

# IATT Case Study Review - KENYA

## Country Visit Aide *Memoire* – April 2007

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### 1 Introduction

This *aide memoire* presents the results of a country case study of Kenya which took place in the context of a four-country exercise commissioned by the UNAIDS Inter-Agency Task Team (IATT) on Education. This is an interim document, the purpose of which is to provide the stakeholders interviewed in Kenya, as well as the IATT on Education with a preliminary summary of findings. This report will serve as a basis for further discussion and the finalization of the '*aide memoire*'. The results of this discussion will then be incorporated in the final overall report on the four countries which will be available mid-2007.

The assignment was carried out by Dr. Muriel Visser-Valfrey (international consultant) and by Dr. Okwach Abagi (consultant based in Kenya) in March 2007. During the one-week review period the consultants met with representatives from government, development agencies, the private sector and civil society that are involved in the response to HIV&AIDS in education. The programme also included visits to a primary and a secondary school in Nairobi where the team had the opportunity to meet with teachers. (Annex 1 provides the schedule of meetings and Annex 2 the list of people interviewed.)

The consultants would like to express their deep appreciation to all the partners contacted for the time spent with the case study team, and in particular for the open and constructive manner in which all participated in the dialogue. The consultants would also like to thank the UNESCO Office in Kenya for its invaluable and tireless support and the IATT Secretariat in Paris for its help with the overall organization of the study.

## 2 Background and purpose

The UNAIDS Inter-Agency Task Team (IATT) on Education was established in 2002 to support accelerated and improved education sector responses to HIV and AIDS. The IATT brings together UNAIDS co-sponsors, bilateral agencies, private donors, and civil society organizations and aims at:

- Accelerating and improving the education sector response to HIV&AIDS by promoting and supporting good practices in the education sector, *and*
- Encouraging alignment and harmonization within and across agencies to support global and country level actions.

This purpose of this case study is to assess the quality and effectiveness of collaboration among partners based on case studies in Jamaica, Kenya, Zambia and Thailand, with a view of improving coordination across agencies to support country level and global actions. Specifically the case study exercise seeks to:

- Document how external partners coordinate and harmonize their efforts at the country level, including how they disseminate and share information, and how this supports or hinders a comprehensive education sector response to HIV&AIDS.
- Identify areas of overlap and significant gaps in country responses.
- Produce a series of options for the IATT members to consider to improve synergy and alignment across IATT member agencies and to support coordination at the country level more broadly.

## 3 Methodology

The case studies are being conducted in countries where significant efforts have been undertaken in support of education sector responses to HIV and AIDS. In each country the study seeks to interview stakeholders from the Ministry of Education (MOE) and relevant other ministries, development agencies (multilateral and bilateral), the National AIDS Committees, civil society groups, teachers' unions, private sector and representatives of HIV-positive networks.

To guide the work, six key research questions were formulated (see text box) which guided semi-structured interviews with the partners. In addition the consultants reviewed key documents and visited local education facilities. (The sample questionnaire can be found in Appendix 3.)

### Key questions:

- ✓ What have been the critical achievements in the response to HIV&AIDS in education? What gaps exist and how could these be overcome?
- ✓ What arrangements for coordination among partners working on HIV&AIDS and education exist, how have these evolved and how effective are these?
- ✓ What specific efforts have been made at harmonization and alignment and what remains to be done?
- ✓ What arrangements for information sharing on HIV&AIDS and education exist?
- ✓ What resources have played a critical role in success achieved so far and why?
- ✓ How are outputs, outcomes and impact being monitored and fed back into decision-making?

## 4 Brief outline of the country and sector

The HIV infection rates in Kenya rose steadily in the 1990's, reaching a peak in 2000 at 13.4%, up from 6.1% in 1990. Since then declining rates of infection have been observed, both in rural and in urban areas. The decline is also present in the 15-24 year age group which is significant given that this is usually the population where most new infections occur. In 2006 the prevalence rate was estimated at 5.9% NASCOP/ National Aids Control Council (NACC). Just over one quarter of those who are infected are on anti-retroviral therapy (ART). As a result of the high prevalence rates in previous years, Kenya is currently experiencing a high number of deaths. Currently over 2.3 million children are orphans, of whom more than half have been orphaned by AIDS.

The Government of Kenya (GoK) declared 'total war' against HIV/AIDS in 1999 and established a Cabinet Committee on HIV/AIDS in 2003, which is chaired by the President of the Republic. The government has committed itself to a multi-sectoral national response to HIV/AIDS and has mandated the NACC as the national co-coordinating authority to provide the required leadership within the "Three Ones" principles. The Kenya National HIV/AIDS Strategic Plan (KNASP) 2005/06-2009/10 provides the action framework for HIV/AIDS and the context within which all stakeholders develop their activities.

The latest statistics published by NACC with respect to the education sector highlight some startling trends, among which is the fact that HIV prevalence is lower among those who have no education

(3.9%), than those who have incomplete primary education (6.4%) which is again lower than those who have completed primary education (8.5%).<sup>1</sup> Also although young people in school (ages 15-24 years) score better on measures of knowledge in general, those who are not in school (and in the same age group) are much more likely to be aware of important prevention measures (abstinence, faithfulness, condom use) than their peers who are in school. This highlights the importance of doing more detailed research and analysis with respect to the education sector and the targeting and content of key messages.

## 5 Interim findings and conclusions

This section presents the findings and emerging conclusions with respect to the main areas covered by this case study.

### 5.1 Achievements and Gaps

Key question: What have been the critical achievements in the response to HIV&AIDS in education?  
What gaps exist and how could these be overcome?

The responses from stakeholders confirm that Kenya has made important progress in the overall response to HIV and AIDS. Among sector ministries, stakeholders in general emphasized that the MoE stands out because of its early commitment to accelerating the response. Various factors have contributed to the success so far. Stakeholders interviewed highlighted the: (i) importance of high-level commitment and leadership by government; (ii) establishment (and more recently the re-organization) of the NACC which is located in the Office of the President; (iii) establishment of HIV&AIDS coordination structures down to community level (both for the overall response and in the education sector); (iv) development and dissemination of policies; and (v) active participation of stakeholders from the government, civil society and private sector in dialogue and action around HIV&AIDS. Achievements and gaps are further summarized below.

#### ACHIEVEMENTS

- HIV&AIDS has been mainstreamed into the Kenya Education Sector Support Programme (KESPP) with a specific budget as one of 23 priority programs. 45% of the budget for the HIV&AIDS program is financed by the GoK.
- The Education Sector Policy on HIV and AIDS, as well as specific workplace policy guidelines on HIV&AIDS for the Teacher Service Commission (TSC), the Kenyan National Union of Teachers (KNUT), and for Kenyatta University have been developed and at least partially disseminated.
- Aids Control Units (ACUs) have been established and staffed in the Ministry of Education, TSC, KNUT and at university level (each university has its ACU).
- The Kenyan Network of Positive Teachers (KENEPOTE) has been established and has acquired a membership of about 4,000 members since 2005.
- TSC in recognition of the GIPA principle has redeployed an HIV + teacher who is also the National treasurer of KENEPOTE to work in the ACU at the Commission's headquarters.
- District psycho-social support groups for HIV+ teachers established by TSC and supported by KENEPOTE.
- Sensitization and capacity building of senior and middle-level education managers has taken place, as well as training of some primary and secondary school teachers.
- HIV&AIDS has been infused into the curriculum although it is not clear to what extent it is being addressed at the school level. Recent consensus has been built around a specific life skills and HIV/AIDS curriculum which will be given one period per week from next school term.
- A monitoring and evaluation system has been set up for the National HIV&AIDS strategic plan and for the education ministry through the Education Management and information System (EMIS) and District Education Management and information System (EMIS and DEMIS). Both are currently being rolled out.
- Since the introduction of free primary education in Kenya in January 2003, school fees have been abolished which has reduced the burden on orphans and vulnerable children (OVCs), although there is an urgent need for more support to this group.
- There is evidence of greater levels of knowledge and awareness on HIV&AIDS among children, young people and adults and some reduction in stigma and discrimination.
- Availability of Voluntary Counseling and Testing (VCT) has increased, including at the MoE Headquarters.
- Adoption of a HIV and AIDS Prevention and Control Act in 2006.

<sup>1</sup> With secondary education or more the HIV prevalence goes down slightly to 6.6%.

## GAPS

- The Education Sector Policy on HIV&AIDS has been disseminated to all public secondary schools and a portion of the primary schools, but it is not sufficiently known to and understood by teachers and has not been translated into administrative practices at sub-national level. There are no mechanisms in place to update the policy. Sharing of such policy documentation should also not be confined to schools and teachers but to other relevant sectors as well.
- Coordination of the education sector response could be improved, in particular between the different ACUs and among development partners and other players.
- The KESSP HIV&AIDS investment program needs to be more clearly translated into actions and priorities and has faced some funding gaps.
- The MoE involvement in the multi-sectoral response is markedly less strong than the work done in the sector itself (for example on OVCs).
- MoE staff turnover, retrenchment and retirement, as well as the stop on new recruitments, has affected staff availability and continuity, including in HIV&AIDS.
- Most teachers and staff remain fearful of accessing VCT because of stigma and discrimination.
- Comprehensive support to teachers, especially those who are infected and affected (including orphans of staff) is still lacking and most staff remain unsure of their rights.
- The proportion of teachers who have been trained on HIV&AIDS is still small compared to the overall need.
- Funding is not sufficiently decentralized and accessible where it is really needed.
- There is little understanding and evidence of the outcome and impact of education on the national response to HIV&AIDS.
- Conducting operational research and using evidence to inform policy, decision-making and planning (sector specific studies) are still limited.
- Although the establishment and acceptance of KENEPOTE by TSC is of unique importance to an enhanced response, the Network lacks comprehensive support by donors (in institutional strengthening, strategic planning, and sustainability). The current risk is that PLHAs get 'used' and misused rather than comprehensively involved in agenda-setting, decision-making and monitoring.

## 5.2 Coordination

- ✓ Key questions: What arrangements for coordination among partners working on HIV&AIDS and education are in place? How have these evolved? And how effective are these?

The review examined the coordination of the HIV&AIDS within the education sector and how it is linked to the national response. The following arrangements were highlighted by the stakeholders interviewed in the course of this study:

- The overall HIV&AIDS response is coordinated by a Cabinet Committee under Office of the President. The MoE is one of the five key Ministries in the response to HIV&AIDS.
- The Education Development Partners Group (EDPG) meets every month in a formal coordination arrangement. Every third meeting of the group takes place with the Permanent Secretary of the MoE. The EDPG establishes working groups on thematic issues. However, HIV&AIDS has not been a specific thematic group and has not been systematically on the agenda. Nevertheless DPs were recognized during the review as having played an important role in ensuring that HIV&AIDS is part of KESSP.
- KESSP has resulted in the establishment of formal coordination structures. This includes joint planning mechanisms and a participatory annual review of progress, during which progress with respect to HIV&AIDS is also reviewed. A formal committee to review the implementation of the KESSP HIV&AIDS sub-program was established in September 2006 but has yet to meet again.
- There is an inter-ministerial working group on OVCs involving all major partners. However, the MoE participation in the group has not been very active so far.
- The NACC has a contact person for HIV&AIDS, and technical working groups on specific topics, but no technical persons or specific group on HIV&AIDS and education. The NACC also coordinates the annual review of the overall HIV&AIDS response which includes the education sector response.

- The IATT and its role in improving coordination, harmonization and alignment, as well as disseminating 'good practices' is unknown to most stakeholders.

Stakeholders almost unanimously underscored that coordination has improved over the past years. The SWAP process was highlighted as having enhanced donor coordination in general, and has resulted in more formalized structures, in clarification of priorities, in better mainstreaming of HIV&AIDS in education, and has provided a framework for discussing activities and funding. The development of KESSP was widely seen as an important achievement because of DP commitment to basket funding and ultimately to sector budget support which should – in principle – make it easier to ensure that the priority areas of the education response to HIV&AIDS are covered.

Examples of better coordination (in a practical and project sense) among development partners are hardly visible. However, there were examples given where development partners are collaborating better, either by building on each others experience (which is a direct result of better information-sharing), or by deliberately seeking to work together on key aspects of the education sector response, for example in developing and publishing the Education Sector Policy on HIV&AIDS.

Challenges in the area of coordination include:

- Inter-sectoral coordination needs to get more priority, both within the government and within development agencies themselves. Education still lacks visibility and credibility within the overall response (e.g. the Kenya Aids Watch Institute does not monitor the education response to HIV&AIDS, there is no theme group on HIV&AIDS and education in NACC, and there is no theme group on HIV&AIDS for education DPs).
- Certain key partners such as civil society organizations and PLHA groups - although consulted on the SWAP process - are not systematically part of the decision-making structures and have little insight into the overall response in the education sector.
- Duplication of efforts by partners continues to be a major concern. There is no comprehensive system for recording what contributions are coming in on HIV&AIDS and education and where activities are taking place. And organizations in need of funding at local level complain that they have no access to resources.
- Coordination between the three ACU's (at MoE, TSC, and Commission for Higher Education) continues to be fragmented and is not governed by a clear decision-making structure.
- In spite of increased information-sharing among partners, dissemination still remains limited to a small group of partners. At implementation level actions are not sufficiently guided by evidence.
- The NACC has no in-house expertise to specifically support issues related to the HIV&AIDS response in the education sector.
- DPs still push for specific agendas in spite of the commitments made to the national priorities in KESSP, as one stakeholder lamented "*They – the development partners – are still very selective in what they will fund, when, where and how.*"
- The EDPG is helpful in working towards joint positions on key issues. However, from the perspective of other stakeholders this at times leaves little room for a truly open debate and discussion on issues and makes re-negotiating positions taken by the EDPG very difficult.

**In summary:** It was very clear during this review that the education response has been much better coordinated, and moved faster, than other key sectors. The clarity and precision with which the challenges were identified is evidence to an enhanced understanding of those areas that will need priority attention in the future. The MoE, TSC, KNUT, NACC, DPs, the private sector and civil society all indicated that the education response to HIV&AIDS needs to be better and more effectively coordinated. The MoE, through the support of NACC, needs to have strengthened structures and provide even stronger leadership in the coordination of the sector response.

### 5.3 Harmonization and Alignment

<p>✓ Key question: What specific efforts have been made at harmonization and alignment And what remains to be done?</p>
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Kenya has made progress towards harmonization and alignment although there is still substantial room for improvement. Partners interviewed highlighted that the preparation of the national and education sector strategic plans has been critical to ensuring agreement and buy-in on priorities. The establishment and recent restructuring of the NACC have ensured that the response is better

coordinated, as has the development of a national agreed upon monitoring framework and plan for the overall HIV&AIDS response. Currently, a monitoring tool (known by its acronym COBPAP) is being piloted. As an anticipated result, DP priorities are better aligned with the national priorities.

In the education sector specifically key developments with respect to harmonization have been:

- ✓ Improved dialogue among partners and better coverage of critical funding gaps.
- ✓ Alignment by DPs with the SWAP process and the KESSP.
- ✓ Some lesson learning and transfer by DPs to new programs (e.g. the approach in prevention education from DfID/CfBT to USAID/AFT) so that there is continuity and some uniformity of approaches.
- ✓ Commitment to basket funding for key programs and development of mechanisms to put this in place.
- ✓ Joint planning and reporting on KESSP and the HIV&AIDS program.
- ✓ On-going work towards agreeing upon a core curriculum and approach for HIV&AIDS in education.

### **Challenges:**

Commitment to the **'three ones'** thus has gone some way in Kenya. The joint planning was cited as particularly important in ensuring all priority areas are adequately covered and funded. But in some respects, progress towards the **'three ones'** has added a layer to an already very complex and fragmented system. Stakeholders emphasized that progress in substantially reviewing "business as usual" still lags behind the official commitment to harmonization and alignment. In other words, DPs have made little progress in letting go of specific agendas and requirements, especially with respect to reporting. And many partners continued to invest in short term programs and projects which focus heavily on quantitative process indicators (such as number of participants) and not on outcomes and impact.

Other issues include:

- Some key players who come in with substantial amounts of funding for the overall response are not part of coordination and harmonization efforts.
- Funding of KESSP is still not proceeding smoothly and this has affected its implementation (including on HIV&AIDS). This is due in part to differing planning and funding cycles among partners and varying demands about what checks and balances need to be in place before providing funding.
- Some major DPs – at the request of the MoE – keep funding outside of KESSP. This has allowed some projects to continue but has reduced the incentive for complying with the SWAP mechanism.
- Efforts on harmonization and alignment remain limited to the education sector and do not deal comprehensively with critical issues which transcend the sector and require cross-sectoral coordination, such as OVCs.
- There has been little progress on developing agreed-upon indicators for the education sector.
- Development partners at country level are not sufficiently decentralized to buy into government agendas and priorities when these 'bite' their own.
- Some partners do not take cognizance of the TSC and thus fund HIV&AIDS projects targeting teachers without TSC knowledge or involvement leading to fragmentation of the response, lack of clarity on roles and responsibilities, and duplication.

### **In summary:**

The SWAP within the MoE and the development of KESSP are cited by stakeholders as 'good examples' of harmonization in the country. This has created an enabling environment in which harmonization of education sector's response can take place. The commitment of development partners needs to be translated into practice – in terms of pooling resources and developing common frameworks for monitoring and evaluation. Building partnerships and synergies to give education sector a boost and place in the national response is necessary.

## 5.4 Key resources and information sharing

- ✓ Key question: What arrangements for information sharing on HIV&AIDS and education exist?
- ✓ Key question: What resources have played a critical role in success achieved so far and why?

Information-sharing takes place in a number of ways:

- ✓ DP share information in the EDPG, especially through emails and circulation of key reports.
- ✓ The Joint Annual Program Review (JAPR) of the national response and of KESSP provides a useful forum for sharing information.
- ✓ Thematic groups created under the overall coordination structures share information.
- ✓ Thematic meetings are organized on occasion to discuss specific issues.

Persons interviewed during the review expressed a concern that while a substantial amount of information is being produced:

- ✓ Dissemination and integration of information into decision-making processes is not regular or consistent.
- ✓ Dissemination tends to be limited to a select group of stakeholders.
- ✓ It continues to be difficult to identify priority information, and there is too little emphasis on producing information in formats that are targeted at those who work at implementation level (e.g. in communities).
- ✓ Information-sharing is not decentralized enough, especially not to educational training institutions (and other implementers) which still lack printed materials. The secondary school visited by the review team had a special cabinet on the wall for HIV&AIDS but there were no materials inside it.
- ✓ Some key resources, such as the Education Sector Policy on HIV&AIDS policy, have not been sufficiently disseminated and their implementation is not being monitored.

### Key resources for the response ...

- Study visits.
- Thematic discussions – especially around research.
- The involvement/visibility of HIV-positive teachers.
- The involvement of key people from the region
- Listening to community proposals for addressing stigma and discrimination.
- Mass media (should be used more to compliment efforts in the education sector).
- Visual materials (videos, etc).
- Condoms, with more attention needed to promoting the female condom
- The MoE policy on HIV&AIDS
- The Global Readiness Survey
- The “HIV/AIDS participant handbook” developed with USAID as a practical resource for teachers.
- The EI Workbook for Teachers
- The ILO workplace policy
- The HEARD resources for teachers

All stakeholders interviewed were asked to provide examples of resources that they felt were key to the response. A number of tools which have been produced by IATT members were mentioned. Interestingly, stakeholders also included under resources general approaches or ‘good practices’ such as well-targeted study visits in the region, the inclusion of HIV-positive teachers in meetings and discussions and the use of mass media to supplement efforts within the education system.

**In summary:** Although there are key resources (policy and BCC/IEC materials) on education and HIV&AIDS that have been developed and launched in the country, there are no formal actionable plans for dissemination and sharing of such information. This also applies to research that has been funded by development partners and which often takes place outside of the MoE coordination framework. Documentation of what works and under what conditions in the education response has not been an area of focus.

## 5.5 Monitoring, evaluation and feed back into decision-making

- ✓ Key question: How are outputs, outcomes and impact being monitored and fed back into decision-making processes?

Establishment of a functional monitoring and evaluation system remains a big challenge for the sector response. Up to now outputs and outcome indicators with respect to HIV&AIDS seem not to have been developed. Process indicators continue to be measured mostly at project level. Little evidence was found of consistent sharing of this information among the partners involved in the sector. There is still not enough understanding of impact and of what approaches work best. And there has been little progress towards identifying education specific indicators on HIV&AIDS.

#### HIV&AIDS prevention at Kenyatta University

The AIDS Control Unit at Kenyatta University has conducted a base line in 2003 and a follow-up study in 2006 of students' knowledge, attitudes and behavior. The results of the 2006 survey show important changes, including with respect such important issues as increased condom use, and reducing number of sexual partners. Conducting the study cost just over US\$3,000 and has provided the University and its AIDS Control Unit with valuable insights into areas of the response that need to be better targeted.

A major constraint in the area of monitoring and evaluation is that partners involved still do not recognize the importance of this area, and as a result it continues to be under-funded and not sufficiently staffed. The limited staff that the MoE has available are statisticians rather than monitoring and evaluation specialists. In many case baselines are not being established so that it is difficult to assess whether interventions that are hailed as being critical are really producing an impact. The experience of Kenyatta University (see text box) stands out in this respect.

Recent developments, however, are expected to go some way to correcting this issue and are indicative of a greater commitment to this area. Within the education sector work is on-going to establish an EMIS and DEMIS which will provide

critical information on the implementation of KESSP, including on the progress in the area of HIV&AIDS and education. As mentioned above, in the context of the national response and the restructuring/strengthening of NACC a national framework for HIV&AIDS monitoring has been set up (COBPAR). As these developments are still new it is not possible to say to what extent the information generated through these frameworks will feed into decision-making.

## 6 Emerging recommendations

The interviews conducted in the context of this review have highlighted the strengths of the response, as well as the challenges that still need to be met. Based on this analysis, the consultants are proposing a number of recommendations for the education response in general, and for the development partners and the IATT in particular. These are summarized below to stimulate discussion.

### 6.1 For the Education Sector

The education sector response to HIV&AIDS stands out because of its early and significant commitment. Work is on-going to improve the response further. In that light we suggest stakeholders in the sector consider:

1. Conducting an impact assessment on HIV&AIDS in the education sector in terms of staff implications, OVC support and care, and financial scenarios. This should help further fine-tune the HIV&AIDS program and provide indications of priorities for coming years.
2. Establishing clear coordination, harmonization and reporting structures for the ACUs within the sector and placing them higher in the overall MoE structure.
3. Strengthening the MoE ACU with additional dedicated staff with specific responsibility for leading the coordination of the sector response to HIV&AIDS.
4. Conducting needs assessments and launching capacity-building interventions within the sector in view of improving coordination, management, monitoring and evaluation of HIV&AIDS.
5. Developing an agenda of key operational studies and ensuring that this is funded under KESSP.
6. Taking stronger leadership in effective inter-sectoral coordination on issues which are impacting on the sector, for example with respect to OVCs and the business and private sector response.
7. Further disseminating the policy and legal frameworks and monitoring compliance and implementation. It would be worthwhile ensuring that there is a system for reporting publicly on what MoE is doing in key areas, e.g. teachers support, orphans, etc, so that these groups are aware of what their rights are and where they may seek support.
8. Establishing an education sector HIV&AIDS M&E plan, building consensus on core indicators, developing work plans and making sure that data flows from the decentralized level to the MoE headquarters. Such data should be used for decision making, planning and for programming.

## **6.2 For development partners**

On the basis of the information gathered during the case study we are proposing that heads of mission and agencies, as well as education sector managers within these agencies focus on the more specific gaps in the response to HIV&AIDS. This includes the need to:

1. Establish a thematic group on HIV&AIDS and education within the EDPG and to provide support to strengthening the roll-out of the HIV&AIDS and education program under KESSP.
2. Develop clear mechanisms for translating the HIV&AIDS program under KESSP into priorities and joint annual plans and implementation strategies.
3. Ensure programs and projects in HIV&AIDS and education have clear indicators for monitoring outputs and outcomes, as well as the necessary resources to do this monitoring and evaluation.
4. Ensure the development of a functional M&E system for the education sector response to HIV&AIDS, with clear plans, responsive TA and enough financial resources.
5. Strengthen the NACC capacity to provide support on HIV&AIDS and education by ensuring that it has specialist staff that can provide the necessary inputs and guidance.
6. Strengthen links between different sectors within development agencies themselves - e.g. between health and education - have joint planning and build capacity on a comprehensive HIV&AIDS response which includes an appropriate role for education.
7. In consultation/collaboration with TSC provide long term institutional development support to KENEPOTE which is a very powerful agent of change but is in serious need of appropriate, well thought through long-term support to build capacity, develop institutional and governance structures and create mechanisms for sustainability.

## **6.3 For other Stakeholders**

A number of non-education sector stakeholders were consulted during the review. These have an important complementary role to play. We suggest this role include:

1. Taking on a more active role in monitoring and supporting the education sector response to HIV&AIDS.
2. Identifying and pursuing opportunities for engaging with the education sector in the context of a multi-sectoral response.
3. Taking proactive action to promote sharing and dissemination of information on their HIV&AIDS interventions as well as of best practices which are relevant to the education sector.

## **6.4 For the UNAIDS IATT on Education**

In view of the findings of this country case study we make the following preliminary recommendations to UNAIDS IATT on Education.

1. IATT members need to agree on a limited number of key issues and priorities and to ensure that these are adequately funded (e.g. teachers, OVCs, M&E and operational research). The current situation is that partners have carved out specific niches in the response and this is not adding up to a comprehensive agenda.
2. The IATT needs to actively identify ways to enhance its visibility so that stakeholders at country and regional level can engage with the IATT and actively pinpoint priority areas that need addressing. In this context the IATT should consider having a small number of MoE country representatives at its bi-annual meetings.
3. The IATT should consider comprehensively piloting the four case study countries that are part of this review on issues related to coordination and harmonization, including capacity building, M&E, and then annually review progress that is being made in these key areas. These countries could then yield lessons to be applied in other contexts.
4. The IATT needs to continue to lobby for a more prominent role of education within the overall response, in particular in international fora.

5. The IATT needs to engage with non-IATT partners internationally (and therefore often also at country level) who play a prominent role in the overall HIV&AIDS response, such as the Global Fund and PEPFAR.
6. The IATT should be more pro-active in addressing real constraints to harmonization and alignment and monitor progress in this respect. In this respect a code of practice could be developed which would commit partners to certain principles, and which would be monitored annually.
7. The IATT needs to provide responsive technical assistance to countries in the areas of coordination, harmonization and monitoring & evaluation of the education sector.

### Examples of best practices ...

#### *1. KNUT study circles among teachers.*

This project targeted over 600 schools (primary, secondary and tertiary institutions) in 14 districts. In each school, the school head and a teacher was trained in HIV and AIDS. The trained teacher then became the convener of a study circle which organized discussions at school level. In these peer education sessions teachers discussed, among others, facts about HIV&AIDS, the role of teachers in fighting the epidemic, the implementation of the workplace policy, establishment and management of HIV&AIDS clubs and/or health Clubs at school level; and enhancement of school community sensitivity to orphans and vulnerable children (OVCs).

Anecdotal evidence indicates that in schools where the program has run there is less stigma and discrimination, teachers are more likely to have been tested for HIV and that support to OVCs is more holistic. This two year education prevention intervention was funded by USAID under PEPFAR, managed by the America Federation of Teachers, and implemented by Kenya National Union of Teachers.

#### *2. Education Sector Policy on HIV and AIDS (2005)*

The development of the Education Sector Policy on HIV and AIDS was initiated and steered by the MoE. A participatory approach and consultations of various stakeholders were the pillars in the policy development. Several stakeholders were involved during the development of this policy, including representatives from NACC, TSC, KNUT and the Ministry of Home Affairs with technical assistance from South Africa. The policy was discussed in a validation workshop, which brought together various stakeholders.. The policy was launched by the Minister of Education and has been distributed widely to all secondary schools and a number of primary schools in the country. The majority of the development partners are aware of this policy but dissemination to schools and teachers could still be strengthened. The policy development and printing of the policy document was funded by UNESCO with support from USAID.

#### *3. Deployment of Teachers Leaving Positively with HIV and AIDS*

The Teachers Service Commission (TSC) Aids Control Unit has set a good example in actively implementing the GIPA principle by deploying a teacher living positively with HIV and AIDS to work at the Commission's Aids Control Unit (at the headquarters) as Senior Administrative Officer. This teacher is at the same time the National Treasurer of KENEPOTE. This deployment has strengthened the HIV&AIDS response from a number of important perspectives:

- o Decision making processes of the TSC now benefit from the contributions of a staff member living with HIV.
- o The presence of an HIV-positive teacher has enhanced visibility of this issue and is contributing to reducing stigma and discrimination.
- o Other Teachers who are HIV see the officer at TSC as a role model and this seems to have contributed to more teachers coming out to declare their status and to seek assistance.
- o The deployment helps in bridging gaps between the TSC management, ACU staff and the infected employees
- o The counseling process is now strengthened with the input of a staff member living with HIV.

## Appendix 1 – In country programme

DATE	ORGANIZATION	TIME	CONTACT PERSON	TEL. No.	VENUE
Mon 19/03/07	Teachers Service Commission (TSC)	10.00-11.00am	Mr. William Kilelu Assistant to Sarah Irungu –HIV/AIDS Coordinator <a href="mailto:tsacu@yahoo.com">tsacu@yahoo.com</a> copy <a href="mailto:haraf05@yahoo.com">haraf05@yahoo.com</a> ; <a href="mailto:smunito@yahoo.com">smunito@yahoo.com</a>	244507/244514 or 0722571014	Bazaar Building
	DFID/World Bank/WFP/UNICEF	12.00-1.30pm	Ms. Louise Banham - Senior Education Adviser-DFID <a href="mailto:Banham@dfid.gov.uk">Banham@dfid.gov.uk</a>	2717609	DFID Office Upper Hill
Tue 20/03/07	Ministry of Education	8.30-9.40a.m	Dr. Laban Ayiro <a href="mailto:mwaayiro@yahoo.com">mwaayiro@yahoo.com</a> Senior Deputy Director of Education	318581Ext30602	Jogoo House
	KENEPOTE Representative	10.30 a.m	Ms. Elsa Ayugi Ouko (Representative) <a href="mailto:elsaouko@yahoo.com">elsaouko@yahoo.com</a>	0722389959	Chancery Building 3 <sup>rd</sup> floor Features Group
"	Kenya National Union of Teachers (KNUT)	10.00-11.00a.m	Ms.Lucy Barimbui- Executive Officer & Senior National Aids Coordinator <a href="mailto:knut@nbnnet.co.ke">knut@nbnnet.co.ke</a> , Ms.Margaret Odera	223849 or 0721351822	Qumran Hse 2 <sup>nd</sup> floor
"	AMREF Kenya	11.40	Dr. Draus Bukonya(Director) <a href="mailto:DarausB@amrefhq.org">DarausB@amrefhq.org</a> Ms. Mwihaki Kimura-(HIV/AIDS Programme Manager) <a href="mailto:mwihakiK@amrefke.org">mwihakiK@amrefke.org</a>	6993109/6994000 6993000	AMREF Headquarters on Langata Road
"	United States Agency for International Development (USAID)	2.00pm	Dr. Gathenya <a href="mailto:gathenya@usaid.gov">gathenya@usaid.gov</a> Mr.Francis Gitonga <a href="mailto:fgitonga@usaid.gov">fgitonga@usaid.gov</a> Cc: Sarah Wright <a href="mailto:sawright@usaid.gov">sawright@usaid.gov</a>	8622000	USAID Offices in Gigiri
"	UNICEF Kenya Country Office	3.30 pm	Ms. Roselyn Mutemi-HIV/AIDS Programme Officer <a href="mailto:rmutemi@unicef.org">rmutemi@unicef.org</a>	7622157	UNICEF Office – Block E – Rm No. E227 UN Complex
Wed 21/03/07	National Aids Control Council (NACC)	9.30-10.30 am	Mr. John Kamigwi – Deputy Director Policy Strategy and Communication <a href="mailto:jkamigwi@nacc.or.ke">jkamigwi@nacc.or.ke</a>	2715127/2711261	Chancery Building 6 <sup>th</sup> Flr
	Population Council	11.00-1200 O'clock	Dr. Karusa Kiragu-(Programme Associate) <a href="mailto:kkiragu@pcnairobi.org">kkiragu@pcnairobi.org</a> Ms. Caroline Makenzie- (Programme Officer) <a href="mailto:cmackenzie@pcnairobi.org">cmackenzie@pcnairobi.org</a>	2713480-3	General Accident Hse
	Federation of Kenya Employers (FKE)	2.30pm-3.30pm	Mr. Charles Nyangute <a href="mailto:fkecsr@wananchi.com">fkecsr@wananchi.com</a> or <a href="mailto:fke@wananchi.com">fke@wananchi.com</a>	2721929/2720242	Waajiri House, Argwings Kodhek Road
	National Aids \$ STD Control Programme(NASCOP)	4.00 pm	Dr. Peter Cherotich – (Diagnostic, Testing & Counseling Programme) <a href="mailto:pcheru@aidkenya.org">pcheru@aidkenya.org</a> c/o. The Director <a href="mailto:mohammed@aidkenya.org">mohammed@aidkenya.org</a> & Deputy Director- <a href="mailto:baltazar@aidkenya.org">baltazar@aidkenya.org</a>	2714972	NASCOP offices at Kenyatta Hospital
Thurs 22/03/07	Our Lady of Mercy Primary School Kariobangi	10.00-11.00am	Headmistress- Ms.Sabina Onyango	552367/559790	At the School in Kariobangi
	UNESCO Nairobi Office	12.00 O'clock	Dr. Susan Nkinyangi (Senior Education Adviser)	7622036	UN Complex Block 'C' Rm 107
	Kenya Aids Watch (KAWI)  Kenya Consortium to Fight Aids, TB & Malaria(KECOFATUMA)	2.00pm	Ms. Angela Kageni-(Programmes Coordinator) <a href="mailto:kageniangela@yahoo.com">kageniangela@yahoo.com</a> or <a href="mailto:afrodevelop@bidii.com">afrodevelop@bidii.com</a> Mr. Jeff Orero –Programme Officer <a href="mailto:kecofatuma@wananchi.com">kecofatuma@wananchi.com</a>	2726083/2737367/27 37364  0723884068	Kenya Aids Watch offices Hurlingham Woodland Rd, Opposite DOD Between Embassy Hse & the Mosque
Frid 23/03/07	Care International in Kenya	8.00 am	Mr. Pascal Mailu-(HIV/AIDS Programme) <a href="mailto:paasmalu@yahoo.com">paasmalu@yahoo.com</a>	2710069/2712374 or 0720446884	Mucaí Road, off Mucaí Drive
	Highway Secondary School	9.30 am	Mr.Mbogoli Kaburu- (Headteacher) <a href="mailto:highwaysec@yahoo.com">highwaysec@yahoo.com</a>	558078 or 0721418541	At the school in South "B"
	Kenyatta University	11.00-12.00	Dr. Philip Owino (Lecturer) <a href="mailto:philipowino@yahoo.com">philipowino@yahoo.com</a>	0722522548	Kenyatta University Campus

## Appendix 2 - List of Persons Contacted

Dr. Laban Ayiro, Senior Deputy Director, Ministry of Education

Ms. Louise Banham - Education Adviser, DFID Kenya

Ms. Lucy Barimbui, HIV/AIDS Coordinator, Kenya National Union of Teachers (KNUT)

Dr. Draus Bukonya, Director HIV/AIDS /STI Programme, African Medical and Research Foundation (AMFREF)

Dr. Peter Cherotich – Counseling and Testing Manager, National AIDS/STD, TB and Leprosy Control Programme (NASCOP)

Dr. Wambui Gathenya- Education Project Management Specialist, USAID Kenya

Mr. Francis Gitonga – Project Management Specialist HIV/AIDS – Education, USAID Kenya

Mr. Mitsugu Hamai – Programme Officer HIV/AIDS unit, WFP

Mr. Mbogoli Kaburu- Headteacher, Highlands Secondary School

Ms. Angela Kageni -Programmes Coordinator, Kenya Aids Watch Institute (KAWI)

Ms. Elizabeth Kaloki – Senior Administrative Officer, Aids Control Unit, Ministry of Education

Mr. John Kamigwi – Deputy Director Policy Strategy and Communication, National Aids Control Council (NACC)

Mr. William Kilelu – Administrator of the Aids Control Unit, Ministry of Education

Mr. Mwihaki Kimura- HIV/AIDS Programme Manager, African Medical and Research Foundation (AMFREF)

Dr. Karusa Kiragu- Behavior Change Specialist, Population Council, Horizons, Nairobi

Mr. Kipkogei Kutol – Chief Administrative Officer, Aids Control Unit, Ministry of Education

Mr. Pascal Mailu- Project Manager Local Links Programme, CARE Kenya

Ms. Stella Manda – HIV/AIDS Programme Manager, World Bank Regional Office

Ms. Samson Mbuthia – Economist Planning Strategy, National Aids Control Council (NACC)

Mr. Ongoro Ali Mohammed – Teacher and Counselor, Highlands Secondary School

Mr. Sebastian K Mulwonko - Chief Administrative Officer, Aids Control Unit, Ministry of Education

Mr. Oliver Munguti – Senior Principal Administrative Officer, Aids Control Unit, Ministry of Education

Ms. Roselyn Mutemi - HIV/AIDS Programme Officer, UNICEF Kenya

Ms. Magdalone Mwele – Chief Administrative Officer, Aids Control Unit, Ministry of Education

Ms. Jemimah Nindo - Senior Administrative Officer and Counselor, Aids Control Unit, Ministry of Education

Dr. Susan Nkinyangi - Senior Education Adviser, UNESCO Kenya

Mr. Charles Nyangute – Senior Management Consultant/Programmes Manager, Kenya Federation of Employers

Ms. Margaret Odera, ACU, KNUT

Ms. Regina Ombam – Head Strategy, National Aids Control Council (NACC)

Ms. Elsa Ayugi Ouko - Executive Director, Kenya Network of Positive Teachers (KENPOTE)

Ms. Sabina Onyango – Headmistress, Our Lady of Mercy Primary School

Ms. Geoffrey O. Orero – Head Operations, Kenya Aids Watch Institute (KAWI)

Dr. Philip Owino – Director, Aids Control Unit, Kenyatta University

Ms. Prisca Wariri Ringoma – Teacher and Convener HIV/AIDS, Our Lady of Mercy Primary School

Ms. Angeline Siparo – Country Director, Futures Group

Ms. Nancy Wanjiru – Teacher and Convener on HIV/AIDS, Highlands Secondary School

## Appendix 3 – Guideline for interviews

Name:

Function:

Date of Interview:

N.B. Start with a brief introduction on the purpose of the Case Study Review, the output (aide memoire) and the process for feedback on the main conclusions/recommendations.

1. Which key developments have taken place over the past five years in HIV&AIDS and Education?
2. What have been the main gaps in the response?
3. Which key stakeholders have played a key role in the results so far?
4. What has been the specific involvement and contribution of your organization (financial, technical assistance, coordination, etc. – only prompt if necessary)?
5. How do you assess your organizations contribution? What have been strengths and weaknesses?
6. What, in your view, has been the contribution of external development partners?
7. What specific efforts have been made at harmonization and alignment? List examples. How effective have they been?
8. What arrangements exist for information sharing?
9. What has been the main impact of the work done in HIV&AIDS education? (Consider teacher preparation, care and support knowledge, attitudes, behaviour change, etc.)
10. What tools and materials have been key to the improved response? Why?
11. What are key challenges for the coming three to five years?
12. How could IATT make a more effective contribution to the education response to HIV/AIDS?

## Appendix 4 - Time Line of Key Country Events: Kenya

### Major Activities 2001-2007

From the time AIDS was declared a national disaster in 1999, several key events have taken place that have contributed towards an effective national response in general and education sector response in particular.

- 1999 AIDS Declared a national disaster by the President and nine Ministries, including the Ministry of Education, identify as key (and pilot) in the fight against HIV and AIDS.
- 1999 Aids Control Units (ACU) formed in the Ministry of Education and creation of sub-units within the TSC and Commission for Higher Education (CHE). The last two are not full-fledged ACUs. So the Ministry of Education has three ACUs.
- March 2003 launching of **Total War Against AIDS** by the President and a Cabinet Committee of HIV and AIDS formed to coordinate the national responses to HIV and AIDS. The Minister and the Permanent Secretary (PS) in the Ministry of Education are members to this committee
- December 2003 the launch of the **Constituency AIDS Control Committees** (CACCs) by the president that marked a new shift in the country's approach in combating the AIDS scourge. This marked "a new beginning and strategy of a strong coordination mechanism to tap the full potential and participation of all sectors and all stakeholders in the entire country" (NACC, 2004). At the same time "Pamoja Campaign": "Pamoja Tuangamize Ukimwi – Together We can Defeat AIDS" was also launched by the President. With these, various government ministries, civil society organizations, religion sector, the private sector and the development partners were expected to work, develop linkages and partnership and work together towards prevention education, treatment of those infected by AIDS virus and mitigation of the effects of HIV and AIDS in the country.
- December 2003: Launching of Joint HIV and AIDS Programme Review, an annual event which brings together major stakeholders including government ministries and development partners to review the national response, identify challenges and build consensus on the next steps for 2006, 2007
- 2004 developed of MOE **Education Sector Policy on HIV and AIDS** in a participatory manner involving various stakeholders including TSC, KNUT among a wide range of other stakeholders. UNESCO and USAID supported this important milestone. The Education Sector Policy was printed and launched in 2004. It has been disseminated widely in the provinces and schools.
- 2004-2005: Revision of both primary and secondary schools curricula to enhance the implementation (mainstreaming) of HIV and AIDS education in the sector. Currently, teachers are expected to infuse HIV and AIDS in their teaching/school activities.
- November 2003: The national conference on education bringing together various stakeholders to deliberated on the future of education and training in the country. HIV and AIDS was identified as one of the major challenges facing the education sector.
- 2005: MoE **Sessional Paper No. 1 of 2005 on A Policy Framework for Education, Training and Research** produced and launched by the Minister of Education, with key stakeholders in attendance. HIV and AIDS is singled out as a key challenge which has to be addressed in a strategic and participatory manner.
- 2003-2007. There has been key school based interventions targeting prevention education. The Ministry of Education, TSC and KNUT have been working with several donor partners in implementing such programmes. For example:
  - \* MoE/DfID/CFBT with a school-based project "Primary school Action for Better Health targeting all primary schools in the country.
  - \* MoE/KNUT/PEPFAR/American Federation of Teachers with Prevention and Treatment Access" project targeting primary, secondary and tertiary institutions in 14 districts.
  - \* MoE/PEPFAR/CfBT with a school based prevention project targeting secondary schools (Secondary School Action for Better Health)
  - \* MoE/PEPFAR/the Population with research and prevention project in schools in selected districts.

- Sensitization and training of school heads, teacher training collages and university heads have been done with support from development partners, UNESCO in particular.
- 2005 a VCT center opened and launched in the MoE headquarters.
- 2005 Kenya Union of Teachers (KNUT) developed its workplace policy on HIV and AIDS and is rolling a national dissemination and sensitization programme targeting teachers (the union members). A network of teachers living with HIV/AIDS (KENEPOTE) was launched and some 3,500 teachers have disclosed their status and joined the organization.
- TSC has developed a workplace policy and programme on HIV/AIDS (in print) and is planning a national launch, dissemination and sensitization on the same.
- Currently a review is underway to revitalize Technical, Industrial, Vocational and Entrepreneurial (TIVET) institutions. The Ministry of Science and Technology (MoST) has just commissioned a consultancy team to look at the legal and policy framework for improving governance and management of TIVET. The issue of HIV and AIDS has been given prominence in this assignment.