√	√	NR	√	√	√	NR	√	√	√	√	

√= yes, Blank= no or not applicable, NR= no response to the question

Peer education on HIV involves students undertaking sensitisation activities among their friends and classmates to increase knowledge on HIV and motivate them to adopt preventive behaviour. Thirty (88%) countries reported the use of peer education within the education sector. Peer education takes place in primary schools in 19 (56%) countries; and in 23 (68%) countries at secondary level.

Teacher Training

Teacher training is an essential prerequisite in preparing and supporting educators and education personnel to address and educate on issues relating to health, nutrition and HIV. Teachers are trained on life-skills education in 25 (74%) countries (see Table 7). This was found to take place more often in-service, as reported in 24 (71%) countries, than pre-service, reported in 19 (56%) countries (see Figure 6). More specifically on HIV, teachers are trained for teaching issues related to HIV in 32 (94%) countries.

Table 7. Presence of teacher training for HIV&AIDS and life-skills education

Teacher Training	West Africa											Central Africa					Eastern Africa																		
	Benin	Burkina Faso	Cote d'Ivoire	The Gambia	Ghana	Guinea	Guinea-Bissau	Liberia	Mali	Mauritania	Niger	Nigeria	Nigeria	Senegal	Sierra Leone	Togo	Cameroon	CAR	Chad	DRC	Congo	Gabon	São Tomé	Burundi	Eritrea	Ethiopia	Kenya	Madagascar	Malawi	Mozambique	Rwanda	Tanzania	Uganda	Zambia	Zanzibar
Teachers trained in life-skills education	√	√	√	√	√	√	√	NR	√	NR	√	√	√	√	√	NR	√	√	√	√	√	√	√	√	√	NR	√	√	√	√	√	√	√	√	√
Teachers trained in life-skills education pre-service	√		√	√	√	√	NR	√	NR	NR	√	√	√	√	NR	NR	√						√	√	√	√	NR	√			√	√	√	√	√
Teachers trained in life-skills education in service	√	√	√	√	√	√	√	NR	√	NR	√	√	√	√	√	NR	√	√	√	√	√	√	√	√	√	NR	√	√	√	√	√	√	√	√	√
Teachers taught to protect themselves from HIV	√	√	√	√	√	√	√	√	√	NR	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√
Teachers given HIV&AIDS training	√	√	√	√	√	√	√	√	√	NR	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√
Teachers given HIV&AIDS training pre-service	√		√	√	√	√	√	NR	NR	NR	√	√	√	√	√		√	NR				√	√	√	√	NR	√			√	√	√	√	√	
Teachers given HIV&AIDS training in-service	√	√	√	√	√	√	√	NR	√	NR	√	√	√	√	√	√	√	NR	√	√	√	√	√	√	√	NR	√	√	√	√	√	√	√	√	√
Data collection on teachers trained and training materials in learning institutes	√	√	√	√	√	√	√	NR	√	NR	√	√	√	√	√	NR	√				√			NR	√	NR	√	NR	√	NR	√	√	√	√	√

√= yes, Blank= no or not applicable, NR= no response to the question

Data collection on teacher training and training materials distributed is important for programme monitoring and planning. In the West Africa Network, this information is collected in 11 (73%) countries, while in the Eastern and Central African Networks, it is taking place in seven (58%) and two (29%) countries respectively.

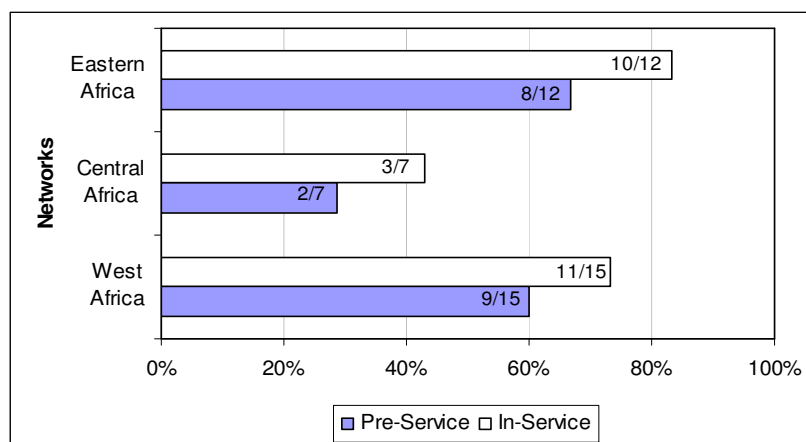


Figure 6. Percentage of Network countries with life-skills education through in-service and pre-service training

3.5 Health and Nutrition Services

School-based health and nutrition services offer schools an effective way of improving the health and nutritional status of children, as well a means to mitigate the impact of HIV. Common nutritional services provided by Network countries to school-age children (SAC) are: vitamin A supplementation in 26 (76%) countries; school feeding in 25 (74%) countries and iron supplementation in 21 (62%) countries. These services are more common in countries of the Eastern and West African Networks than in Central Africa (see Table 8).

Table 8. Health and nutrition services offered for school-age children and teachers

Health and Nutrition Services	West Africa										Central Africa					Eastern Africa																		
	Benin	Burkina Faso	Cote d'Ivoire	The Gambia	Ghana	Guinea	Guinea-Bissau	Liberia	Mali	Mauritania	Niger	Nigeria	Senegal	Sierra Leone	Togo	Cameroon	CAR	Chad	DRC	Congo	Gabon	São Tomé	Burundi	Eritrea	Ethiopia	Kenya	Madagascar	Malawi	Mozambique	Rwanda	Tanzania	Uganda	Zambia	Zanzibar
Vaccinations for school-age children (SAC)	√	√	√	√	√	√	√	√	√	√	√	√	√	NR	NR	√	√	√	√	√	√	√	√	√	NR	√	√	√	√	√	√	√	√	√
School feeding provided for SAC	√	√	√	√	√	√	√	√	√	√	√	√	√	NR	√	√	√	√	√	√	√	√	√	√	NR	√	√	√	√	√	√	√	√	√
Vitamin A capsules provided for SAC	√	√	√	√	√	√	√	NR	√	NR	√	√	√	NR	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	NR	√	
Iron supplementation program for SAC	√	√	√	√	√	√	NR	√	√	√	√	√	√	NR	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	NR	√	
Deworming programme for SAC	√	√	√	√	√	√	√	√	√	√	√	√	√	NR	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√
Reproductive health services for SAC	√	√	√	√	√	√	√	√	√	NR	NR	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	NR	√	
Counselling services for teachers	√	√	√	√	√	√	√	√	NR	NR	√	√	√	NR	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√
Malaria control services for SAC	√	√	√	√	√	NR	NR	√	√	NR	NR	√	NR	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	NR	√	√	
Medical examinations for SAC	√	√	√	NR	√	NR	NR	NR	√	NR	√	NR	√	NR	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	NR	NR	NR	
Hearing and sight examinations for SAC	√	√	√	NR	√	NR	NR	NR	√	NR	√	NR	√	NR	√	√	√	√	√	√	√	√	√	√	√	NR	√	√	√	√	NR	√	√	

√= yes, Blank= no or not applicable, NR= no response to the question

If soil-transmitted helminths or schistosomiasis (worms) are prevalent in an area, deworming programmes for SAC are recommended, the frequency of intervention depending on the level of worm prevalence. When deworming and iron supplementation services through schools are integrated, it can lead to a greater improvement in child health and education since iron supplementation reduces anaemia caused by worms. Deworming programmes for SAC are taking place in 26 (76%) countries, mostly in the Eastern and West African Networks. .

Sexual and reproductive health services must be youth-friendly if they are to be accessed by young people. This means that services should be provided in a supportive atmosphere, by specially trained providers, with privacy and confidentiality. The survey found that 24 (71%) countries are involved in providing reproductive health services to school-age children (see Figure 7).

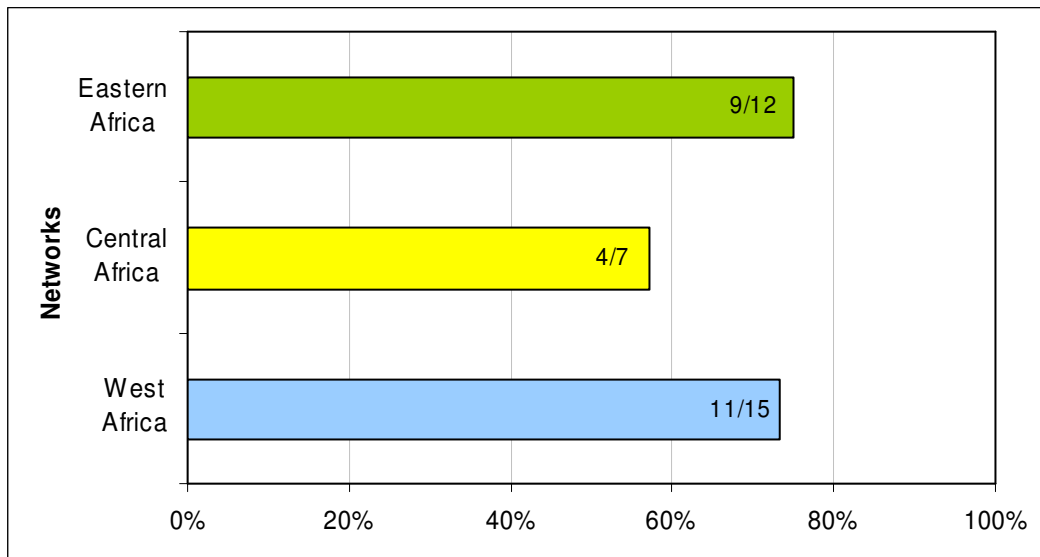


Figure 7. Percentage of Network countries with reproductive health services for SAC

With voluntary counselling and testing (VCT) and access to free anti-retroviral therapy (ART) becoming more widely available, MoEs are encouraged to advocate for greater access and usage of these services by staff. On HIV counselling, 22 (65%) countries, many from Eastern Africa, reported access to counselling services to teachers and other education employees (see Figure 8).

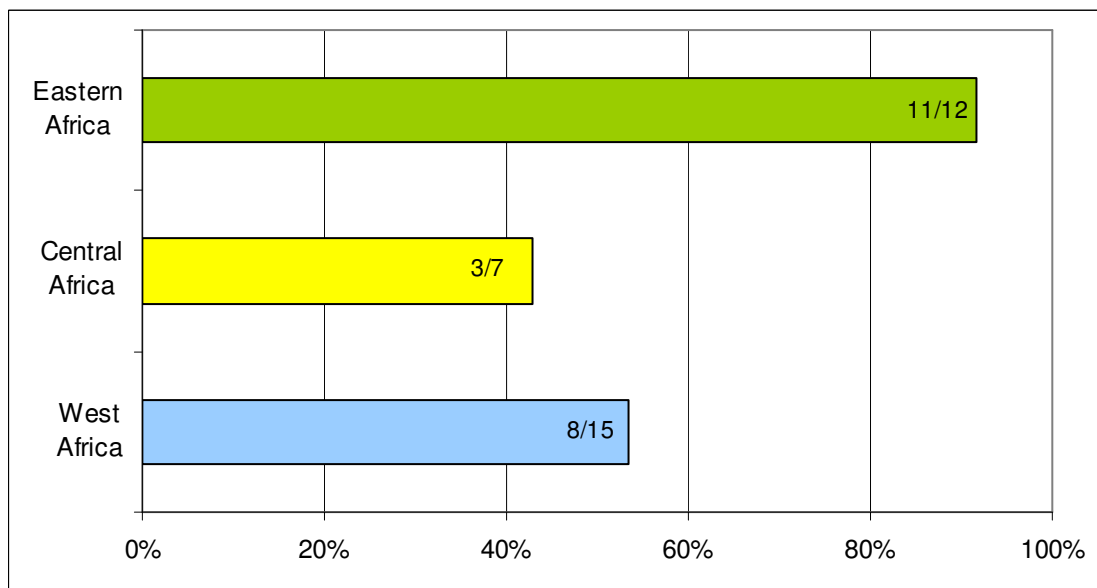


Figure 8. Percentage of Network countries where teachers have access to counselling

3.6 Orphans and Vulnerable Children

An essential HIV mitigation strategy is the removal of financial barriers that may prevent orphans and vulnerable children, particularly girls, from accessing education. The commitment of all states to offer free compulsory primary education, reaffirmed at the 2000 Dakar Forum, contributes to achieving this. Among the 34 Network countries, 30 (88%) reported the presence of a national policy to promote free primary Education for All (see Table 9). In 25 (74%) countries, mostly from the Eastern and West Africa Networks, orphans and vulnerable children do not have to pay school tuition fees (see Figure 9).

Table 9. Support for orphans and vulnerable children

Orphans and Vulnerable Children	West Africa															Central Africa					Eastern Africa													
	Benin	Burkina Faso	Cote d'Ivoire	The Gambia	Ghana	Guinea	Guinea-Bissau	Liberia	Mali	Mauritania	Niger	Nigeria	Senegal	Sierra Leone	Togo	Cameroun	CAR	Chad	DRC	Congo	Gabon	São Tomé	Burundi	Eritrea	Ethiopia	Kenya	Madagascar	Malawi	Mozambique	Rwanda	Tanzania	Uganda	Zambia	Zanzibar
National policy of free primary school EFA	√	√	√	√	√	√	√	√	√	NR	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	NR	√	√	NR
Orphans and vulnerable children do not pay school tuition/fees	√	√	√	√	√	√	NR			√	NR	√	√	√	√	√	√			√	√	√	√	√	√	√	√	√	√	√	√	√	√	
Programmes for conditional cash transfers	√	NR		NR		NR	√		√	NR	NR		√															NR		√		√	NR	
Affirmative action to boost enrollment/attendance of girls	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√				√	√	√	√	√	√	√	√	√	√	√	
MoE keep data on orphans and vulnerable children		√	√		√				√	NR			√										√			√	√	√	√	√	√	√		

√= yes, Blank= no or not applicable, NR= no response to the question

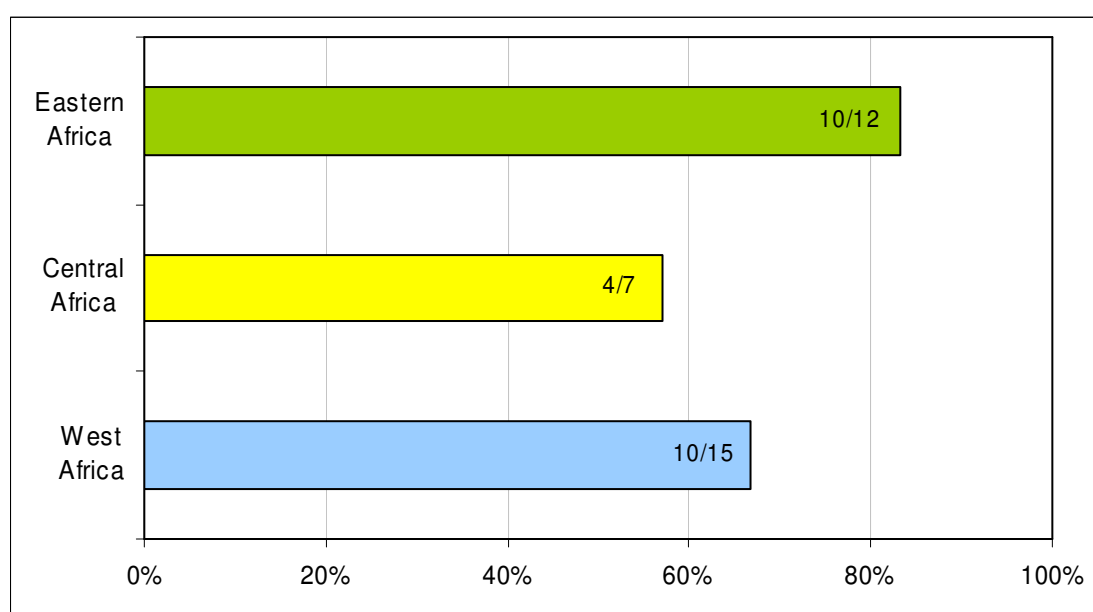


Figure 9. Percentage of Network countries where orphans and vulnerable children do not pay school tuition

Ensuring that orphans and vulnerable children are able to attend school is only the beginning; they also require support to remain in school, for which cash transfers conditional upon attendance are an effective method. Six (18%) countries reported to have programmes of conditional cash transfers for orphans and vulnerable children.

Data on the number of orphans and vulnerable children is important to identify children needing support and to estimate whether affirmative action programmes have the desired impact on reducing inequities and reaching Education for All. As mentioned earlier (see Planning and Management), only 12 MoEs reported keeping data on orphans and vulnerable children and their participation in schools.

Encouraging girls to attend schools is essential for gender equity and for addressing the increasing feminisation of the AIDS epidemic. Girls are more vulnerable to dropping out, thereby being at higher risk of HIV infection. Twenty-eight (82%) countries reported to have programmes targeted to boost girls' enrolment and attendance (see Figure 10).

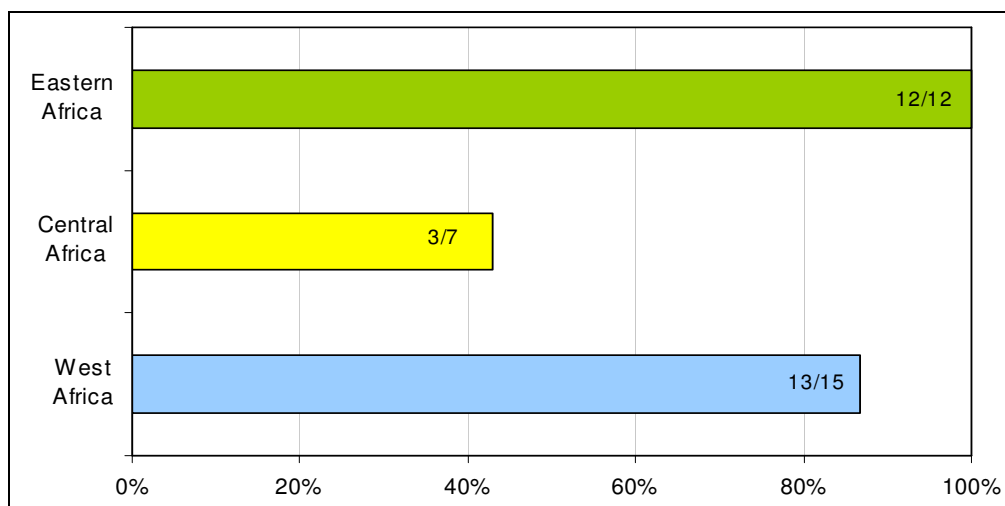


Figure 10. Percentage of Network countries with programmes to boost girls' attendance

3.7 Support to MoE SHN and HIV responses

A Sector Wide Approach (SWAP) in education operates within one national sectoral plan which includes all education sub-sectors in a country. It also brings together different partners such as donors and other stakeholders in the sector under a single government-led programme. The Fast Track Initiative (FTI) is a global partnership to assist low-income countries meet education MDGs and the EFA goal that all children can access primary education by 2015. Twenty-three (68%) MoEs reported implementing a SWAP approach, and 10 (29%) MoEs reported receiving funding from FTI (see Table 11).

NGOs that work in education, child health, or more specifically in SHN and HIV prevention can be an additional source of resources to support education sector SHN and HIV responses. Nineteen (56%) MoEs reported contracting non-governmental organizations (NGOs) to assist in the implementation of HIV prevention education.

Table 10. Sources of support for MoE SHN and HIV responses

Support to MoE SHN and HIV responses	West Africa										Central Africa					Eastern Africa																		
	Benin	Burkina Faso	Cote d'Ivoire	The Gambia	Ghana	Guinea	Guinea-Bissau	Liberia	Mali	Mauritania	Niger	Nigeria	Senegal	Sierra Leone	Togo	Cameroon	CAR	Chad	DRC	Congo	Gabon	São Tomé	Burundi	Eritrea	Ethiopia	Kenya	Madagascar	Malawi	Mozambique	Rwanda	Tanzania	Uganda	Zambia	Zanzibar
Receive Fast Track Initiative (FTI) funding	NR			√	NR		NR		√	√		√			√								NR	√	√	√		√	√				NR	NR
MoE implements a Sector Wide Approach (SWAP)	√	√	√	√	√	√	NR		NR	NR		√			√			√			√	√	√	√	√	√	√	√	√	√	√	√	√	√
NGOs contracted by MoE to support HIV education	√	√	√	√		√	NR	NR	√		√	√		√	NR			√	√	√	√			NR	√	√	NR	√	√	√	√	√	NR	NR

√= yes, Blank= no or not applicable, NR= no response to the question

4. CONCLUSION

In conclusion, this rapid situation analysis reports that most MoEs have in place a policy and management framework for SHN and HIV programming and ensuring a safe school environment. In many countries, the education sector is already involved in providing health education to staff and students, and a range of health and nutrition services. The extent of the SHN and HIV response varies between MoEs from each country.

- Policies, strategies or workplans that demonstrate commitment to SHN and HIV&AIDS exist in all countries. All 34 countries also reported that an organizational framework exists for MoEs to manage and mainstream their response to SHN and HIV&AIDS. This could include the presence of a SHN/HIV unit within the MoE; an inter-departmental coordination committee on SHN/HIV; and a HIV coordinator at national and sub-national level.
- Twenty-seven of the 34 countries had a mechanism in place to ensure that there is a safe and healthy environment in schools. This may include the presence of policies and practices to ensure that schools have safe water and sanitation, are hygienic and promote the psychosocial well-being of teachers and students.
- To varying levels in all countries, the education sector is involved in providing skills-based health education including HIV prevention to staff and students. This generally uses a curricular as well as an extra-curricular approach (peer-education) in order to impart essential life skills.
- All countries are also involved in providing some health and nutrition services to school-age children and teachers. This may include nutritional services such as feeding and micronutrient supplementation; screening and counselling; as well as treatment and prevention of infectious diseases.
- Thirty of the 34 MoEs reported having at least a national policy on free primary education for all. Such measures serve as a strategy to reduce financial barriers of education for orphans and vulnerable children.
- Twenty-five of the 34 MoEs reported receiving external support for their responses on SHN and HIV prevention. This support may come from non-governmental organizations or UN agencies.
- Twenty-four of the 34 MoEs reported collecting some data to monitor and evaluate their SHN programmes. This data may include information on teacher training, school sanitation and teacher attrition.

The information from the survey is relevant for national and sub-regional planning, and has been based on reliable data provided by Network Focal Points, the national coordinators of education sector HIV&AIDS response programmes. There are some potential areas for enhancing the data gathered from the rapid situation analysis, as follows. First, some aspects of the education sector response, such as interventions in out-of-school settings, and financial and budget information of programmes, were not well understood by the survey. These aspects may be collected as part of a follow-up exercise, for discussions at future Network of Focal Points meetings, such as that planned during the 2008 International Conference on AIDS and STIs in Africa (ICASA) in Dakar, Senegal. Second, in addition to quantitative information gathered in this survey, qualitative information on responses will enhance the documentation of country activities, and provide opportunities for sharing experiences. Lastly, data from this survey may be used to assess trends and evaluate progress of education sector responses to HIV. Most of the data collected in this survey relate to programme activities and processes. Therefore repeat surveys for monitoring progress may be conducted on an annual basis, using a methodology similar to this rapid situation analysis for comparability.

5. LIST OF REFERENCES

- Accelerate Initiative (2004) *The HIV/AIDS Response by the Education Sector: A Checklist*. <http://www.schoolsandhealth.org/Pages/DocumentDownloads.aspx>
- Accelerate Initiative (2008) *Accelerating the Education Sector Response to HIV&AIDS in sub-Saharan Africa: Five Years of Experience 2002-2007* (in press)
- Bärnighausen, T., Hosegood, V., Timaeus I.M., Newell M. (2007) *The socioeconomic determinants of HIV incidence: evidence from a longitudinal, population-based study in rural South Africa*. AIDS, 21(suppl. 7):S29–S38.
- Bundy, D.A.P. (2002) *Education and HIV&AIDS: A window of hope*. The World Bank: Washington DC.
- de Walque, D. (2004) *How Does the Impact of an HIV/AIDS Information Campaign Vary with Educational Attainment? Evidence from Rural Uganda*. The World Bank, Development Research Group: Washington DC.
- de Walque, D., Nakyingi-Miir, J.S., Busingye, J., Whitworth, J.A. (2005) *Changing association between schooling levels and HIV-1 infection over 11 years in a rural population cohort in south-west Uganda*. Trop Med Int Health, 10(10):993-1001.
- Global Campaign for Education (2004) *Learning to survive: How education for all would save millions of young people from HIV&AIDS*. Global Campaign for Education: Belgium.
- Hargreaves, J.R., Morison, L.A., Kim, J.C., Bonell, C.P., Porter, J.D.H., Watts, C., Busza, J., Pronyk, P.M., Phetla, G. (2008) *The association between school attendance, HIV infection and sexual behaviour among young people in rural South Africa*. J Epidemiol Community Health, 62(2):113-9.
- Jukes, M.C.H., Drake, L.J., Bundy, D.A.P. (2008) *School Health, Nutrition and Education for All. Levelling the Playing Field*. CABI Publishers: Wallingford, UK.
- UNAIDS IATT on Education (2005) *Report on the Education Sector Global HIV/AIDS Readiness Survey 2004. A review of the comparative readiness of the education sectors in 71 countries to respond to, manage and mitigate the impact of HIV/AIDS*. International Institute for Educational Planning/UNESCO
<http://unesdoc.unesco.org/images/0013/001399/139972e.pdf>
- United Nations Population Fund (2006) Draft country programme document for São Tomé and Príncipe (DP/FPA/DCP/STP/5)
www.unfpa.org/exbrd/2006/annualsession/dpfpa-dcp-stp-5.doc
- World Bank and Oxford University Press (2006) *Disease Control Priorities in Developing Countries*.

6. ANNEXES

6.1 School Health and Nutrition and HIV&AIDS in Africa Questionnaire

A. IDENTIFICATION

1. Your Name:
2. Title/Affiliation:
3. Name of Country:
4. Highest administrative divisions of country: No. of Regions: *(specify the number)*
These are known as: Provinces / Zones / Districts / Regions/ other (please circle or specify)
5. Next highest administrative divisions of country: No. of Regions: *(specify the number)*
These are known as: Provinces / Zones / Districts / other (please circle or specify)

B. POLICY PLANNING AND MANAGEMENT

Please indicate 'yes' or 'no' for each of the following. In some cases you will be asked to fill in a blank with additional information.	Yes		No	
1. Has your country been endorsed for funding through the FTI? (If yes, please provide policy document.)				
2. Does the Ministry of Education (MoE) implement a Sector Wide Approach (SWAP)? (If yes, please provide policy document.)				
3. Does the MoE have an education sector policy? (If yes, please provide a copy.)				
4. Does the MoE have an education sector strategy? (If yes, please provide a copy.)				
5. Is there a national School Health & Nutrition (SHN) policy? (If yes, please provide a copy.)				
If yes, is it implemented by the Ministry of Health?				
If yes, is it implemented by the Ministry of Education?				
If yes, which schools are involved? (primary, secondary, and private, public)				
If yes, when was it implemented/accepted?				
6. Is there a SHN unit in the Ministry of Education?				
If yes, is there a full-time coordinator/manager of the unit?				
Is the unit free-standing?				
If not freestanding, is the unit a part of a directorate?				
If yes, which directorate?				
7. Does your SHN program involve a number of donors?				
If yes, which ones? (Please attach a list.)				
8. Are there SHN and/or HIV&AIDS coordinators/focal points at the sub-national level of the education delivery system? (Nomenclatures may vary from country to country.)	SHN	HIV/AIDS	SHN	HIV/AIDS
Zonal?				
Provincial/Regional?				
District?				
Sub-District?				

Annexes

Learning Facility?			
9. Is HIV&AIDS a part of the School Health and Nutrition unit in the Ministry of Education?			
If no, is there an HIV&AIDS unit in the Ministry of Education?			
10. Is there an officially appointed HIV&AIDS coordinator/focal point in the Ministry of Education?			
If yes, are the coordinators/focal points full-time or part-time?			
Does the coordinator /focal point have an official job description? (If yes please provide a copy.)			
11. Within the Ministry of Education, is there an SHN and/or HIV&AIDS interdepartmental committee?			
If no, how is information shared between MoE staff involved in HIV?			
If yes, does the committee have clear Terms of Reference? (If yes, please provide a copy of TOR.)			
12. Do you have a National HIV&AIDS strategy? (If yes, please provide a copy.)			
13. Do you have an Education Sector HIV&AIDS strategy? (If yes, please provide a copy.)			
14. Do you have an Education sector HIV&AIDS action plan? (If yes, please provide a copy.)			
15. Is the Ministry contracting NGOs to assist in the implementation of its HIV&AIDS educational program?			
16. Is there a national workplace policy? (If yes, please provide a copy.)			
If yes, are HIV&AIDS issues addressed?			
If no, do you have an Education Sector HIV&AIDS policy that includes workplace regulations? (If yes, please provide a copy.)			
17. Is there a national policy of free primary school Education For All (EFA)?			
18. Has the Ministry of Education or any other authorized agency undertaken any impact projections/assessment of school health and nutrition initiatives on supply and demand in terms of attaining their EFA goals? (If yes, please provide a copy of the report.)			
19. Does the MoE collect data at least annually on health-related attrition and absences of teachers?			
If yes, at which levels are data collected?			
Zonal?			
Provincial/Regional?			
District?			
Sub-District?			
School?			
20. Does the MoE keep data on Orphans & Vulnerable Children (OVCs)?			
If yes, at which levels are data collected?			
Zonal?			
Provincial/Regional?			
District?			
Sub-District?			
School?			
21. Do OVCs have to pay school tuition/fees?			
What other fees do OVCs have to pay?			

Annexes

22. Is there any program of conditional transfer of funds?		
If yes, is it to:		
Relatives or Caregivers?		
Schools?		
23. Are there any affirmative action programs to boost the enrolment or attendance of school-age/school girls?		

C. SCHOOL ENVIRONMENT

Please indicate 'yes' or 'no' for each of the following. In some cases you will be asked to fill in a blank with additional information.	Yes	No
1. Is there a national policy that promotes a safe, child-friendly school environment?		
2. Is there a national policy requiring that schools provide psychosocial support for students?		
3. Is there a national policy requiring that schools provide safe, potable drinking water?		
4. Is there a national policy requiring that schools provide hand-washing facilities?		
If yes, does this include provision of soap?		
5. Is there a national policy requiring that schools provide separate latrines for boys and girls?		
6. Is there a national policy requiring that schools provide separate latrines for students and teachers?		
7. Is there an annual sanitation survey conducted in all schools?		
8. Is there an established school hygiene and cleaning regimen that includes:		
Scheduled rubbish removal?		
Maintenance of school buildings and facilities in all schools?		

D. HEALTH EDUCATION AND CURRICULUM

Please indicate 'yes' or 'no' for each of the following. In some cases you will be asked to fill in a blank with additional information.	Yes	No
1. Is there a national health education curriculum?		
If yes, can it be adapted to individual districts/regions/provinces?		
2. Is health education taught as a separate subject (i.e. not embedded in another subject)?		
If yes, what is the name of the subject (i.e. health, life-skills, etc.)?		
If no, what is the carrier subject?		
3. Is nutrition education taught in schools in any form?		
If yes, is it taught in primary schools?		
If yes, is it taught in secondary schools?		
If yes, at what age is nutrition education introduced into schools?		
Is nutrition education offered in non-formal education?		
4. Is hygiene education taught in schools in any form?		
If yes, is it taught in primary schools?		
If yes, is it taught in secondary schools?		
If yes, at what age is it introduced into schools?		
Is hygiene education offered in non-formal education?		
5. Is malaria prevention education taught in schools in any form (i.e. knowledge-based, life-skills, peer education, etc.)?		
If yes, is it taught in primary schools?		

Annexes

If yes, is it taught in secondary schools?		
If yes, at what age is malaria prevention education introduced into schools?		
If yes, is malaria education taught in non-formal education and in out-of-school settings?		
6. Is there a program of peer education within the education sector? (If yes, provide some manuals, guidelines, etc. that are used for this.)		
If yes, is it operational in primary schools?		
If yes, is it operational in secondary schools?		
7. How many tertiary institutions (universities) exist in the country?		
..... (Number)		
Of this number, how many have institutional HIV&AIDS policies?		
..... (Number) (Please provide copies.)		
8. Are there training materials for tertiary (university) level HIV&AIDS education?		
If yes, has there been an impact assessment?		
9. Is HIV&AIDS prevention education offered in schools in any form (i.e. knowledge-based, life-skills, peer education, etc.)?		
IF NO, LEAVE QUESTIONS 9-12 BLANK AND SKIP TO QUESTION 13.		
If yes, is it offered in primary schools?		
If yes, is it offered in secondary schools?		
If yes, at what age is HIV&AIDS prevention education introduced into schools?		
If yes, is HIV&AIDS prevention education taught in non-formal education and in out-of-school settings?		
10. If HIV&AIDS prevention education is taught in schools, is it embedded in another subject (a "carrier" subject)?		
If yes, which subject/s?		
11. If HIV&AIDS prevention education is taught in schools, have you adopted a life-skills approach at the:		
Primary level?		
Secondary level?		
Within non-formal education?		
12. If HIV&AIDS prevention education is taught in schools, is the HIV&AIDS educational program linked to other related topics such as reproductive health, substance abuse, domestic violence, etc? (If it is not taught in schools, leave blank.)		
If yes, which topics?		
The following questions refer to teachers and teacher training. Please indicate 'yes' or 'no' for each question.	Yes	No
13. Does the teacher training curriculum include school health and nutrition?		
14. Are teachers given health education training?		
If yes, is this done during pre-service training?		
If yes, is this done during in-service training?		
15. Are teachers trained in the approach of delivering effective life-skills education to children?		
If yes, is this done during pre-service training?		
If yes, is this done during in-service training?		
16. Are teachers given HIV&AIDS training?		
If yes, is this done during pre-service training?		
If yes, is this done during in-service training?		

Annexes

17. Are teachers taught to protect themselves from HIV?		
If yes, is this done during pre-service training?		
If yes, is this done during in-service training?		
18. Do teachers have access to counseling concerning HIV&AIDS?		
19. Are there training materials about HIV&AIDS for the:		
Primary level?		
Secondary level?		
20. Are data collected on the number of teachers trained and the quantity of training material received by learning institutions?		
If yes, at which levels are data kept:		
Zonal?		
Provincial/Regional?		
District?		
Sub-District?		
School?		

E. HEALTH AND NUTRITION SERVICES

Are these services provided for school-aged children? (Tick 'yes' or 'no' and, if yes, indicate the number of regions within which the service is offered.) Also indicate if the services are administered by teachers or Ministry of Health (MoH) staff* and whether indicators of service provision are collected and, if yes, where these are retained.			Administered by*:		No. of Regions	Are data collected annually indicating numbers of students receiving service?		Where are data held? (Zone/ Province /District etc.)
	Yes	No	Teachers	MoH Staff		Yes	No	
1. Vaccinations								
2. School feeding								
3. Hearing and sight examinations								
4. General medical examinations								
5. Deworming program (i.e. providing deworming tablets)								
6. Reproductive health (i.e. pregnancy, STIs)								
7. Malaria control (i.e. promoting/providing bednets, providing treatment)								
8. Iron supplementation program (i.e. providing iron tablets)								
9. Micronutrient (providing Vitamin A capsules)								

* Note that if teachers conduct the examinations (with or without supervision by MoH staff) then tick the 'Administered by Teachers' column. The aim is to identify which programs are teacher led, even though it is often normal practice for MoH staff to be nominally responsible for the activity and of course for the referrals to MoH facilities.

F. FINANCES

Give amounts in local currency only: \$1 = _____ (date _____)	This year	Last year
1. What is the Ministry of Education budget? (local currency)		
2. What is the budget of the MoE allocated to School Health and Nutrition?		
3. What is the budget of the MoE allocated to HIV&AIDS?		
4. What is the proportion of national versus external financing of SHN and HIV&AIDS activities? (in percent)		

G. DOES YOUR MINISTRY PARTICIPATE IN REGIONAL OR SUB-REGIONAL ACTIVITIES REGARDING SHN AND/OR HIV&AIDS? PLEASE ATTACH A LIST NAMING THE INSTITUTIONS AND THE ACTIVITIES.

H. BELOW, PLEASE ELABORATE FURTHER ABOUT ANYTHING THAT IS NOT COVERED IN THE QUESTIONS ABOVE. ADD ADDITIONAL PAGES IF NEEDED.

6.2 Accelerating the HIV&AIDS response by the education sector in Africa: A Checklist of Good Practice

This checklist is based on experiences with education sector teams from 37 countries in Africa from November 2002 to June 2006. It reflects dialogue during workshops and country missions that formed part of the multi-agency effort to 'Accelerate the education sector response to HIV&AIDS in Africa', led by a working group of the UNAIDS Inter-Agency Task Team (IATT) on Education.

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

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

- Education sector policy for HIV&AIDS.
- Education sector management and planning to mitigate the impact of HIV&AIDS.
- Prevention of HIV&AIDS by education systems.
- Ensuring access to *and completion of* education for orphans and vulnerable children.

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

Sector policy checklist

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

Management and planning checklist

Check item	Comments
<p>Management of the sector response requires:</p> <ul style="list-style-type: none"> • an inter-departmental or sub-sectoral committee • department Focal Points who have HIV&AIDS activities as a specific part of their job description • a secretariat or unit that supports the mainstreaming of the response, and has clear political support • understanding of new sources of financial support and effective dialogue with the national AIDS authority • monitoring and evaluation of the response built into the EMIS <p>For short- to -medium term planning, the Education Management Information System (EMIS) and/or school survey data should be used to assess the following at both national and district levels:</p> <ul style="list-style-type: none"> • HIV&AIDS specific indicators • teacher mortality and attrition data • teacher attendance data • children's attendance by orphans and vulnerable children/non-orphans and vulnerable children status • proportion of children receiving prevention education <p>For long-term planning:</p> <ul style="list-style-type: none"> • computer model projection of the impact of HIV&AIDS on education supply and demand • assessment of the implications of changes in supply for teacher recruitment and training • assessment of the implications for demand of changes in the size of the school-age population and the proportion of orphans and vulnerable children • completion rates by orphans and vulnerable children/non-orphans and vulnerable children 	<p>Mainstreaming the HIV&AIDS response requires, at least initially, mechanisms for involving all sub-sectors (the committee) and for implementation (the unit). Keys to success are: the Focal Points have space in their work programme to allocate time to HIV&AIDS; the unit reports to the highest level; the unit is led at the department director-level. Through national AIDS authorities the sector now has access to new financial resources (e.g., MAP, the Global Fund to Fight AIDS, Tuberculosis and Malaria).</p> <p>Even where an effective EMIS is unavailable, school and institutional survey data can be used to assess the impact of HIV&AIDS on the education system. This should relate district level education data to the geographical pattern of the epidemic, using epidemiological data from the health service.</p> <p>The effects of the epidemic have a time-scale of decades, and impacts only slowly become apparent. Long-term planning similarly requires projection of impact over decades. This can be achieved using computer projection models which combine epidemiological and education data. Projection allows for the planning of future teacher supply needs, and where necessary the reform of teacher training schedules, and for future demand.</p>

Prevention checklist

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

Orphans and vulnerable children checklist

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

