



**Strengthening the Delivery of Health and Family Life Education in
the Caribbean**

**Caribbean Child Development Centre,
The University of the West Indies,
Open Campus
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Acronyms:

AIDS: Acquired Immune Deficiency Syndrome

CARICOM: Caribbean Community and Common Market

CFS: Child Friendly Schools

COHSOD: Council of Human and Social Development

CSE: Comprehensive Sexuality Education

E/C: Education for Change

EDC/HHD: Education Development Centre/Health and Human Development Division

HFLE: Health and Family Life Education

HIV: Human Immunodeficiency Virus

HRBA: Human Rights –Based Approach

IBE: International Bureau of Education

LSE: Life-Skills Education

NFPB: National Family Planning Board

NGOs: Non-Governmental Organisations

STI: Sexually Transmitted Infection

UN: United Nations

UNDP: United Nations Development Programme

UNESCO: United Nations Educational, Scientific and Cultural Organisation

UNFPA: United Nations Population Fund

UNICEF: United Nations Children’s Fund

UWIOC: The University of the West Indies, Open Campus.

WHO: World Health Organisation

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Executive Summary

HIV has been identified by Caribbean governments as one of the priority areas alongside nutrition, other infectious diseases, non-communicable diseases, and violence, to be addressed in meeting the health and nutrition needs of school-age children in the region.¹ The primary goal of UNESCO's actions on sexuality education is to equip children and young people with knowledge, skills and values to make responsible choices about their sexual and social relationships, particularly in a world affected by HIV. Sexuality education programs are usually focused on increasing **knowledge** and understanding, explaining and clarifying feelings, values and **attitudes**, developing or strengthening **skills** and promoting and sustaining risk reducing **behavior**. In the formal education system, HIV Prevention education is imparted across the Caribbean in what is called **Health and Family Life Education (HFLE)**. It is a life-skills based programme encompassing **comprehensive sexuality education (CSE)** amongst other topics.

The UNAIDS Inter Agency Task Team on Education specifies that teachers should be well-supported and prepared in teaching HIV prevention education. Strategies that emphasize characteristics of effective teacher development programs on HIV through life skills education (LSE), identified by UNESCO include:

- Provide guidance and practice in the use of participatory methods
- Provide learning materials that are appropriate to the age, gender and culture of learners
- Use information and communication technologies (ICT's), radio and open and distance learning programmes
- Encourage community participation and support
- Offer ongoing encouragement through peer coaching, support groups and mentoring.²

To ensure that standards and benchmarks are met, it is crucial to ensure that the capacity of teachers is strengthened through adequate pre-service and in service, periodic training in LSE, including the use of participatory and interactive teaching-learning methodologies. Efforts also need to go into ensuring that

¹ O'Connell, T., Venkatesh. M and Bundy. D. (2009). Strengthening the Education Sector Response to School Health, Nutrition and HIV/AIDS in the Caribbean Region: A Rapid Survey of 13 Countries- Antigua, the Bahamas, Barbados, Belize, Dominica, Grenada, Guyana, Jamaica, Anguilla (Joint British & Dutch Overseas Caribbean Territories), St. Kitts & Nevis, St. Lucia, St. Vincent & the Grenadines, and Trinidad & Tobago. March 2009. EduCan, EDC, PCD, The World Bank and UNESCO.

² UNESCO. (2008). Educator Development and Support. Good policy and Practice in HIV and AIDS and Education. Booklet 3 (Booklet series). Paris: UNESCO.

educators are provided with updated resources and materials and are informed about the standards and benchmarks for LSE delivery.³

To address this need and to further promote effective teacher development programmes on life-skills based, comprehensive sexuality education, the UNESCO Kingston Cluster Office for the Caribbean, in collaboration with partners within CARICOM Regional Working Group on HFLE has proposed a programme of actions aimed to strengthen the delivery of CSE in primary and secondary schools in the Caribbean. These actions form part of the four years Programme of Work of the CARICOM Regional Working Group on HFLE, developed at the meeting of the group in April, 2011. To strengthen the delivery of comprehensive sexuality education (CSE) by supporting professional development of HFLE teachers, the University of the West Indies, Open Campus through the Caribbean Child Development Centre (CCDC) was commissioned to construct and manage an HFLE website, eventually to be hosted on the UWIOC's website to support HFLE school practitioners at all levels (pre-primary, primary and secondary), as well as stakeholders and partners. The overall goal of this project was to promote effective teacher development programmes on life skills based comprehensive sexuality education in the Caribbean.

The project was initiated by conducting a desk review. The review presents an overview of the status of HFLE delivery in the Caribbean, particularly with an attempt to identify gaps and challenges with the need for resources to support professional development of HFLE teachers at all grade levels, stakeholders and partners. Introducing the concept of life skills and life skills education, and outlining the guiding principles, the standards and benchmarks, as a basis for developing a strategic framework for strengthening the capacity of educators/teachers in the delivery of HFLE in the Caribbean, it proceeds to look at the status of LSE in the Caribbean. It details existing resources in harnessing efforts to enhance teacher capacity which included Regional, National and Political Commitments, Curriculum Development, HFLE Teacher Training and access to teaching /learning materials and resources. The review indicates that the Caribbean region has made strides in introducing and strengthening HFLE initiatives. Efforts at the regional and national levels have fueled significant development, with sustained efforts in the development of curriculum and resources to strengthen the capacity of teachers. Teacher training efforts have also expanded. However, despite these efforts challenges related to capacity building are evident. These include **challenges due to**

³ Working Document for the Eighteenth Meeting of the Council for Human and Social Development (COHSOD) – Education and Health, Montego Bay, Jamaica, 4 June 2009.

lack of skills (increased need for training, particularly at the pre-service level and at periodic intervals, inadequate classroom experience, or any experience using the pedagogic, interactive strategies), **attitudinal challenges** (feeling uncomfortable in teaching some topics, particularly those related to ‘Sex and Sexuality’) and **challenges related to resources** (insufficient materials and resources, lack of timely provision of required teaching materials, discrepancies of distribution). A series of reviews of HIV/AIDS teaching and learning materials conducted by UNICEF in 1998 and 1999 in Latin America and the Caribbean; Asia and the Pacific; and East and Southern Africa indicate that a huge number of materials and variety of formats already exist; however, there is an urgent need to strengthen both the content of these materials and the teaching and learning methodologies. Therefore, the priority is probably not to create more materials, but rather, to utilize what exists in much more effective ways.⁴

Against the backdrop of the desk review, the report proceeds to outline the strategy to strengthen the delivering of HFLE in the formal school system, across the Caribbean.

The specific aims of the project are:

1. To consult HFLE teachers at the pre-primary, primary and secondary levels in the Caribbean and other stakeholders on the need for resources, and the preferred content and style of a website aimed at strengthening the quality of the delivery of HFLE in the classroom.
2. To develop a website for HFLE teachers and other stakeholders that features, inter alia, HFLE teaching and learning resources.
3. To document good practices in effective HFLE delivery, initially in 4 Caribbean countries: Jamaica, Barbados, St. Lucia and Grenada.
4. To manage, maintain and monitor the usage of the HFLE website.

⁴ UNICEF. (2002). HIV/AIDS Education: A Gender Perspective. Tips and Tools. New York: UNICEF. Retrieved on 3rd January, 2013 from http://www.unicef.org/lifeskills/files/UNICEF_Gender_HIV.Eng.pdf

For more information- UNICEF website - www.unicef.org or <http://www.unicef.org/programme/lifeskills/mainmenu.html>

This report presents the collated data by the aims outlined above, whilst outlining the methodology adopted to achieve the specific aim, followed by a detailed report for each aim, outlined in sections. The project is still in the implementation stage and this report captures the ongoing activities and their outcomes to date. Hence this report focuses on the first three aims of the project.

The first aim of the project involves consultation with HFLE teachers at all levels in the Caribbean and other stakeholders on the need for resources, and the preferred content and style of a website with a goal of developing a user-friendly website, that can eventually assist in strengthening the quality of the delivery of HFLE in the classroom in the Caribbean. This consultation was carried out through an online survey administered to the concerned stakeholders. It was expected that the opinions emerging from this exercise will aid in addressing the unmet/existing need of stakeholders to foster HFLE, through the development of a regional HFLE website for the Caribbean. As a basis for developing a user-driven website, the survey was administered to stakeholders from twelve countries from the Caribbean which included HFLE focal points/co-ordinators, educators, and members of the CARICOM HFLE Working Group.

The outcomes from the survey analysis were instrumental in guiding the draft website design. The teaching learning resources suggested for the website included sample lessons and activities for teachers and workbooks for students, indicating a greater need for activity based resources and not merely information. Respondents emphasized the need for audio-visual resources as well as interactive resources. Sharing of good practices of HFLE delivery in schools that would showcase innovations and experiences of HFLE teachers and Ministries of Education across the Caribbean, were on high priority to be included on the proposed website. The need for emphasis on the themes 'Self and Interpersonal Relationships' and 'Sexuality and Sexual Health' was dominant. A high preference was indicated for organizing the information on the website based on the HFLE themes and grade-levels. Features which emerged as popular included provision for a message board, links to partner websites and the possibility for the users to share content online. There was high interest to subscribe to a listserv to receive regular updates. The respondents expressed enthusiasm regarding the proposal for a regional HFLE website, emphasizing that the website is a much needed-timely initiative. The need for having it to be interactive, attractive and user-friendly, was strongly emphasized.

The second aim of the project was to set up a regional HFLE website. Considering that the goal of the survey exercise was to guide the features and content on the website to address the needs of its potential users and eventually construct and host a user friendly regional HFLE website for the Caribbean, the Caribbean Child Development Centre project team worked closely with a Web Developer to construct the website guided by the survey outcomes. Following feedback and suggestions from UNESCO, as well as the stakeholders/prospective users regarding the design, features and layout, the team will proceed to incorporate the same and populate it with the available resources. Focal points in the Ministry of Education in the eleven countries have also been sent the template form for documentation of resources for the multimedia library.

The third aim of the project was to document good practices in the HFLE delivery in the region, which will be subsequently featured on the website. It is expected that these will provide a framework and sample of what works within the Caribbean context. This will aid in assisting and encouraging HFLE educators to explore and experiment with methodologies, as well as provide additional resources to those already involved in adopting these practices. Using a conceptual framework (assessment rubric) guided by the UNICEF Standards and Benchmarks for LSE, case studies from four countries in the Caribbean namely Barbados, Grenada, Jamaica and St. Lucia will be documented to reflect good practices in HFLE delivery. The report outlines the progress made by each country in the process of documenting the good practices.

The concluding section of the report makes a comment on the overall implementation of the project..

I. Desk Review on Strengthening the Capacity of HFLE Educators in the Caribbean

1. Background:⁵

HIV has been identified by Caribbean governments as one of the priority areas along side with nutrition, other infectious diseases, non-communicable diseases, and violence, to address in meeting the health and nutrition needs of school-age children in the region.⁶ The primary goal of UNESCO's actions on sexuality education is to equip children and young people with knowledge, skills and values to make responsible choices about their sexual and social relationships, particularly in a world affected by HIV. Sexuality education programs are usually focused on increasing **knowledge** and understanding, explaining and clarifying feelings, values and **attitudes**, developing or strengthening **skills** and promoting and sustaining risk reducing **behavior**. In the formal education system, HIV Prevention education is imparted across the Caribbean in what is called the **Health and Family Life Education (HFLE)**. It is a life-skills based programme encompassing **comprehensive sexuality education (CSE)** amongst other topics.

However the **2011 UNAIDS Report, Keeping Score III: The Voice of the Caribbean People**⁷ states that in seven out of 16 countries in the Caribbean, between 0% to less than 45% countries reportedly offered HIV education in schools. One of the important documented factors contributing to effectiveness of HIV prevention programs is adequate preparation of teachers to disseminate the same. A 4 year cohort study carried out in four countries in the Caribbean region documented the impact of HFLE on student's knowledge and behavioural outcomes. It revealed that most teachers were uncomfortable teaching the sensitive topics within the HFLE curriculum.⁸ The evaluation report subsequently recommended that

⁵ UNESCO's Terms of Reference document for the project 'Construct and manage a website for HFLE in the Caribbean'. 2012.

⁶ O'Connell, T., Venkatesh, M. and Bundy, D. (2009). Strengthening the Education Sector Response to School Health, Nutrition and HIV/AIDS in the Caribbean Region: A Rapid Survey of 13 Countries- Antigua, the Bahamas, Barbados, Belize, Dominica, Grenada, Guyana, Jamaica, Anguilla (Joint British & Dutch Overseas Caribbean Territories), St. Kitts & Nevis, St. Lucia, St. Vincent & the Grenadines, and Trinidad & Tobago. March 2009. EduCan, EDC, PCD, The World Bank and UNESCO.

⁷ UNAIDS. (2011). Keeping Score III: The Voice of the Caribbean People. UNAIDS.

⁸ UNICEF. (2009). Strengthening Health and Family Life Education in the Region: The Implementation, Monitoring and Evaluation of HFLE in Four CARICOM countries. Bridgetown: UNICEF Eastern Caribbean Office.

teachers be adequately trained, feel comfortable with their own sexuality and use developmentally appropriate teaching materials to be able to effectively deliver the sensitive topics of the HFLE curriculum, especially the topics under “Sexuality and Sexual Health”⁹

To address this concern, UNESCO Kingston Cluster Office for the Caribbean, in collaboration with partners within CARICOM Regional Working Group on HFLE has proposed a programme of actions aimed to strengthen the delivery of CSE in primary and secondary schools in the Caribbean. These actions form part of the four years Programme of Work of the CARICOM Regional Working Group on HFLE, developed at the meeting of the group in April, 2011. To strengthen the delivery of comprehensive sexuality education (CSE) by supporting professional development of HFLE teachers, the University of the West Indies, Open Campus through the Caribbean Child Development Centre (CCDC) has been commissioned to construct and manage an HFLE website, eventually to be hosted on the UWIOC’s website to support HFLE school practitioners at all levels (pre-primary, primary and secondary), as well as stakeholders and partners.¹⁰

The aim of this desk review is to present an overview of the status of HFLE delivery in the Caribbean, particularly to identify gaps and challenges with the need for resources for supporting professional development of HFLE teachers at all grade levels, stakeholders and partners. The review introduces the concept of life skills and life skills education, and outlines the guiding principles and the standards and benchmarks, as a basis for developing a strategic framework for strengthening the capacity of educators/teachers in the delivery of HFLE in the Caribbean. It proceeds to look at the status of LSE in the Caribbean so far, followed by an overview of the existing strategies and challenges faced by teachers in the instruction and delivery of HFLE in the region. The review forms the basis for developing the assessment tool (questionnaire) for surveying HFLE practitioners and key stakeholders, that will further inform the content and structure of the website, as well as will guide in designing a reporting template to document good practices based on standards and benchmarks in HFLE delivery in the region. The website is expected to promote networking among HFLE stakeholders, sharing information on HFLE news and current events, documentation of good practices and innovation in HFLE delivery in schools and increased visibility of country and regional efforts. The website is also expected to serve as a repository of HFLE teaching and learning resources.

⁹ CARICOM Secretariat. (2009). Working Document for the Eighteenth Meeting of the Council of Human and Social development (COHSOD)- Health and Education. Georgetown: CARICOM Secretariat.

¹⁰ UNESCO’s Terms of Reference document for the project ‘Construct and manage a website for HFLE in the Caribbean’. (2012).

Literature for the review was sourced from a wide range of documents shared by the UNESCO Kingston Cluster Office for the Caribbean, as well as through web searches and reference to bibliographies in retrieved documents. Literature included UNESCO, UNICEF and non-governmental organization (NGO) programme documents, reports and evaluations. The review has been organized according to the enquiry framework. A list of documents consulted in this literature review is referenced at the end of this document.

2. Life skills education- Guiding Principles, Standards and Benchmarks:

Since two decades now, life skills education (LSE) has been acknowledged as being integral to preparing young people and adults to negotiate and mitigate everyday challenges and risks and enabling productive participation in society. It has also come to be seen as an important contributor to the quality of education, through an approach that emphasizes the acquisition of competencies; content that is relevant to everyday life; and the use of teaching and learning methods to develop skills and promote cooperative learning. There have been varied definitions of the terms 'life-skills' and 'life skills education.' This has led to dilemmas in realistically gauging what life skills and life-skills education can achieve.¹¹ (Refer to annexure 1 for definitions). UNICEF (2002) describes life skills-based education as involving 'interpersonal and psychosocial skills such as communication, assertion, and negotiation, values analysis and clarification, decision making and conflict resolution – often called 'life skills'¹². Life skills essentially are 'psychosocial abilities for adaptive and positive behaviours that enable individuals to deal effectively with challenges of everyday life. These are grouped under three broad interrelated categories, namely personal or emotional life skills, interpersonal or social skills and cognitive life skills.¹³

The development of life skills is a complex and continuous process, and programmes seeking to foster these effectively need to be based on foundations that can produce positive results. Risk and protective factors then, need to be addressed appropriately and adequately. Effective programmes can reduce misinformation, increase knowledge, clarify and solidify positive values and attitudes, increase skills, improve perceptions about peer group norms, increase communication with parents or other trusted adults.¹⁴ Considering this there has been an emphasis on developing standards and benchmarks for life

¹¹ EFC GLSEE team. (2012). Global Life Skills Education Evaluation: Draft Final Report (February) UNICEF.

¹² UNICEF. (2002). HIV/AIDS Education: A Gender Perspective. New York: UNICEF.

¹³ UNICEF. (2010). Life Skills Quality Standards.

¹⁴ UNESCO. (2009). International Guidelines on Sexuality Education: An evidence informed approach to effective sex,

skills based education , including comprehensive sexuality education, that can guide policy makers, educators and other stakeholders involved in the design and delivery, to identify and choose effective programmes and good practices based on these standards and benchmarks. Outlined below are sets of standards and benchmarks that can provide frameworks to guide identifying and documenting good practices in life skills based HFLE delivery.

UNICEF Guidelines, Standards and Benchmarks for life-skills based education:

UNICEF has formulated guidelines, standards and benchmarks for LSE initiatives and practices.¹⁵ The standards, which are broken down into benchmarks, give a framework for creating indicators that measure process and aid in the design of effective programmes¹⁶. (Annexure 2: Guiding Principles for life skills education- Standards and Benchmarks). In the formal school system, LSE adhering to the standards and benchmarks reflect the features outlined below:¹⁷

- LSE is strategically embedded in national education sector policies and coordinated with national (and international) plans for emergency preparedness, sustainable development and the specific content areas dealt with in the LSE program.
- LSE planning is needs and results-based and implemented based on theory and evidence of effectiveness.
- LSE interventions constructively align:
 1. Learning outcomes designated in the formal school curriculum in line with emergency preparedness and sustainable development);
 2. Assessment strategies for knowledge, attitudes, skills and behavioural intent (incorporated in national examinations);
 3. Learning and teaching activities and methods (developed in pre-service and in-service teacher training emphasizing:
 - a. Participatory methods needed for skills-building;

relationships and HIV/STI education. June 2009. UNESCO.

¹⁵ UNICEF. (2010). Life Skills Quality Standards.

¹⁶ UNICEF. (2012). Global Evaluation of Life Skills Education Programmes: Final Report.(August). New York: UNICEF Evaluation Office..

¹⁷ UNICEF. (2010). Life Skills Quality Standards.

b. Comprehensive content matter in line with emergency preparedness and ESD;

c. Issues of psychosocial support for both students and staff.

- LSE is provided within whole school models for quality education that recognize the added value of protective policies, enabling learning environments, and linkages to community services.
- Extra-curricular and non-formal interventions complement the formal school curricula, with a particular focus on children and adolescents especially those vulnerable or at greater risk with regard to specific content areas.
- School and community interventions are coordinated with an aim to influence social norms and practices that enable, or disable, individuals' use of life skills to choose and manifest positive and adaptive behaviour.

UNICEF has also elaborated strategies and programme materials that are associated with Child Friendly Schools (CFS) as well as the integration of a human rights-based approach (HRBA) to education for all. These approaches are complementary and, to some extent, overlapping, with the main aims and tenets of LSE¹⁸. UNICEF encourages that life-skills be practiced within the context of a child-friendly school (CFS)¹⁹. UNICEF has developed a framework for rights-based, child-friendly educational systems and schools that are characterized as "inclusive, healthy and protective for all children, effective with children, and involved with families and communities - and children" (Shaeffer, 1999). The Comprehensive Guidelines for Monitoring and Evaluating Processes for Child Friendly Schools (CFS) outline the following tenets:

- The school is a significant personal and social environment in the lives of its students. A child-friendly school ensures every child an environment that is physically safe, emotionally secure and psychologically enabling.
- Teachers are the single most important factor in creating an effective and inclusive classroom.
- Children are natural learners, but this capacity to learn can be undermined and sometimes destroyed. A child-friendly school recognizes, encourages and supports children's growing capacities as learners by providing a school culture, teaching behaviours and curriculum content that are focused on learning and the learner.

¹⁸ UNICEF. (2012). Global Evaluation of Life Skills Education Programmes: Final Report (August). New York: UNICEF Evaluation Office.

¹⁹ UNICEF website. Child Friendly Schools. Retrieved on 3rd January, 2013 from http://www.unicef.org/lifeskills/index_7260.html

- The ability of a school to be and to call itself child-friendly is directly linked to the support, participation and collaboration it receives from families.
- Child-friendly schools aim to develop a learning environment in which children are motivated and able to learn. Staff members are friendly and welcoming to children and attend to all their health and safety needs.

A rights-based, child-friendly school has two basic characteristics:

- It is a child-seeking school — actively identifying excluded children to get them enrolled in school and included in learning, treating children as subjects with rights and the State as a duty-bearer with obligations to fulfill these rights, and demonstrating, promoting, and helping to monitor the rights and well-being of all children in the community.
- It is a child-centered school — acting in the best interests of the child, leading to the realization of the child's full potential, and concerned both about the "whole" child (including her health, nutritional status, and well-being) and about what happens to children — in their families and communities - before they enter school and after they leave it. (Annexure 3 - Checklist of CFS)

The concept of CFS and the standards and benchmarks set for life skills teaching and learning are mutually inclusive and complement each other in identifying good practices in HFLE delivery²⁰. The table below illustrates how the UNICEF Standards for LSE and CFS guidelines can be consolidated to reflect a framework that could be used to document good practices in HFLE delivery.²¹

²⁰ UNICEF. (2010). Life Skills Quality Standards.

²¹ UNICEF. (2002). HIV/AIDS Education: A Gender Perspective. Tips and Tools. New York: UNICEF. Retrieved on 3rd January, 2013 from http://www.unicef.org/lifeskills/files/UNICEF_Gender_HIV_Eng.pdf

Table 1: UNICEF Standards for Life Skill Learning and Teaching.

UNICEF Quality Standards for Life Skills Education ²²	Related to	What does the Standard call for	Sample questions that can indicate the standard is being met. ²³
Standard 1	Outcomes	LSE is theory and evidence based (child-centered)	<ul style="list-style-type: none"> • Is it grounded in theoretical foundations? • Is it based on evidence and research?
Standard 2	Assessment	Life skills learning is needs and results based	<ul style="list-style-type: none"> • Is it planned around student needs? • Is it gender- sensitive throughout? • Is it developmentally appropriate? • Is behaviour change part of the programme goal?
Standard 3	Activities	Life skills learning is knowledge, attitude and skills-based.	<ul style="list-style-type: none"> • Is there a balance of knowledge, attitudes & skills?
Standard 4	Teaching	Teachers are trained on methods and psychosocial support	<ul style="list-style-type: none"> • Are participatory methods for teaching & learning used? • Is HFLE included in pre-service teacher training?
Standard 5	Learning Environment	LSE is provided in protective and enabling environments with access to community services.	<ul style="list-style-type: none"> • Are sensitive issues placed in the context of other relevant and related issues?

Several studies have adopted the UNICEF Standards and Benchmarks to assess LSE delivery. 'Global Evaluation of Life Skills Education' (2012)²⁴ commissioned by the UNICEF Evaluation Office aimed to

²² E/C GLSEE team. (2012). Global Life Skills Education Evaluation: Draft Final Report (February). UNICEF.

²³ UNICEF. (2002). HIV/AIDS Education: A Gender Perspective. New York: UNICEF.

evaluate life skills education (LSE) initiatives globally and assess them for relevance, coverage, efficiency, effectiveness and sustainability. ²⁵ A review of Implementation, Monitoring, and Evaluation of HFLE in Four CARICOM Countries ²⁶ emphasized certain considerations that ensure good practices in the delivery of HFLE. These included

- Adopting a life- skills approach to HFLE. Research on health promotion and education shows that benefits are more likely to be achieved when programmes have a strong theoretical grounding. The foundation for a life skills approach is based on multiple theories of child and adolescent development, cognitive learning, and social influences. These have depicted how knowledge, attitudes, and skills can help youth avoid problem behaviours and foster personal resiliency to counter risks and negative peer pressures. Previous studies have demonstrated that competence in the use of life skills may reduce the chances of young people engaging in aggressive and anti-social behaviours, substance use, and related risks, including early and unprotected sexual intercourse. These, in turn, have serious and often life-long health and social consequences (UNICEF, 2000; World Health Organization, 2003). An evaluation of HFLE life skills based curriculum versus the traditional curriculum showed that students exposed to life skills were more likely to report that they would say no to alcohol when pressured by peers; less likely to feel that you would be perceived a coward if you backed down from a fight.²⁷
- Facilitate interactive exercises designed to build life skills, including critical thinking, problem solving and decision making; communication, negotiation and refusal skills; healthy self-management, coping, and help-seeking. This focus is supported by research that shows that youth who fail to acquire these skills are more likely to engage in unhealthy behaviours, such as violence, early sexual risk taking, and abuse of alcohol and drugs, and to be at higher risk of poor academic performance.

²⁴ UNICEF.(2012). Global Evaluation of Life Skills Education Programmes-Final Report. New York: UNICEF Evaluation Office.

²⁵ UNICEF. (2012). Global Evaluation of Life Skills Education Programmes-Final Report. New York: UNICEF Evaluation Office.

²⁶ Constantine, C., Stueve, A., O'Donnell, L., Agronick, G. and Vince-Whitman, C. (2009). Strengthening Health and Family Life Education in the Region: The Implementation, Monitoring, and Evaluation of HFLE in Four CARICOM Countries. Barbados: UNICEF.

²⁷ McClean-Trotman, L. (2009). Reflections: Voices of students and educators involved in HFLE in the Eastern Caribbean. June publication (1). BECO: UNICEF.

- Provide a foundation that is supplemented and reinforced as students get older and meet new challenges. This “spiraling” assures that content and core skills are covered each year at developmentally appropriate levels, as students’ sophistication to apply these skills increases.
- Provide life skills education in early grades so that students have opportunities and hours to practice skills they need, both now and in the future.
- Ensure that the curriculum is culturally appropriate to the life experiences of adolescents.
- Approach is participatory.
- Lessons address gender differences in both development and challenges faced.
- The curriculum addresses the needs of vulnerable and minority children appropriately and adequately.
- Fully-scripted lessons are designed so they can be used by teachers, even if they have relatively little experience delivering health education or leading interactive activities, as is often the case.
- Continued support to teachers through training; Companion manuals and refresher courses.

a. International Guidelines for Sexuality Education outlined by UNESCO²⁸

The International Guidelines are based upon approaches to sexuality education that are rights-based, culturally sensitive, and respectful of sexual and gender diversity, comprehensive, scientifically accurate, age-appropriate and evidence-based. Aiming to address the diverse realities and needs of young people’s lives across a wide range of settings, they are intended to be a global template, on the basis of which regions and countries can make adaptations to enhance relevance and acceptance. The template of key concepts and topics, together with learning objectives for four distinct age groups, establish a set of benchmarks with which to monitor the content of what is being taught and to assess progress towards the achievement of teaching and learning objectives.

In developing the guidelines, curricula from 12 countries were examined in order to identify common topics and related learning objectives. The Guidelines for Comprehensive Sexuality Education, developed by the Sexuality Information and Education Council of the United States (SIECUS), an international non-governmental organization (NGO), drawing experience from India, Jamaica, Nigeria and the United States, provide the organizing framework for the topics and learning objectives for the International Guidelines. The

²⁸ UNESCO. (2009). International Guidelines on Sexuality Education: An evidence informed approach to effective sex, relationships and HIV/STI education. June, UNESCO.

topics and learning objectives in these were selected on the basis of their inclusion within positively evaluated curricula, as well as relying on professional guidance from experts in the field. Hence, though they draw from educational and behaviour change theory, they are solidly embedded in practical experiences. The guidelines also outline evidence based key characteristics of effective programmes (Annexure 4).

The guidelines provide standards for six key concepts (Relationships; Values, attitudes and skills; Culture, society and law; Human development; Sexual behavior; reproductive health). Learning objectives for four ages levels are outlined (5-8 yrs; 9 to 12 yrs; 12-15 yrs; 15-18 yrs) (Details of standards available²⁹).

To ensure quality, it is expected that these standards and benchmarks guide programme designs, curricula and implementation. Against this backdrop, the review proceeds to provide an overview of the status of LSE in the Caribbean followed by arguing for the need for strengthening the capacity of HFLE teachers and the challenges encountered.

3. Status of Life Skills Education in the Caribbean.

Research indicates it is imperative for the Caribbean, with high levels of drug use (both legal and illegal drugs), societal violence, HIV and STI infections, that the education sector moves beyond its focus on academic education to also seek to empower young people with the critical knowledge and skills to make informed choices in the interest of their long term physical and mental health. Globally, several studies have pointed to the positive impact that life skills-based health education programmes have on the attitudes and behaviours of young people.³⁰

It is in light of this, a resolution was passed in 1994 by the CARICOM Standing Committee of Ministers and Education, which was solicited and received from UN agencies, resulting in the establishment of the CARICOM Multi-Agency HFLE Project. As mentioned earlier in the review, across the Caribbean, LSE in the formal education system is imparted as what is called the **Health and Family Life Education (HFLE)**. It is a life-skills based programme encompassing comprehensive sexuality education (CSE) which includes

²⁹ UNESCO. (2009). International Guidelines on Sexuality Education: An evidence informed approach to effective sex, relationships and HIV/STI education. June . UNESCO.

³⁰ Reynolds. B. (2006). Building Resilient and Protective Factors through Health and Family Life Education. CARICOM Secretariat.

sexuality and sexual health, and **self and interpersonal relationships**. Other theme areas under HFLE include **eating and fitness**, and **managing the environment**.

The program was first introduced in secondary schools, but was later extended to primary schools³¹. The strategic objectives were³²:-

- To develop policy, including advocacy and funding, for the overall strengthening of HFLE in and out of schools;
- To strengthen the capacity of teachers to deliver HFLE programmes;
- To develop comprehensive life-skills based teaching materials; and
- To improve coordination among all the agencies at the regional and national levels in the area of HFLE.

In 1996, the CARICOM Standing Committee of Ministers of Education and Health requested all CARICOM states to develop national HFLE policies and prepare plans to translate that policy into action,³³ whilst agreeing to ensure that life skills based Health and Family Life Education (HFLE) is institutionalized in all schools in CARICOM countries³⁴. The 'Strategy for Strengthening Health and Family Life Education in CARICOM States' was endorsed by the CARICOM Secretariat, various UN agencies and the University of

³¹ O'Connell,T., Venkatesh,M. and Bundy,D. (2009). Strengthening the Education Sector Response to School Health, Nutrition and HIV/AIDS in the Caribbean Region: A Rapid Survey of 13 Countries- Antigua, the Bahamas, Barbados, Belize, Dominica, Grenada, Guyana, Jamaica, Anguilla (Joint British & Dutch Overseas Caribbean Territories),St. Kitts & Nevis, St. Lucia, St. Vincent & the Grenadines, and Trinidad & Tobago. March 2009. EduCan, EDC, PCD, The World Bank and UNESCO.

³² CARICOM and UNICEF. (2010). Health and Family Life Education: Regional Curriculum Framework, Age 11 years-16 years. Version 2.1. Retrieved on 3rd January, 2013 from http://www.unicef.org/barbados/UNICEF_HFLE_Ages_5_-16.pdf.

³³ O'Connell,T., Venkatesh,M. and Bundy,D. (2009). Strengthening the Education Sector Response to School Health, Nutrition and HIV/AIDS in the Caribbean Region: A Rapid Survey of 13 Countries- Antigua, the Bahamas, Barbados, Belize, Dominica, Grenada, Guyana, Jamaica, Anguilla (Joint British & Dutch Overseas Caribbean Territories),St. Kitts & Nevis, St. Lucia, St. Vincent & the Grenadines, and Trinidad & Tobago. March 2009. EduCan, EDC, PCD, The World Bank and UNESCO.

³⁴ Reynolds. B. (2006). Building Resilient and Protective Factors through Health and Family Life Education. CARICOM Secretariat.

the West Indies.³⁵ The sixth meeting of COHSOD in April 2003 endorsed the need for urgent strengthening of HFLE programme,³⁶ and making it a core area of instruction at all grade levels, with a shift from an information based model to a skills development model³⁷. In June 2006, at the Caribbean Community (CARICOM) Council on Human and Social Development (COHSOD) high-level meeting was held in Port-of-Spain, Trinidad, under the central theme “Accelerating the response of the education sector to HIV and AIDS in the Caribbean”, in collaboration with the CARICOM Secretariat, the World Bank, UNESCO and several other partners.³⁸ The 18th Meeting of COHSOD on Education and Health in Jamaica convened by the CARICOM Secretariat, reviewed the achievements since the special meeting of COHSOD on Education and HIV and AIDS since 2006, with specific reference to ‘The Port-of-Spain Declaration’³⁹ and ‘The Port-of-Spain Action Framework’⁴⁰.

The Caribbean Ministers of Education and representatives of the National AIDS Authorities identified a need for education ministries to each appoint a focal person for school health activities, and for the creation of a regional mechanism for the sharing of school health information, with a focus on HIV. The resulting Caribbean Education Sector HIV and AIDS Coordinator Network (EduCan) was tasked with promoting the sharing of information and capacity building on national education sector responses to HIV throughout the Caribbean, with the overall goal of strengthening the role of the education sector in preventing HIV in the region. A rapid survey undertaken by EduCan in early 2008 sought to inform the development of both regional and national level education sector policies and strategies on school health, nutrition and HIV in the Caribbean region. The survey also aimed to describe the current situation of education sector response to school health, nutrition, HIV and stigma, and to provide a baseline for monitoring progress. It further provided data on the allocation and mobilization of resources used in such education sector responses

³⁵ UNICEF/CAO. (2002). Health and Family Life Education...10 years and Beyond. Children in Focus. Vol.15(2).pp.1 &4.

³⁶ Reynolds. B. (2006). Building Resilient and Protective Factors through Health and Family Life Education. CARICOM Secretariat.

³⁷ UNICEF, Guyana and Suriname country office. (2012). Evaluation of the Health and Family life Education (HFLE) Life Skills Based Curriculum Pilot Programme as a timetabled subject (TOR).

³⁸ Working Document for the Eighteenth Meeting of the Council for Human and Social Development (COHSOD) – Education and Health, Montego Bay, Jamaica, 4 June 2009.

³⁹ CARICOM, UNESCO and The World Bank. (2006). Accelerating the Response of the Education Sector to HIV and AIDS in the Caribbean Region: The Port-of-Spain Documents. Retrieved on 3rd January, 2013 from http://hivaidsclearinghouse.unesco.org/search/format_long.php?lang=en&ret=index_expert.php&fiche=7006

⁴⁰ CARICOM, UNESCO and The World Bank. (2006). Accelerating the Response of the Education Sector to HIV and AIDS in the Caribbean Region: The Port-of-Spain Documents. Retrieved on 3rd January, 2013 from http://hivaidsclearinghouse.unesco.org/search/format_long.php?lang=en&ret=index_expert.php&fiche=7006

across the region. Data indicated that though varying in the extent, the education sector in all 13 countries, was involved in providing skills-based health education including HIV prevention to staff and students. All 13 responding countries reported that HFLE is taught as a separate subject. Guidance and counseling units have worked to promote safe behaviour through HFLE, build the capacity of teachers and guidance counselors, support awareness raising activities, and develop community networks of parents, communities and the public.⁴¹

Several countries among the CARICOM nations have HFLE National Policies in place or are in the process of drafting the same (Annexure 7). Policies ensure that HFLE be taught at all grade levels as a compulsory core subject. Hence efforts are now being focused on reaching children in schools with a life skills-based HFLE programme geared at strengthening their knowledge and skills and improving their self-esteem.⁴² It focuses on teaching children skills such as negotiation skills, conflict resolution skills, refusal skills, being tolerant, coping, and communication skills among others to contribute to their total development. The programme uses teaching methodologies such as role play, songs, drama among other strategies to teach students the skills that they need to apply the information that they have learnt.

4. Building and strengthening the capacity of teachers to deliver HFLE programs:

One of the strategic objectives set for achieving HFLE goals concerns 'Building and strengthening the capacity of teachers to deliver HFLE programs'. The introduction of life skills education requires **building the capacity of teachers to promote effective implementation of the programme**. A report by the National Family Planning Board (NFPB)⁴³ indicated that for males and females aged 15-24 years, following parents, **teachers were the preferred source of information** (28.7%- Males; Females- 22.5%) about Family Life Education in the year 2008, compared to 22%- males and 12% females expressing the same

⁴¹ O'Connell,T., Venkatesh,M. and Bundy, D. (2009). Strengthening the Education Sector Response to School Health, Nutrition and HIV/AIDS in the Caribbean Region: A Rapid Survey of 13 Countries- Antigua, the Bahamas, Barbados, Belize, Dominica, Grenada, Guyana, Jamaica, Anguilla (Joint British & Dutch Overseas Caribbean Territories), St. Kitts & Nevis, St. Lucia, St. Vincent & the Grenadines, and Trinidad & Tobago. March 2009. EduCan, EDC, PCD, The World Bank and UNESCO.

⁴² King, E. (2009). Reflections: Voices of students and educators involved in HFLE in the Eastern Caribbean. June (1). BECO:UNICEF.

⁴³ Hill.S. (2009). Health and Family Life Education (HFLE) Information Package for Guidance Counsellors. Jamaica: The National Family Planning Board (NFPB).

preference in 2002. This indicates that over the years youth preference for teachers being the source of information increased, thereby necessitating the need for teachers to be better equipped to facilitate the dissemination of HFLE. The report emphasizes “that if students view their teachers as one of their top sources of information, the information teachers impart, as well as the way they impart it, may affect the decision making of youth as it relates to their health” (pp.7). To achieve this, it is imperative that HFLE educators are well trained, comfortable in dealing with themes across the curriculum and in the use of interactive methodologies and have access to supportive teaching aids/materials. Educators also need supportive forums as mechanisms to share and discuss challenges as well as lessons learnt.

The CARICOM HFLE Initiative has identified ‘Strengthening the capacity of teachers to deliver HFLE programs’ as one of its core objectives⁴⁴. Hence one of the primary goals of the HFLE Programme is to train teachers so that they can be adequately prepared to effectively deliver the life-skills- based HFLE curriculum. This can be provided as in-service training, but efforts should also be made to introduce it in teacher training colleges as pre-service training. The successful implementation of a life skills programme depends on the development of training materials for teacher trainers, a teaching manual to provide lesson plans and a framework for a sequential, developmentally appropriate programme and continuing support in the use of the programme materials⁴⁵.

5. Existing Resources to Strengthen Capacity of HFLE Educators:

An important component of a successful life skill based HFLE program is the capacity of its teachers in imparting the Curriculum. HFLE teachers and educators are crucial in the process of effective implementation. It has been acknowledged that for teachers to effectively facilitate the process of teaching and learning LSE, they need support with resources that equip them to adequately deliver the programme. This has been acknowledged through the different strategies adopted in building capacity of teachers across the region. Outlined below are efforts in that direction.

a. Regional, National and Political Commitments:

⁴⁴ Reynolds. B. (2006). Building Resilient and Protective Factors through Health and Family Life Education. CARICOM Secretariat.

⁴⁵ WHO. (1999). Partners In Life Skills Education -Conclusions From A United Nations Inter-Agency Meeting. Department Of Mental Health, Social Change And Mental Health Cluster. Geneva: World Health Organization.

The Caribbean and Latin American Networks of Health Promoting Schools aim to strengthen the capacity of Member States in organizing, developing, implementing, monitoring and evaluating HFLE programmes, as well as facilitate the interchange of knowledge and experiences, providing access to information and multidirectional and multi-disciplinary communication to attain HFLE objectives. The Strategic Plan for Strengthening Health Promoting Schools Regional Initiative (2003-2012), called for strengthening capacity of Member States and key actors at all levels.⁴⁶ In December 2008, EDC as Secretariat and the UNESCO Kingston Cluster Office for the Caribbean signed a joint letter, to Ministers of Education, Permanent Secretaries and Network Members. Ministers were thanked and commended for the leadership roles taken in developing the capacity of the education sector to strengthen the education sector response to HIV and recognize and reinforce the outstanding work that the HIV and AIDS or HFLE Coordinators are involved with. The letter also included highlighted regional accomplishments and requested continued support from the ministers by taking a few specific actions to advance this important health promotion and prevention work. This included 'Strengthening of partnerships (work with other education partners/departments at central ministry and other agencies) to maximize/access human resources using existing structure (development of work plan should identify key partners who can be invited to help implement activities via technical, human or other resources)'. Members were urged to identify and share existing research and evidence-based programmes relevant to Network members; identify new research needs and ways to conduct the same as well as increase the capacity (knowledge, skills, practice) of network members and key partners in strategic areas, including curriculum and capacity development of teachers. ⁴⁷

b. Curriculum Development:

In April 2003, the Sixth Special Meeting of COHSOD recommended that a **Regional HFLE Curriculum Framework** be developed which could be adapted by Member States to meet their specific needs.⁴⁸ Currently, this guides the delivery of HFLE in the region. The four core thematic areas of HFLE in the Caribbean within the framework are:

- Eating and Fitness
- Sexuality and Sexual Health

⁴⁶ Working Document for the Eighteenth Meeting of the Council for Human and Social Development (COHSOD) – Education and Health, Montego Bay, Jamaica, 4 June, 2009.

⁴⁷ Constantine, C. & Husbands, A. (2009). EduCan Annual Report –October,2007-December 31, 2008. Prepared for the EduCan Secretariat, Barbados.

⁴⁸ UNICEF, Guyana and Suriname country office. (2012). Evaluation of the Health and Family life Education (HFLE) Life Skills Based Curriculum Pilot Programme as a timetabled subject (TOR).

- Self and Interpersonal Relationships
- Managing the Environment

The framework guides the teaching of HFLE for students ages 9-14. The first Caribbean Health and Family Life Education Regional Curriculum Framework outlines goals, objectives, standards, outcomes and sample lessons in four thematic areas detailed above.

Based on the Framework, CARICOM and UNICEF supported the development of a **core curriculum** for two of the themes: Sexuality and Sexual Health and Self and Interpersonal Relationships. A four-country study supported by UNICEF, evaluated the implementation and student outcomes of the core curriculum compared to traditional HFLE teaching. EDC/HHD conducted the study in: St. Lucia, Barbados, Antigua, and Grenada.⁴⁹ . The 2009 evaluation study titled, ' Strengthening Health and Family Life Education in the Region: The Implementation, Monitoring, and Evaluation of HFLE in Four CARICOM Countries' commissioned by UNICEF sought to finalize, implement, and monitor the standardized, Common Curriculum that conforms to the HFLE Regional Framework and has two content themes: Self and Interpersonal Relationships and Sexuality and Sexual Health. Together, these themes address the critical need for violence and HIV prevention within the region. It further sought to study the impact of this curriculum on student outcomes, along with the process of implementation in the four countries. This evaluation documented the development, implementation and impact of the initial roll-out of the Common Curriculum for youth in Forms 1, 2, and 3, (i.e. Grades 7,8,9 respectively) when life skills become critical in helping students avoid risks and make healthy choices that protect their futures.

The evaluation compared “standard practices” that, in most schools, includes delivery of health education with the provision of “enhanced” Common Curriculum lessons. The evaluation indicated that overall, teachers were very enthusiastic about the Common Curriculum; most were comfortable with lesson content. Teachers reported students were engaged in activities and learned new things. They felt lessons were developmentally and culturally appropriate and covered important topics. Results for student unit assessments are consistent with these findings. Further, most teachers felt that the lessons would have a “moderate” or “large” impact on students, and a majority said they would be “very likely” to recommend

⁴⁹ UNICEF. (2009). Health and Family Life Education. Teacher Training Manual. Self and Interpersonal Relationships theme unit. Sexuality and sexual health theme unit. Empowering young with skills for healthy living. Retrieved on 2nd January, 2013 from hivaidsclearinghouse.unesco.org/.../bie_hfle_teacher_training_manual.doc.

lessons to their peers. Common Curriculum had a positive impact on practice at the intervention schools. Overall, these teachers reported receiving more HFLE training than comparison school teachers (even though teachers in the intervention schools had reported less training at baseline). They also reported higher levels of preparedness to teach HFLE, and greater comfort teaching HFLE topics⁵⁰.

A curriculum has been developed for ages 9–14 years for the four modules of HFLE. The curriculum for 5–8 and 14–16 years is being finalized. In addition, UNICEF assists with teaching and learning materials such as DVDs, videos, pamphlets and so on that can be used in teaching the syllabus. In each country UNICEF works with the Ministry of Education to try and develop a cadre of master trainers who then are responsible for training others in the country. The HFLE Coordinator is responsible for coordinating and implementing the programme nationwide. This programme can cater for the primary, secondary, junior secondary and teacher training sectors of the education system. Each year CARICOM brings together the HFLE coordinators in each country to discuss issues that affect the implementation and delivery of HFLE.

The UWI School of Education, Cave Hill Campus, Barbados was instrumental along with PAHO in revising The HFLE curriculum for teachers, leading to the development of a **HFLE Core Curriculum Guide** for the Strengthening of Health and family Life Education in Teacher Training Colleges in the Eastern Caribbean. In 2006, the CARICOM Secretariat called for the review and revision of the HFLE Core Curriculum and the Training Manual being used in Teachers' Training Colleges. It also recommended that the National Curriculum be developed/revised using the Regional Curriculum Framework.

c. Teacher Training in HFLE:

The UWI School of Education has developed an Associate Degree in Education for teachers in the Eastern Caribbean, which is delivered by teacher training institutions in collaboration with UWI, Cave Hill Campus with HFLE featuring as a critical elective.

Yet another initiative to extend support for teachers in the delivery and implementation of HFLE has been the introduction of the Diploma in Health and Family Life Education (HFLE) Instruction by the University of the West Indies, Open Campus. It is a regional professional development programme delivered across the Caribbean Community (CARICOM). The on-line one year diploma consisting of six courses is being

⁵⁰ Constantine, C., Stueve, A., O'Donnell, L., Agronick, G. and Vince-Whitman, C. (2009). Strengthening Health and Family Life Education in the Region: The Implementation, Monitoring, and Evaluation of HFLE in Four CARICOM Countries. UNICEF: Barbados.

offered to present and prospective HFLE practitioners, and aims to assist with honing pedagogical skills to deliver HFLE programs across age-groups in the formal school system.⁵¹

d. Access to resources and teaching/ learning materials:

- a. **UNESCO HIV and AIDS Education Clearinghouse:** This is a knowledge sharing initiative, provided by UNESCO, supported by USAID, with contributions from external partners. It supports education professionals, ministries of education, development agencies, civil society, researchers and other partners, by providing a comprehensive knowledge base and information exchange service for the development of effective HIV and AIDS policies, programmes and advocacy within the education sector. Available in English, French, Spanish and Portuguese, it provides:
 - a virtual library currently containing over 7,000 references;
 - quick access to good practices on HIV & AIDS and education materials and programmes;
 - alerts to scientific journal articles;
 - a calendar of HIV- and AIDS-related events;
 - electronic newsletter subscriptions;
 - listserv for HIV and AIDS professionals; and
 - enquiry and literature search services.
- b. **Good Practices Evaluation:** Criteria are needed to guide the appraisal of HIV & AIDS teaching and learning resources used in schools for HIV & AIDS education and to help decide what should be taught and which the efficient ways to teach are. The International Bureau of Education (IBE) has established such criteria with a group of national and international experts from other UN organizations (in particular UNICEF and WHO), curriculum developers from all over the world, bi-lateral development agencies and other UNESCO divisions and offices. The appraisal criteria are designed primarily for professionals working in the area of curriculum development, implementation and evaluation of HIV & AIDS education. In addition, any other education specialists, especially teachers and researchers, can make use of the criteria when, for example, assessing which material is most appropriate for their needs and purposes. These criteria may be used to evaluate one's own material in order to improve it, select existing material, adapt existing material to one's own context, needs and resources or develop new material. IBE has developed three

⁵¹ Details available on <http://www.open.uwi.edu/pre-university-professional/diploma-health-family-life-education-hfle-instruction> Accessed on 8th January, 2013.

separate sets of criteria with which to appraise three distinct kinds of educational materials, namely material for teachers, learners and material for teacher training.

- c. **Capacity Building for HIV & AIDS Curriculum Development:** IBE develops its capacity-building programme for HIV & AIDS education in partnership with the field and in the framework of EDUCAIDS and the UNESCO strategy for HIV & AIDS Education. IBE works as well in close collaboration with Ministries of Education, UNAIDS co-sponsors and UNESCO education sector. IBE training seminars and workshops aim at building capacity by promoting the exchange of existing good practices at a regional and country levels , developing training modules for use adaptation by others and developing and applying tools to guide the development and implementation of good practices for HIV & AIDS curriculum and teaching and learning material development
- d. **IBE Publications:** The International Bureau of Education (IBE) is the UNESCO institute specializing in educational contents, methods and structures. IBE publications relating to curricula development and publications on HIV/AIDS are valuable resources.

The UNICEF publication 'Reflections' shares voices of students and educators involved in HFLE in the Eastern Caribbean. UNICEF has put together a teaching kit for teachers to assist with the delivery of HFLE. This kit comprises of posters, videos, DVDs, bookmarks, scriptographic booklets on topics such as decision making; values, dealing with peer pressure among other topics. There are also books on topics related to HFLE and a curriculum guide with sample lessons.

In response to the need for professional development in terms of enhancing the delivery of HIV and AIDS prevention education in the context of the CARICOM HFLE Framework, EDUCAN with the support of the UNESCO Kingston Cluster Office for the Caribbean and other partners organized a two - day life skills training workshop in St. Lucia. (March 2008).⁵² An online collaborating space utilizing SharePoint has also been established for the Caribbean Education Sector HIV Coordinator Network. Note - **EDUCAN** had also been instrumental in hosting a website for capacity building in the education sector where materials, tools and resources related to the education sector's response to HIV/AIDS were collated. However this project has since ended. ,

⁵² Working Document for the Eighteenth Meeting of the Council for Human and Social Development (COHSOD) – Education and Health, Montego Bay, Jamaica. 4 June 2009.

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, UNICEF, WHO and the World Bank led to **Focusing Resources on Effective School Health (FRESH)**. One of the four core components of an effective school health program, suggested by FRESH includes 'Skills-based health education: including curriculum development, life skills training, teaching and learning materials.'⁵³

e. HFLE Working Group Meetings:

The HFLE Working Group meetings are yet another strategy to strengthen the capacity of educators involved in imparting HFLE through sharing their challenges and successes in implementing HFLE. Each year CARICOM brings together HFLE coordinators in each country to discuss issues related to the implementation and delivery of HFLE.⁵⁴

The strategies detailed above are illustrative of the attempts and efforts in strengthening capacity of HFLE educators in the CARICOM nations, but are by no means exhaustive. Continued and sustained efforts by the CARICOM Secretariat, regional and national commitments and involvement of international partners have resulted in a giant leap in the delivery of HFLE in the region. However, there have been challenges particularly at the implementation level that need consideration. The next section highlights some of the major challenges to the capacity building of HFLE teachers in the Caribbean.

7. Challenges to capacity building of HFLE teachers:

A rapid survey of 13 Caribbean countries 'Strengthening the Education Sector Response to School Health, Nutrition and HIV/AIDS in the Caribbean Region' indicated that in 12 of the 13 countries, teachers were trained in life skills education. The report cited that there is a high level of teacher training provided for life skills education and in relation to delivering HIV prevention messages in the countries of the Caribbean. It argued that the **training however, was provided in-service and not as a substantive component in preparing teachers pre service** for teaching careers. It recommended that there was a need to focus on ensuring that skilled teachers be equipped with sexuality training.

⁵³ O'Connell,T., Venkatesh,M. and Bundy,D. (2009). Strengthening the Education Sector Response to School Health, Nutrition and HIV/AIDS in the Caribbean Region: A Rapid Survey of 13 Countries- Antigua, the Bahamas, Barbados, Belize, Dominica, Grenada, Guyana, Jamaica, Anguilla (Joint British & Dutch Overseas Caribbean Territories), St. Kitts & Nevis, St. Lucia, St. Vincent & the Grenadines, and Trinidad & Tobago. March 2009. EduCan, EDC, PCD, The World Bank and UNESCO.

⁵⁴ UNICEF. (2009). Reflections. June. BECO: UNICEF..

Some challenges highlighted in the 2009 evaluation study titled, ‘ Strengthening Health and Family Life Education in the Region: The Implementation, Monitoring, and Evaluation of HFLE in Four CARICOM Countries’ indicated a need to strengthen capacity of HFLE educators to achieve the desired outcomes. The study reported that virtually all teachers (90%) in both intervention and comparison schools—**wanted additional training on HFLE**. Despite the enthusiasm with the Core Curriculum, one of the dominant concerns expressed by many teachers was **inadequate classroom experience, or any experience using the pedagogic, interactive strategies** that are integral to the Common Curriculum. Planned analyses, comparing matched pairs of schools, reveal no pattern of significant positive effects of the Common Curriculum on Form 3 students' self-reported attitudes, behaviours, and skills in health domains related to the themes of Self and Interpersonal Relationships and Sexuality and Sexual Health. Multiple outcomes were examined, including peer norms, attitudes, and refusal skills related to substance use, violence, and sex; lifetime and recent reports of risk behaviours; HIV/AIDS related knowledge and stigma; and self-reported life skills related to interpersonal relationships, sexual relationships, and help-seeking from adults. Findings from additional descriptive and multivariate analyses provide similar results. The study attributed this to a variety of reasons, an important one related to implementation as well as limited experience of teachers in the delivery of the Common Curriculum.

Another limitation cited was that there was **no systematic collection of data on such variables as what lessons—or pedagogy—worked best or were preferred by teachers**. The study called for support to maximize the success of dissemination and provide the infrastructure needed for full delivery. Support with resources and training is crucial given the sensitivity of much of the content covered and the fact that many teachers had not previously led interactive, participatory exercises. The evaluation also documented the **importance of providing a standardized curriculum**. The availability of a fully scripted curriculum facilitates lesson delivery in a way that a Regional Curriculum Framework alone does not. This is especially important when, as is often the case, there is teacher turnover and many teachers assigned to HFLE have limited experience either with the content or pedagogy. The study recommended that it is important to learn from and attend to the realities of what happens in classrooms, and how teachers can be best prepared and supported in the delivery of life skills-based health education⁵⁵.

⁵⁵ Constantine, C., Stueve, A., O’Donnell, L., Agronick, G. and Vince-Whitman, C. (2009). Strengthening Health and Family Life Education in the Region: The Implementation, Monitoring, and Evaluation of HFLE in Four CARICOM Countries. Barbados:UNICEF.

Teachers have reportedly been using several other resources along with the Regional Curriculum Framework and / or the Core Curriculum. Schools reportedly utilize both a curricular and a peer-education approach in order to deliver important life skills education.⁵⁶ Teachers have continued **expressing a need for resource materials, teaching activities and most of all the lack of confidence to teach the subject.**⁵⁷ The Evaluation of the HFLE Longitudinal Study observed that implementation issues were a major factor in all pilot countries and amongst other factors, teacher training is critical to success, given the sensitivity of the content and limited experience of teachers in handling sensitive topics and participatory methodologies. The results of the survey pointed that teachers were uncomfortable in teaching sensitive topics within the HFLE Curriculum and there is a need for adequate training and the need for developmentally appropriate teaching materials to be able to effectively deliver the sensitive components, particularly under the theme ' Sexuality and Sexual Health'⁵⁸

As part of a sub- grant from PANCAP's Global Fund Round 9 project, EDC examined the barriers to implementing life skills-based HIV education and working with Health and Family Life Education (HFLE) focal points of 10 Caribbean countries to address the identified barriers. A survey was administered to 200 school principals representing urban and rural as well as public and private primary and secondary schools in 10 Caribbean countries. The results served as a baseline measure of the barriers to implementing life skills based HIV education in the region and as a starting point for planning tailored interventions for the region and the participating countries. The baseline measures were compared to results after the work with HFLE Focal Points to reduce those barriers, to examine if there had been a reduction in those barriers over the course of the sub-grant. Results indicated that some schools claimed that life skills-based HIV education is infused in the curriculum and taught by all teachers in all classes or in specific subjects. Other schools have life skills-based HIV education interjected at indeterminate times during other classes or as a whole school effort for a short period of time, but not timetabled. There is a **wide range of curricula used.** However, it is unclear whether some of the curricula named were adaptations of the CARICOM HFLE

⁵⁶ O'Connell,T., Venkatesh, M. and Bundy,D. (2009). Strengthening the Education Sector Response to School Health, Nutrition and HIV/AIDS in the Caribbean Region: A Rapid Survey of 13 Countries- Antigua, the Bahamas, Barbados, Belize, Dominica, Grenada, Guyana, Jamaica, Anguilla (Joint British & Dutch Overseas Caribbean Territories),St. Kitts & Nevis, St. Lucia, St. Vincent & the Grenadines, and Trinidad & Tobago. March 2009. EduCan, EDC, PCD, The World Bank and UNESCO.

⁵⁷ UNICEF, Guyana and Suriname country office. (2012). Evaluation of the Health and Family life Education (HFLE) Life Skills Based Curriculum Pilot Programme as a timetabled subject (TOR).

⁵⁸ Working Document for the Eighteenth Meeting of the Council for Human and Social Development (COHSOD) – Education and Health, Montego Bay, Jamaica, 4 June 2009.

Curriculum Framework or originated by individual National Ministries of Education. Other materials listed are not curricula at all but resource sheets or information compiled by school counselors, teachers, HFLE Coordinators, and other school staff from the internet, books, religious teachings, and other sources.⁵⁹ Annexure 5 lists examples of the various HFLE resources used to teach HFLE in the Caribbean.⁶⁰

Another barrier that was highlighted was the **lack of availability of resources to support teacher training in life skills-based HIV education**. Only 35% of schools overall had financial resources available to support teacher training. Guyana (18 out of 19) and Barbados (15 out of 20) led in the number of schools that had financial resources whereas Antigua & Barbuda (17) and Dominica (13) did not report any schools that had financial resources. Two out of 13 schools in Bahamas, 9 out of 15 schools in Grenada, 1 out of 15 schools in Jamaica, 1 out 12 schools in St. Lucia, 1 out of 11 schools in St. Vincent and 8 out of 20 schools in Suriname, reported having financial resources to support teacher training.

One of the highest rated barriers to implementing life skills-based HIV education indicated by principals included a **lack of appropriate teaching and learning resources to support HFLE**. Respondents indicated that barriers related to the existence of a national HFLE curriculum that is in alignment with the Regional Curriculum Framework and the use of participatory teaching styles, are of lesser concern. Other related barriers included **lack of teacher training, lack of resource persons, inadequate curriculum for HIV, inadequate seminars and workshops, lack of resource centre, lack of materials, absence of specialized HFLE teachers, lack of resources/models/videos/DVD and little knowledge of the Life Skills based approach** amongst others. In terms of the country specific barriers identified by the baseline survey in 2011, one of the most prevalent barriers to implementing life skills based HIV education was the lack/insufficiency of teaching/learning resources. The study indicated that all the countries⁶¹ except Barbados, Suriname (no learning/teaching resource need) and Grenada and St Vincent (to a lesser extent), identified a barrier in terms of teaching learning resources.

⁵⁹ Wang.A. (2012).Barriers to Implementing Life Skills-Based HIV Education in the Caribbean Baseline Survey Results. Report for EDC and CARICOM.

⁶⁰ Wang.A. (2012).Barriers to Implementing Life Skills-Based HIV Education in the Caribbean Baseline Survey Results. Report for EDC and CARICOM.

⁶¹ Antigua and Barbuda, The Bahamas, Dominica, Guyana, Jamaica, St.Lucia

A study by UNICEF in 2006 titled 'HFLE in Caribbean Schools New Approaches, Prospects and Challenges'⁶² outlined the progress of the CARICOM Multi-Agency HFLE project in the Caribbean region and detailed the strategies and challenges encountered in bringing the HFLE programme to scale. One of the key strategies to feed into the programme continues to be the development of materials, resources and enhancing the delivery skills of teachers. It aims to develop and distribute comprehensive life-skills based HFLE teaching materials in all primary and secondary schools. The emphasis is on making the material attractive in design, innovative in the presentation of ideas and build on existing resources among other things. Though material building continues with the aim to meet the changing needs, the study highlighted **the challenge of availability of adequate materials to support student and teacher HFLE learning process as well as challenges with the teacher training process.** The one critical success factor identified included trainers sharing their knowledge with other teachers and community workers. The study recommended additional resources be developed for teachers as support.

Yet another evaluation titled 'Global Life Skills Education Evaluation'(2012) conducted for UNICEF by Education for Change, reported that though external support from partners such as UNICEF has resulted in the availability of sufficient and high quality materials, there have been **challenges in sustaining it in scaling up interventions or distributing it effectively at national levels.**⁶³

Another study highlighting the challenges, titled 'Evaluation of the Health and Family Life Education in Jamaica'⁶⁴ intended to evaluate the progress and the impact of the implementation of the HFLE curricula in primary and secondary, public and private schools in Jamaica, with focus on the impact of life skill teaching on the knowledge, attitudes, behaviours and practices of adolescents exposed to the revised curriculum and the quality and effectiveness of teacher training and performance in the delivery of the life skills methodology for the four curriculum themes, amongst others. The survey was conducted in 14 schools fully implementing the HFLE program, which were matched with 14 Non-HFLE schools across Jamaica. 16 teachers from HFLE schools and 15 from Non-HFLE schools completed the questionnaire, responding to the varied challenges to implementing HFLE. Sixty percent of the teachers in HFLE schools and 69% in non-HFLE schools reported challenges related to sufficiency of materials being as "high" or "very high."

⁶² UNICEF.(2006). HFLE in Caribbean Schools New Approaches, Prospects and Challenges. Barbados: UNICEF. Barbados.

⁶³ E/C GLSEE team. (2012). Global Life Skills Education Evaluation: Draft Final Report (February). UNICEF.

⁶⁴ Tindigarukayo, J.K. (2010). A Final Report on Evaluation of the Health and Family Life Education in Jamaica. Ministry of Health, Ministry of Education. Jamaica: UNICEF.

Seventy five percent of the Principals in HFLE schools reported the supporting materials were adequate or very adequate as compared to 0% in non-HFLE schools. Only 14 % in HFLE schools and 8% in non-HFLE schools reported inadequate resource materials. This indicates that principals in many situations may not be aware of the challenges faced by teachers.

Whilst reporting on the challenges to implementation of the HFLE programme in their schools, 31 % from HFLE schools and 60 % from non-HFLE schools **reported a high or very high challenge relating to sufficiency of materials**. Only 27 % of teachers reported a lack of staff trained in HFLE schools as high or very high, as compared to 80 % in non-HFLE schools. In terms of Principals' evaluation of challenges to the delivery of the HFLE program the biggest challenge shared by both HFLE (57%) and Non-HFLE (92%) schools was **lack of sufficient trained HFLE staff**. Twenty seven percent of teachers in HFLE schools considered challenges related to the controversial nature of topics taught in HFLE program to be high or very high as compared to 43% in non-HFLE schools. Principals' recommendations for improvement in HFLE implementation in the descending order of importance included a need for additional trained personnel to work in supporting the HFLE program, followed by need for adequate material resources to support the HFLE program and HFLE program be introduced at teachers' colleges, amongst others. A number of teachers complained about lack of materials to enable them teach different themes of the HFLE program as highlighted below.

A summary on experience with teaching the four HFLE themes

"The only difficulty I have is that when it referred you to some of the support materials to teach the topic, those materials are not ready".

"What happened for me is when I am doing the assessment part, sometimes the materials that are there I cannot find them, so I have to change activities".

Summary of responses of elite interviews with teachers reflecting the crunch of materials .

"Materials are limited. Teachers have to source materials and are sometimes unable to find them. If the ministry were to ensure that schools have all materials, then this challenge could be overcome."

“Teachers should get more training and the MOE should have follow-ups. There is already a packed teaching curriculum and it is difficult to insert HFLE in that curriculum.”

While most teachers reported a high level of motivation to teach HFLE, mainly because of its positive impact on children, some of them felt that the **MOE is not supporting the HFLE program effectively, especially in relation to timely provision of required teaching materials.** They reported that materials were limited and they had to source them and at times were unable to find them. Teachers' focus group discussions indicated that a number of teachers complained about lack of materials to enable them to teach different themes of the HFLE programme. The reasons cited have been reproduced below.

Responses of teachers during the focus group discussions regarding **reasons for challenges with the materials from the MOE to implement the HFLE program:**

- “Sometimes there may be delays in the procurement of the documents.”
- “There are sometimes issues with the material reprint. Grade 1-3 curriculum guides and CDs run out a lot.”
- “Teachers were told that materials were short from the beginning of the school term because of copy-right infringements”. They were also told “they could call or collect materials from the regional office. They just need to put in a request”.
- “Possible tardiness of school” may account for complaints about materials in the schools. “The schools are told to make contact if they are short of the distributed materials”.

Teachers felt that if the MOE was to ensure that schools have all materials then this challenge could be overcome. Another reported challenge was teachers **feeling uncomfortable in teaching some topics.** Considering the challenges encountered with the availability of materials, the study recommended that shortage of resource materials should be relieved to enhance proper implementation and to provide a supportive environment for the delivery of the curriculum. Suitable materials and resources should also be developed for children with special needs.

Considering the concerns expressed by teachers in teaching sensitive topics, as well as the dearth of supporting materials, COHSOD was invited to note the concerns and further discuss the issues related to teacher training for delivery in the Caribbean, including the development of a Regional training manual. It also called to support efforts of the CARICOM Secretariat to enhance teacher effectiveness in the delivery of the HFLE Curriculum in Member and Associate States⁶⁵. The revised Regional Framework of Action for Children outlines one of its priority actions for 2008-2011 that “each school student receives a minimum of 30 hours of HFLE lessons per year”⁶⁶. Considering the challenges experienced by teachers, indicated in the section above, there are definite concerns regarding the implementation of this action.

⁶⁵ Working Document for the Eighteenth Meeting of the Council for Human and Social Development (COHSOD) – Education and Health, Montego Bay, Jamaica, 4 June 2009.

⁶⁶ Working Document for the Eighteenth Meeting of the Council for Human and Social Development (COHSOD) – Education and Health, Montego Bay, Jamaica, 4 June 2009.

II. Developing a strategy for strengthening the capacity of teachers to deliver HFLE in the Caribbean:

The review presented an overview of the status of HFLE delivery in the Caribbean, particularly with an attempt to identify gaps and challenges with the need for resources to support professional development of HFLE teachers at all grade levels, stakeholders and partners. Introducing the concept of life skills and life skills education, and outlining the guiding principles, the standards and benchmarks, as a basis for developing a strategic framework for strengthening the capacity of educators/teachers in the delivery of HFLE in the Caribbean, it proceeded to look at the status of LSE in the Caribbean. It detailed existing resources in harnessing efforts to enhance teacher capacity which included Regional, National and Political Commitments, Curriculum Development, HFLE Teacher Training and access to teaching /learning materials and resources. It was observed that the Caribbean region has made strides in introducing and strengthening HFLE initiatives. Efforts at the regional and national levels have fueled significant development, with sustained efforts in the development of curriculum and resources to strengthen the capacity of teachers. Teacher training efforts have also expanded. However, despite these efforts challenges related to capacity building were evident. These included **challenges due to lack of skills** (increased need for training, particularly at the pre-service level and at periodic intervals, inadequate classroom experience, or any experience using the pedagogic, interactive strategies), **attitudinal challenges** (feeling uncomfortable in teaching some topics, particularly those related to 'Sex and Sexuality') and **challenges related to resources** (insufficient materials and resources, lack of timely provision of required teaching materials, discrepancies of distribution). A series of reviews of HIV/AIDS teaching and learning materials conducted by UNICEF in 1998 and 1999 in Latin America and the Caribbean; Asia and the Pacific; and East and Southern Africa indicated that a huge number of materials and variety of formats already exist; however, there is an urgent need to strengthen both the content of

these materials and the teaching and learning methodologies. Therefore, the priority is probably not to create more materials, but rather, to utilize what exists in much more effective ways.⁶⁷

The UNAIDS Inter Agency Task Team on Education specifies that teachers should be well-supported and prepared in teaching HIV prevention education. Strategies that emphasize characteristics of effective teacher development programs on HIV through LSE, identified by UNESCO include:

- Provide guidance and practice in the use of participatory methods
- Provide learning materials that are appropriate to the age, gender and culture of learners
- Use information and communication technologies (ICT's), radio and open and distance learning programmes
- Encourage community participation and support
- Offer ongoing encouragement through peer coaching, support groups and mentoring.⁶⁸

To ensure that standards and benchmarks are met, it is crucial to ensure that the capacity of teachers is strengthened through adequate pre-service and in service, periodic training in LSE, including the use of participatory and interactive teaching- learning methodologies. Efforts also need to go into ensuring that educators are provided with updated resources and materials and are informed about the standards and benchmarks for LSE delivery.⁶⁹

To address this need and to further promote effective teacher development programmes on life-skills based, comprehensive sexuality education, the UNESCO Kingston Cluster Office for the Caribbean, in collaboration with partners within CARICOM Regional Working Group on HFLE has proposed a programme of actions aimed to strengthen the delivery of CSE in primary and secondary schools in the Caribbean. These actions form part of the four years Programme of Work of the CARICOM Regional Working Group on HFLE, developed at the meeting of the group in April, 2011. To strengthen the delivery of comprehensive sexuality education (CSE) by supporting professional development of HFLE teachers, the

⁶⁷ UNICEF. (2002). HIV/AIDS Education: A Gender Perspective. Tips and Tools. New York: UNICEF. Retrieved on 3rd January, 2013 from http://www.unicef.org/lifeskills/files/UNICEF_Gender_HIV.Eng.pdf

⁶⁸ UNESCO. (2008). Educator Development and Support. Good policy and Practice in HIV and AIDS and Education. Booklet 3.(Booklet series). Paris, UNESCO.

⁶⁹ Working Document for the Eighteenth Meeting of the Council for Human and Social Development (COHSOD) – Education and Health, Montego Bay, Jamaica, 4 June 2009.

University of the West Indies, Open Campus through the Caribbean Child Development Centre (CCDC) has been commissioned to construct and manage an HFLE website, eventually to be hosted on the UWIOC's website to support HFLE school practitioners at all levels (pre-primary, primary and secondary), as well as stakeholders and partners.

The overall goal of the project is to promote effective teacher development programmes on life skills based, and comprehensive sexuality education in the Caribbean.

The specific aims of the consultancy are:

1. To consult HFLE teachers at the pre-primary, primary and secondary levels in the Caribbean and other stakeholders on the need for resources, and the preferred content and style of a website aimed at strengthening the quality of the delivery of HFLE in the classroom.
2. To develop a website for HFLE teachers and other stakeholders that features, inter alia, HFLE teaching and learning resources.
3. To document good practices in effective HFLE delivery, initially in 4 Caribbean countries: Jamaica, Barbados, St. Lucia and Grenada.
4. To manage, maintain and monitor the usage of the HFLE website.

The report proceeds to present collated data by the aims outlined above, whilst outlining the methodology adopted to achieve the specific aim, followed by a detailed report for each aim, outlined in sections. The project is still in the implementation stage and this report captures the ongoing activities and their outcomes till date. Hence this report focuses on the first three aims of the project. Ethical approval for the project was sought from the University of the West Indies, Ethics Committee and was duly granted.

III. Stakeholder survey outcomes

AIM 1:

To consult HFLE teachers at the pre-primary, primary and secondary levels in the Caribbean and other stakeholders on the need for resources, and the preferred content and style of a website aimed at strengthening the quality of the delivery of HFLE in the classroom.

The first aim of the project as outlined above, was to consult HFLE teachers at all levels in the Caribbean and other stakeholders on the need for resources, and the preferred content and style of a website with a goal of developing an user-friendly website, that can eventually assist in strengthening the quality of the delivery of HFLE in the classroom in the Caribbean. This consultation was carried out through an online survey administered to the concerned stakeholders. It was expected that the opinions emerging from this exercise would aid in addressing the unmet/existing need of stakeholders to foster HFLE, through the development of a regional HFLE website for the Caribbean. As a basis for developing a user driven website, the survey was administered to stakeholders including HFLE teachers, educators, focal points and members of the CARICOM HFLE Working Group.

Method:

HFLE focal points for countries in the Caribbean were identified by Permanent Secretaries in the Ministry of Education on request by UNESCO. Out of the eighteen countries in the Caribbean invited to participate, 12 responded to the request. One country (Suriname) dropped out due to manpower logistics, resulting in 11 countries participating in the project. The countries include Anguilla, Bahamas, Barbados, Belize, Dominica, Grenada, Guyana, Jamaica, St. Kitts and Nevis, St. Lucia, and St. Vincent and the Grenadines. The role of the focal points was envisioned to be that of core contact persons responsible for acting as a liaison between the research team at the Caribbean Child Development Centre, University of the West Indies, Open Campus and the Ministry of Education and the HFLE delivery team in each country.

Contact was made with focal points requesting them to provide list of HFLE educators for pre- primary, primary and secondary schools in their respective countries, with their emails. In cases where individual

email ids were not available, the focal points were requested to provide the list of emails for the Principals of those schools, who in turn would be forwarding survey to the respective HFLE teachers in the school. UNESCO also provided lists of other HFLE stakeholders that included members of the CARICOM HFLE Regional Working Group.

A survey was created and posted through Survey Monkey- a software that enables users to develop, administer and analyze surveys online. The survey questionnaire was designed to gather opinions from respondents about the features and content they would like to see on the website. The goal of this survey was to develop a user-friendly website that takes into consideration needs of its users and effectively attempts to address the same. The survey was administered online to 1219 respondents, across 12 countries. They were sent an email explaining how they were identified and what the survey entailed, followed by a link to take the survey (Annexure 8). The survey instrument is annexed (Annexure 9).

Of the 1219 emails sent, 200 bounced (failed to deliver to the recipients).. 152 persons responded to the survey by the 3 week deadline. The survey results were analyzed using simple frequencies and the outcomes from this opinion survey are presented in the section below. As mentioned earlier, the outcomes from the survey will guide the design and contents of the proposed HFLE website.

Survey results:

1. Demographic profile of respondents:

The respondent profile is presented in the section below. Table 2 shows the breakdown of respondents by country.

Table 2: Respondents by countries

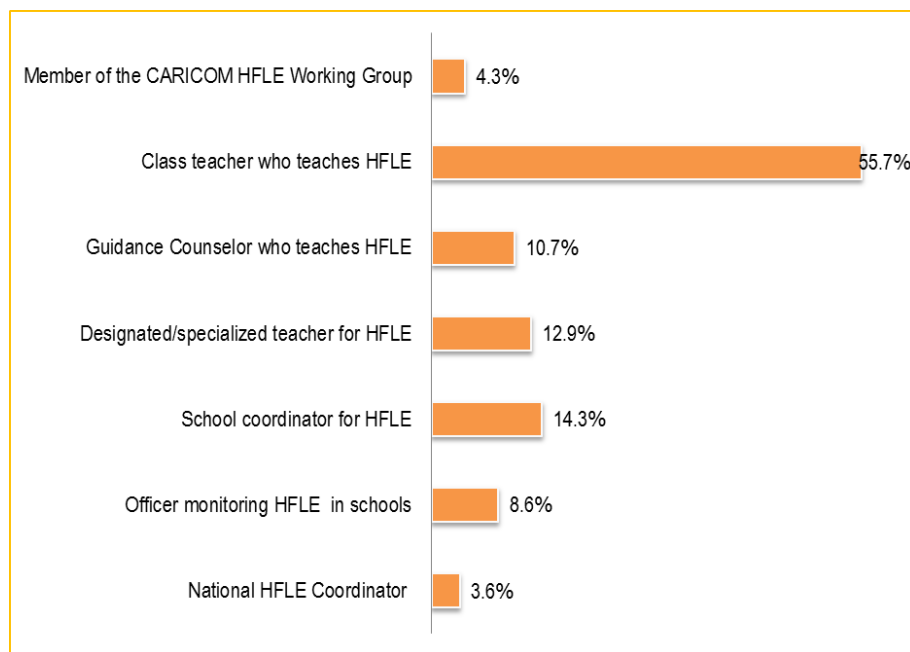
Countries	Response Percent
Anguilla	4.3%
Barbados	5.7%
Belize	17.9%
Dominica	9.3%
Grenada	5.0%
Guyana	5.0%
Jamaica	15.7%
St. Kitts and Nevis	4.3%
St. Lucia	14.3%
St. Vincent & the Grenadines	9.3%
Suriname	0.7%
The Bahamas	8.6%
	100

Maximum respondents were from Belize, followed by Jamaica and St. Lucia. The table does indicate that the several countries in the region were represented, which is crucial given that the website is expected to serve the region. As mentioned above, Suriname opted out of the project due to human resource constraints. Therefore, the one respondent from Suriname was a member of the CARICOM HFLE Working Group.

Eighty seven percent of the respondents were females. The age group between 35-44 years was maximally represented (42.2%), followed by persons between the ages 25-34 years (24.4 %). Of those responding to the survey, 20% of the persons were between the ages 45-54 years, 6.7% were under the age of 25 years and 6.7% were over 55 years.

The respondents were essentially HFLE stakeholders working at different levels within the HFLE delivery system. Chart 1 below indicates the representation of the varied stakeholders in the survey.

Chart 1: Representation of HFLE stakeholders*



*Multiple choices possible

As evident from the chart 1 above, the maximum respondents (55.7 %) were class teachers teaching HFLE. Several stakeholders within the HFLE implementation system were also represented. Besides the categories included in the survey, some persons responding were also in the positions of school principals, school administrators coordinating, monitoring and assisting teachers with the HFLE delivery in schools, HFLE master trainers and curriculum development officers.

The analysis further indicated that of the total respondents, 87.9% were involved in teaching HFLE at varied grade levels including pre-primary, primary, secondary and tertiary. Tertiary institutions referred to vocational institutions as well as colleges. The remaining 12.1 % were not involved directly in teaching of HFLE.

2. Suggested teaching-learning resources:

The respondents were asked for their suggestions on the possible resources for teachers of HFLE, as well as for students, that the proposed website could include. The responses are presented in table 3 (resources for teachers) and table 4 (resources for students) below:

Table 3: Resources for teachers

Resources for teachers*	Response Percent
• Manuals	66.7%
• Curricula	43.7%
• Curriculum guides	75.6%
• Sample lesson plans	85.9%
• Sample activities	87.4%
• Assessment rubrics	68.9%

*Multiple choices possible

As the table indicates, there was a high preference for sample activities (87.4%) followed by sample lesson plans indicating that teachers are seeking guidance at the implementation level. Some of the respondents proposed possible inclusions as additional teaching resources. These included audio-visuals resources, interactive resources for use by students and teachers and shared resources. Box 1 captures the responses:

Box 1: Additional Teaching Resources Suggested by Respondents

AUDIO – VISUAL RESOURCES:

"Movies and songs that are suited for teaching specific topics"

"Teaching/Learning aids including charts and pictures"

" Sample videos and power point presentations"

" Available audio/ video clips to support all themes and videos of HFLE lessons on specific areas, particularly sexuality "

" Lesson demonstrations (audio-visual) "

INTERACTIVE RESOURCES:

“ Worksheets”

“ Interactive activities, including games for students to reinforce lessons”

“ Short videos on steps to create sample portfolios and suitable charts /aids ”

“ Online support from HFLE advocates”

“Simulation kits”

“ICT integrated lessons”

SHARED RESOURCES AND NETWORKING:

“ Links to relevant and useful websites for resource materials and to enhance delivery”

“ Material of similar situations faced by teenagers of different cultures”

“ Statistical reports with reference to health status in the region”

“ Studies done with reference to effect of HFLE teaching on schools and society (if any)

“ Link to other websites that can enhance delivery ”

“Stakeholder networks”

Table 4 presents the suggested resources for students to be added on the proposed website. Workbooks were highly recommended (92.6%).

Table 4: Resources for students.

Resources for students*	Response Percent
Readers	63.2%
Workbooks	92.6%
Sample assignments	65.4%
Portfolios	50.7%

*Multiple choices possible

Box 2 captures additional comments by respondents. As evident from the responses, suggestions largely emphasized the need for audio-visual and interactive resources, which students use, so as to reinforce classroom learning of HFLE. The responses also indicate the need for resources encouraging participatory learning, consistent with the life skills learning approach.

Box 2: Additional Resources Proposed for Students.

“Sample activities for students including games, songs, videos, movies that would help with children’s development and better reinforcement of HFLE”

“Projects and activities to engage in for reinforcement”; “Coloring worksheets for lower grades”

“Interactive, games, puzzles, word search, quizzes for each level”

“Appropriate photos, diagrams pertaining to HFLE for all grade school levels”

“Simplified posters to depict the steps for specific Life Skills”

“A chat room where students can ask questions and/or discuss issues”

“Case studies, scenarios for role plays, songs related to HFLE”

“Text Books, sample written tests sample brochures, sample portfolios “

Consistent with the data from the earlier responses, (i.e. Boxes 2.1 and 2.2) the table (2.3) below indicates high preference for audio-visual teaching aids and materials (93.4%), followed by resources for participatory and interactive teaching (72.3%).

Table 5: Other HFLE Resources suggested for the website

Other HFLE resources*	Response Percent
Resources on participatory and interactive teaching methods	72.3%
Audio-visual teaching aids and materials (e.g. videos, posters, pamphlets)	93.4%
HFLE related publications (e.g. Technical reports, policy briefs/frameworks, research publications)	44.5%

*Multiple choices possible

Besides the teaching- learning resources, respondents were asked about additional content that they would like to see on the website. As table 5 shows, 90.4% of the respondents indicated that they would want to see good practices in HFLE delivery in schools featured on the proposed HFLE Regional website.

Table 6: Additional contents suggested on the website

Additional contents suggested*	Response Percent
<ul style="list-style-type: none"> • Good Practices in HFLE delivery in schools (showcasing innovations and experiences of HFLE teachers and Ministries of Education across the Caribbean) 	90.4%
<ul style="list-style-type: none"> • Calendar of events (e.g. national and regional meetings, workshops relevant to HFLE) 	60.3%
<ul style="list-style-type: none"> • HFLE News (current happenings and commentary on national and regional HFLE actions) 	70.6%

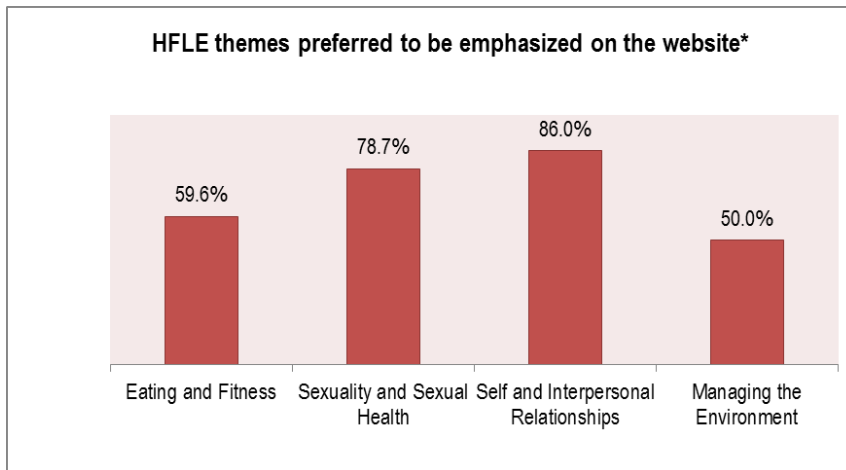
*Multiple choices possible

Respondents also perceived the website as a possible platform to showcase and share varied activities and initiatives, particularly those done by children such as the ones listed below.

- ***“Posters on competitions done by children, interactive games”***
- ***“Interactive students' portal”***
- ***“Showcasing students work- projects, group assignments”***
- ***“Annual events that can also be highlighted in country via schools thus creating greater awareness.”***

The Regional Framework for Health and Family Life Education in the Caribbean focuses on four core themes. The respondents were asked of their preferences in terms of the emphasis. Chart 2 reflects the theme preferences chosen by the respondents.

Chart 2: HFLE Themes suggested to be emphasized



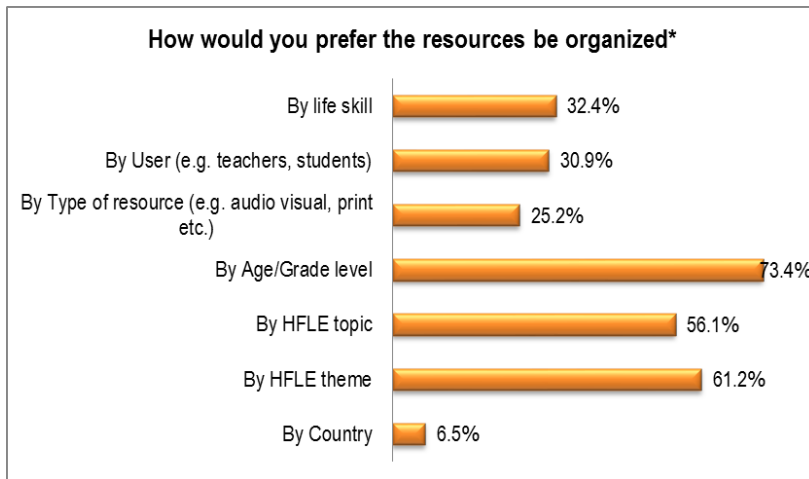
*Multiple choices possible

As the chart above indicates the respondents expressed a higher preference for emphasis on the theme of self and interpersonal relationships followed by sexuality and sexual health. Perhaps these themes are perceived as those requiring priority, particularly in the school set up but pose challenges in terms of available resources, including materials and skills to deal with the same.

3. Features and layout of the website:

Respondents were also asked for their preferences in terms of how they would like to see the content organized, arranged and related features to be included. Chart 3 shows opinions of respondents regarding how they would like the resources to be organized.

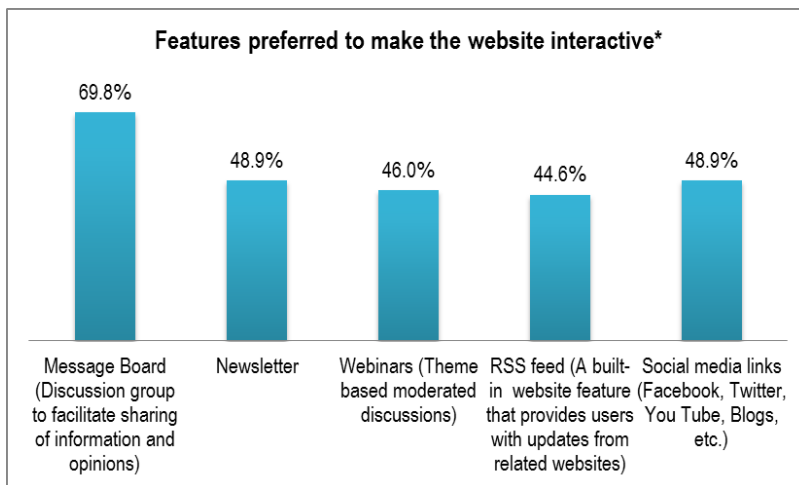
Chart 3: Organization of resources on the website



*Multiple choices possible

The highest preference was that resources be organized grade-wise, i.e. Pre-primary, Primary and Secondary, followed by organization by thematic areas. Chart 4 collates data on features suggested to make the website interactive. 69.8% respondents indicated a high preference for a message board, providing an opportunity for discussions with other HFLE stakeholders.

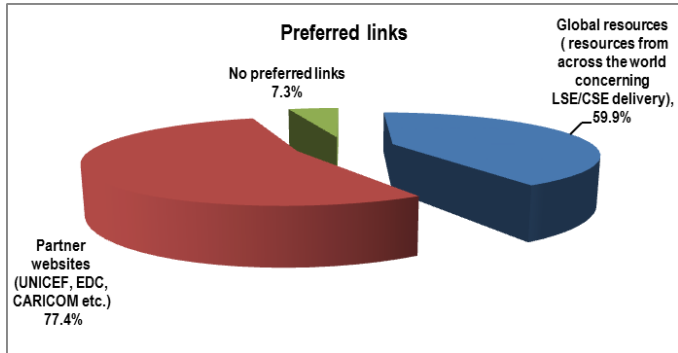
Chart 4: Suggested features for an interactive website



*Multiple choices possible

As following charts (5, 6 and 7) represent additional features/options that respondents shared their opinions about. Chart 5 indicates that persons would like to have links to partner organisations (77.4%), as well as to global resources (59.9%). Eighty nine percent of the respondents also expressed willingness to subscribe to a listserv that would enable them to receive regular updates pertaining to the website (Chart 6). Eighty five percent of the respondents expressed a willingness to contribute to the website, as indicated by chart 7.

Chart 5: Suggested links on the website



*Multiple choices possible

Chart 6: Option to subscribe to a listserv.

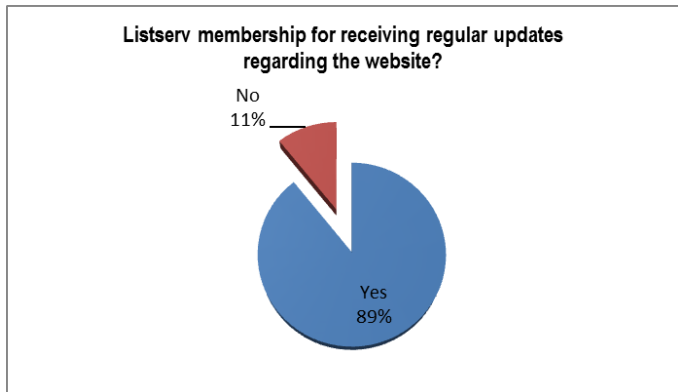
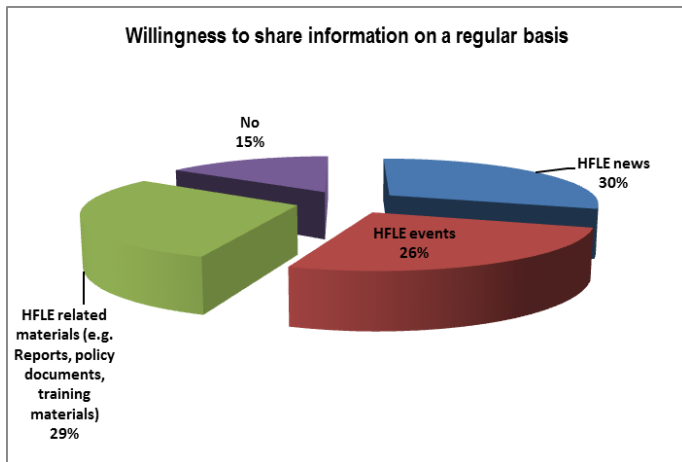


Chart 7: Sharing of information for the website



34 respondents shared their opinions regarding the proposed initiative of developing a regional HFLE website for the Caribbean. Some of these are encapsulated in box 3 below. As the responses indicate, the proposed HFLE website is envisaged as a much needed, timely initiative by the respondents who took the survey.

Box 3: Respondent opinions on construction of a regional HFLE website for the Caribbean.

"The website should be very interactive, user-friendly and attractive".

"Whatever work is done to enhance HFLE among our youth must include various activities/experiences promoting the life skills. Students seem to have difficulty applying these skills."

"It would be excellent if this is accomplished we really need it. Great proposal, keep it alive."

"Please ensure that the website is student friendly".

"I believe that this is a wonderful initiative, too many years has HFLE been ignored especially at the primary level. Through this new websites, teachers are really going to get the extra boost they need in teaching HFLE."

"This is an urgent undertaking!"

"The information on the website should be based on country/Caribbean experiences mainly. Although information may be necessary from outside at times, we should base HFLE on more country/Caribbean life. We need statistics from within our own region."

"Please continue to raise the awareness of the need to teach HFLE in all schools. Increase interaction with teachers of other countries to help enforce the importance of teaching Health and Family Life in Schools."

"Workshops with teachers to help improve the website would be really great. It will also help teachers know what other teachers do, that help them a lot".

"Please ensure the website is appealing and easy to use and "get to"

"Have books of students work published from different schools"

"Great initiative so far. I am looking forward to being part on this website. It is my hope that this will be maintained very well with information being up-to-date. Also looking forward to being an interactive user of the site"

4. Summarizing the outcomes of the survey

The present survey sought to consult HFLE teachers and stakeholders in the Caribbean on the need for resources, and the suggested content and style of a website with a goal of developing a user-friendly regional HFLE website, which can eventually assist in strengthening the quality of the delivery of HFLE in the classroom in the Caribbean. Twelve countries from the region were represented, with respondents essentially being HFLE stakeholders, the majority of them involved in teaching HFLE.

The teaching learning resources suggested for the website included sample lessons and activities for teachers and workbooks for students, indicating a greater need for activity based resources and not merely information. Respondents emphasized the need for audio-visual resources as well as interactive resources. Sharing of good practices of HFLE delivery in schools that would showcase innovations and experiences of HFLE teachers and Ministries of Education across the Caribbean, were on high priority to be included on the proposed website. The need for emphasis on the themes 'Self and Interpersonal Relationships' and 'Sexuality and Sexual Health' was dominant.

A high preference was indicated for organizing the information on the website based on the HFLE themes and grade-levels. Features which emerged as popular included provision for a message board, links to

partner websites and the possibility for the users to share content online. There was high interest to subscribe to a listserv to receive regular updates.

The respondents expressed enthusiasm regarding the proposal for a regional HFLE website, emphasizing that the website is a much needed-timely initiative. The need for having it to be interactive, attractive and user -friendly, was strongly emphasized.

The goal of the survey exercise was to guide the features and content on the website to address the needs of its potential users and eventually construct and host a user friendly regional HFLE website for the Caribbean. Based on the survey outcomes, the project team proceeded to design a draft layout for the website. The following section details the process of developing the draft design for the website.

IV. Progress on the website design

AIM II

To develop a website for HFLE teachers and other stakeholders that features, inter alia, HFLE teaching and learning resources.

Guided by the survey outcomes detailed in the earlier section, the Caribbean Child Development Centre project team is working closely with a Web Developer to construct the said website. Terms of reference were developed to contract a Web Developer for this project (Annexure 10). The web developer was recruited following an interview. Outcomes from the survey were then discussed with him to assist him in designing the draft website design. Based on this, as well as inputs from the project team regarding the goal of the website, the web developer has submitted a draft design for the website with sample contents and images. It is currently hosted on a free server and is in the process of being shifted to the UWI, Open Campus server. Following feedback and suggestions from UNESCO, as well as the stakeholders/prospective users regarding the design, features and layout, the team will proceed to incorporate the same and populate it with the available resources. Simultaneously, all the 11 countries have been sent a template form for documentation of resources for the multimedia library (Annexure 11). A permission form (Annexure 12) has been developed to authorize CCDC, UWI to post the resources on the website, which will be sent to the concerned individuals/organisations prior to publishing the resources on the website. CCDC is also in the process of seeking permissions for images and sourcing pictures from the UNESCO library as well as other sources which will be replacing the current images. The photos on the website right now are placeholders as CCDC does not have copyrights for these images.

The draft website design is available on the following link <http://mypro.comuf.com/drupal7/>

The website had been designed in DRUPAL 7 which is compatible with the Open Campus hosting. The Google Analytics feature has been incorporated to track the user activity on the website.

V. Documenting good practices in HFLE delivery

AIM II

To document good practices in effective HFLE delivery in four Caribbean countries: Jamaica, Barbados, St. Lucia, and Grenada.

One of the primary aims of this project is to document good practices in the HFLE delivery in the region, which will be subsequently featured on the website. It is expected that these will provide a framework and sample of what works within the Caribbean context. This will aid in assisting and encouraging HFLE educators to explore and experiment with methodologies, as well as provide additional resources to those already involved in adopting these practices. Using a conceptual framework guided by the UNICEF Standards and Benchmarks for LSE, the case studies from four countries in the Caribbean will be documented to reflect good practices in HFLE delivery. For the purpose of this project, the understanding of the term 'good practice', comes close to the following definitions.

*"A good practice is simply a process or a methodology that represents the most effective way of achieving a specific objective. Some people prefer to use the term 'good practice' as in reality it is debatable whether there is a single 'best' approach – and of course approaches are constantly evolving and being updated. So another way of defining a good practice is one that has been proven to work well and produce good results, and is therefore recommended as a model. ... The essence of identifying and sharing good practices is to learn from others and to re-use knowledge. The biggest benefit consists in well-developed processes based on accumulated experience."*⁷⁰

"Good practices distil innovative and validated approaches – be they in programming, advocacy or management. Identifying good practices is part of ongoing monitoring and evaluative processes. Good

⁷⁰ SDC Knowledge Management Toolkit (2004). Identifying and Sharing Good Practices. Retrieved on 2nd May, 2013 from <http://www.fao.org/knowledge/goodpractices/gp-definitionsandcriteria/gp-definitions/en/>

*practices can be assessed and documented using different methodologies with varying degrees of complexity and rigour. These methodologies can range from careful analysis of firsthand experience by programme managers and partners, to programme or management reviews, to more in-depth case studies and consultations. All good practices are an attempt to better understand what works (and what does not work!), how, why and in what conditions. Here good practices are distinguished from lessons from evaluation, which tend to be more explicitly substantiated".*⁷¹

The exercise of documenting good practices is an attempt to highlight HFLE delivery methods in the region, focusing on what schools are doing to enhance the implementation of health and family life education in the formal education system.

Method:

Four countries were identified for this exercise. These included Jamaica, Barbados, St. Lucia and Grenada. Four consultants were recruited, one in each of the countries, to undertake this activity, working closely with the respective Ministry of Education focal points designated for the countries. Terms of reference for the country consultants were developed (Annexure 13). Several tools have been developed for use in undertaking the activity. A process document and reporting template have been developed to guide the recording of details for schools with good practices in HFLE delivery across the four countries (Annexure 14 & 15). An assessment rubric has been developed, using standards and benchmarks set by UNICEF, to be used to select schools reflecting good practices in HFLE delivery for documentation (Annexure 16). Based on the scores obtained on the rubric, schools on the higher end of the scoring in the specific countries will be finalized in discussion with their focal points. Schools chosen for data collection will also be required to showcase a range of good practices in HFLE delivery in the country. Other tools developed include a semi-structured interview guide to be used to collect information from students in selected schools (Annexure 17), and consent and assent forms for potential students' participation in the data collection (Annexure 18 & 19).

⁷¹ UNICEF website. Evaluation and good practices. Retrieved on 2nd May, 2013 from http://www.unicef.org/evaluation/index_goodpractices.html

Status of Documentation in the four countries:

This section presents information on the situation with the initial phase of the activity which involves *identifying schools with good practices* to be documented.

ST. LUCIA:

The consultant has reported numerous challenges getting the relevant information to support her identifying a list of schools with good practices to be considered for the documentation, as the focal point is currently on maternity leave. The Secretary-General in St. Lucia's National Commission for UNESCO office has tried helping her access the relevant information/documents but with no success. Please see the report received from the consultant below.

“The implementation of this project has been plagued by several unanticipated delays, arising mainly out of a period of extended maternity leave of the local focal point person for HFLE. As a consequence, Saint Lucia has not been able to advance beyond the monitoring stage of the project. During the implementation phase of the project, the focal point was out of office and could not provide critical information, necessary to move forward with the execution of the project. Although a substitute focal person had been identified, owing to his unfamiliarity with the project, he has not been able to provide the support needed, including making available the relevant reports.

While still on maternity leave, the focal point advised that she had no documented information on best practices for HFLE in Saint Lucia. She indicated that, although, she had intended to initiate school visits in order to assess the teaching of HFLE in schools; these plans were halted when she proceeded on maternity leave.

Another related challenge is the fact that there is no documented National Policy on Health and Family Life Education; primarily because the subject is relatively **new** to the local school curriculum. Saint Lucia's school curriculum is very exam oriented and since HFLE is not a written CXC Examinations subject, there is no formal assessment done at the schools. In 2010 Saint Lucia was in the process of revising the HFLE curriculum, when the passage of Hurricane Tomas forced the inadvertent “de-reprioritization” of the process. To date, the anticipated curriculum revision has not been undertaken.

Commented [JB1]: Relatively new?

Commented [JT2]: The consultant from St. Lucia provided this information.

Despite these many delays, Saint Lucia remains fully committed to the implementing of the Health and Family Life Education program, and would wish to continue to be given the opportunity to participate in this project.”

GRENADA:

An initial list of schools has been identified. The Consultant in co-ordination with the focal point scored the list, which is compiled in table 7 below. However, the Consultant will no longer be able to continue with the consultancy due to personal reasons. The focal point has identified a potential replacement candidate and we are in discussion with the focal point to finalize the appointment.

Monitoring and Assessment strategy used in Grenada:
HFLE is monitored and assessed by informal methods which rely mainly on observations of teachers in classroom delivery, planning of lessons, implementation of projects and the enthusiasm and passion of teachers for that discipline.

As the monitoring and assessment of HFLE delivery is informal, the methodology adopted to identify the schools included in the list included selection of schools based on the following criteria:

1. Location that is rural or urban.
2. Involving schools from all the Education Districts throughout the island.
3. Population in terms of size.
4. Performance re: HFLE, Outreach and Partnering Initiatives.
5. Participation in projects.

Table 7: INITIAL SHORTLIST OF SCHOOLS FOR GOOD PRACTICES DOCUMENTATION IN GRENADA

NO	Name of school	Type	Location	Why this school is identified as high performing (Based on criteria related to MOE assessment)	Scores based on assessment rubric. This assessment is to be done in consultation with the focal point. (Break down by each standard and total score)					
					Std.1 (Max.Sc.8)	Std.2 (Max.Sc.8)	Std.3 (Max.Sc.14)	Std.4 (Max.Sc.8.)	Std.5 (Max.Sc.10)	Total Score (Max.Sc.48)
1	St. Andrew's Methodist	Primary	District 3	Use Ministry developed LSE programme/other resource materials	7	5	8	6	6	32
2	Belair Government	Primary	District 3	"	6	5	8	6	6	31
3	Telescope Primary	Primary	District 3	"	6	5	8	6	6	31
4	Mt. Rose Primary	Primary	District 2	"	6	5	8	6	6	31
5	St. Patrick's Anglican	Primary	District 2	"	6	5	8	6	6	31
6	St. Louis R.C. Girls	Primary	District 6	"	6	5	8	6	6	31
7	St. John's Anglican	Primary	District 7	"	6	5	8	6	6	31
8	Concord Government	Primary	District7	"	6	5	8	6	8	33
9	St. George's Methodist	Primary	District 6	"	6	5	8	6	6	31
10	South St. George's	Primary	District 5	"	7	6	8	6	8	35
11	Westerhall Secondary	Secondary	District 4	Use HFLE Text Book	7	6	12	5	6	36
12	St. Mark's	Secondary	District	"	7	6	12	6	8	39

NO	Name of school	Type	Location	Why this school is identified as high performing (Based on criteria related to MOE assessment)	Scores based on assessment rubric. This assessment is to be done in consultation with the focal point. (Break down by each standard and total score)					
					Std.1 (Max.Sc.8)	Std.2 (Max.Sc.8)	Std.3 (Max.Sc.14)	Std.4 (Max.Sc.8.)	Std.5 (Max.Sc.10)	Total Score (Max.Sc.48)
	Secondary		7							
13	St. John's Christian Secondary	Secondary	District 7	"	7	6	12	5	6	36
14	St. Rose Modern Secondary	Secondary	District 7	"	7	6	12	5	6	36
15	Wesley College	Secondary	District 5	"	7	6	12	6	6	37
16	Happy Hill Secondary	Secondary	District 5	"	7	6	12	5	5	35
17	St. Joseph's Convent Grenville	Secondary	District 3	"	7	6	12	5	5	35
18	St. Andrew's Anglican Secondary School	Secondary	District 3	"	7	6	12	5	5	35
19	Grenada Boys Secondary school	Secondary	District 6	"	7	6	12	5	5	35
20	Mac Donald College	Secondary	District 5	Use HFLE Text Book	7	6	12	5	5	35

Selected schools and proposed Schedule for visits

No	Name of school	Type of school	Address	Date to be visited
1	Telescope Primary	Primary	Teslescope, St. Andrew	Monday 9 th September 2013
2.	Mt. Rose Primary	Primary	Mt. Rose, St. Patrick	Tuesday September 10 th 2013
3	St. Patrick's Anglican	Primary	Sauteurs, St. Patrick	Wednesday 11 th September, 2013
4	St. Louis R.C. Girls	Primary	Church street, St. George's	Thursday 12 th September 2013
5	St. John's Anglican	Primary	Gouyave, St. John	Monday 16 th September, 2013
6.	Concord Government	Primary	Concord, St. John's	Tuesday 17 th September, 2013
7	St. George's Methodist	Primary	Queen's Park, St. George	Wednesday 18 th September 2013
8	South St. George Government	Primary	Springs, St. George	Thursday 19 th September 2013
9	Westerhall Secondary	Secondary	Westerhall, St. David	Monday 23 rd September 2013
10	St. Mark's Secondary	Secondary	Union, St. Mark's	Tuesday 24 th September, 2013
11	St. John's Christian Secondary	Secondary	Brothers, St. John	Wednesday 25 th September, 2013
12	St. Rose Modern Secondary	Secondary	Gouyave, St. John's	Thursday 26 th September, 2013
13	St. Joseph's Convent Grenville	Secondary	Grenville, St. Andrew	Monday 30 th September, 2013
14	Grenada Boys Secondary	Secondary	Tanteen, St. George's	Tuesday 1 st October, 2013
15	Wesley College	Secondary	Queen's Park, St. George	Wednesday 2 nd October, 2013
16	Mac. Donald College	Secondary	Sauteurs, St. Patrick	Thursday 3 rd October, 2013

BARBADOS:

The consultant initially reported meeting with the focal point to discuss the project. During a meeting on May 15, 2013, the focal point who is the HFLE Coordinator & Senior Education Officer, Ministry of Education, utilized her knowledge of HFLE delivery in the secondary schools in order to share her perspective on good practice. This perspective is based on the focal person's ongoing relationships with the Guidance Counselors, her knowledge of specific issues and challenges faced in each school, and her awareness of general professional training and HFLE specific training of delivery personnel.

During this meeting, the focal point indicated that each Guidance Counselor, often the *de facto* HFLE team leader, compiles and submits to the Principal a report on HFLE delivery at the end of each academic year. It was revealed that a reporting protocol had been designed and delivered to Guidance Counselors to facilitate this process. However, she admitted that she was unsure of the level of adherence to its utilization.

Based on the focal point's recommendations, the consultant contacted the Guidance Counselors of the eleven (11) secondary schools deemed to have good practice. The consultant emailed each Guidance Counselor introducing herself, reminding them of the project, and requesting a copy of the HFLE report submitted for the previous academic year. At this stage, an initial list for secondary schools was obtained but none for primary schools as reportedly primary schools do not use the Regional Framework and many of their HFLE teachers are not trained. It was suggested that she still provide an initial list of primary schools regardless of whether they use the Regional Framework and outline the basis on which the list was determined.

A Skype meeting was also convened with the focal point person and UNESCO to reiterate the proposed strategy going further as well as the challenges involved. As the consultant was not available for this meeting, the focal point proposed that she would meet up with the consultant and share the details and outcomes of the meeting, as well as discuss the strategy to move forward. The focal point was also sent a detailed write up on the proposed strategy for the good practices documentation as well as for listing of resources for the multimedia library.

Following this, the focal point and the consultant worked together to identify the initial list, including the primary schools, which they scored together using the assessment rubric. During this meeting on June 18,

2013, based on the focal point's knowledge of HFLE training and programme delivery in the primary schools, the consultant and the focal point were able to identify ten (10) primary schools deemed to have good practice. In this meeting, they also evaluated these 21 (11 secondary + 10 primary) schools using the Standards in the Assessment Rubric for Identifying Good Practices in HFLE Delivery (Please see tables 8 and 9).

Based on these outcomes, the primary and secondary schools ranked highest will be targeted for further study (See table 10). Based on the scores, seven schools were chosen to be documented as delivering HFLE good practices. Also at the 18 June 2013 meeting, the focal point suggested that she would coordinate with the schools to arrange for student groups in order to gather the necessary data, as she had an upcoming meeting with the Guidance Counselors.

On 20 June 2013, the consultant informed the focal point that it was her hope to have half of the student discussions that week and to complete the other half by Tuesday, 2 July 2013. In terms of these group discussions, she asked to have a mix of male and female, older and younger student participants. Because the academic year is about to end (and students are less busy, while teachers are busier), she preferred prioritizing student discussions at this time. For the student group discussions, the consultant proposes to utilize the semi-structured interview guide for learners, developed by CCDDC (Annexure 16). Once the student discussions are complete, the consultant plans to make arrangements to meet with/interview the HFLE team leader at each school individually and at their convenience.

Subsequent to the meeting on 26 June 2013, the consultant met with the focal point on 5 July 2013 to discuss in greater detail the list of schools identified as high performing, and to identify unique characteristics of each school (See table 11). The focal point has indicated that October is Education Month in Barbados, and many schools have already committed to specific events and will, therefore, be otherwise engaged and likely unavailable (reading weeks, health fairs, teacher appreciation, teacher professional days, etc.). Therefore, for Barbados, the best window for data collection in the schools is likely the last 2 weeks in September and the first week in October.

Table 8: Initial list of primary schools identified for possible inclusion for good practices documentation in Barbados.

No.	Name of the school	Type (Primary/ Secondary)	Location (Region, Rural/Urban)	Why this school is identified as high performing? (Based on criteria related to MOE assessments)						Total Score
					Std.1	Std.2	Std.3	Std.4	Std.5	
1	Cuthbert Moore	Primary	St. George; Central; Rural	Trained and highly motivated HFLE facilitator(s). HFLE consistently provided.	5	5	9	6	5	30
2	Erdiston Special	Primary	St. Michael; West Central; Urban	Trained and highly motivated HFLE facilitator(s). HFLE consistently provided.	5	5	7	8	7	32
3	Milton Lynch	Primary	Christ Church; South; Urban	Trained and highly motivated HFLE facilitator(s). HFLE consistently provided.	5	5	9	6	6	31
4	Reynold Weekes	Primary	St. Philip; South; Rural	Trained and highly motivated HFLE facilitator(s). HFLE consistently provided.	5	5	7	6	6	29
5	St. Ambrose	Primary	St. Michael; West Central; Urban	Trained and highly motivated HFLE facilitator(s). HFLE consistently provided.	5	5	7	6	5	28
6	St. Giles	Primary	St. Michael; West Central; Urban	Trained and highly motivated HFLE facilitator(s). HFLE consistently provided.	5	5	6	6	5	27
7	Vauxhall	Primary	Christ Church; South; Urban	Trained and highly motivated HFLE facilitator(s). HFLE consistently provided.	5	5	8	6	5	29
8	West Terrace	Primary	St. James; North- West; Urban	Trained and highly motivated HFLE facilitator(s). HFLE consistently provided.	5	5	7	6	6	29
9	Seventh Day Adventist	Primary	St. Michael; West Central; Urban	Trained and highly motivated HFLE facilitator(s). HFLE consistently provided.	5	5	10	7	7	34
10	Peoples Cathedral	Primary	St. Michael; West Central; Urban	Trained and highly motivated HFLE facilitator(s). HFLE consistently provided.	5	5	7	7	6	30

Table 9: Initial list of secondary schools identified for possible inclusion in good practices documentation in Barbados.

No.	Name of the school	Type (Primary/ Secondary)	Location (Region, Rural/Urban)	Why this school is identified as high performing? (Based on criteria related to MOE assessments)	Score based on assessment rubric. This assessment is to be done in consultation with the focal point. (Break down by each standard and total score)					
					Std.1	Std.2	Std.3	Std.4	Std.5	Total Score
1	Foundation	Secondary	Christ Church; South; Urban	Trained and highly motivated HFLE facilitator(s). HFLE consistently provided.	5	5	7	6	5	28
2	Combermere	Secondary	St. Michael; West Central; Urban	Trained and highly motivated HFLE facilitator(s). HFLE consistently provided.	5	5	7	6	5	28
3	Ellerslie	Secondary	St. Michael; West Central; Urban	Trained and highly motivated HFLE facilitator(s). HFLE consistently provided.	6	5	7	6	6	30
4	Frederick Smith	Secondary	St. James; North-West; Urban	Trained and highly motivated HFLE facilitator(s). HFLE consistently provided.	5	5	7	6	5	28
5	Grantley Adams	Secondary	St. Joseph; East; Rural	Trained and highly motivated HFLE facilitator(s). HFLE consistently provided.	6	5	7	6	5	29
6	Harrison College	Secondary	St. Michael; West Central; Urban	Trained and highly motivated HFLE facilitator(s). HFLE consistently provided.	5	5	7	6	5	28
7	Lodge	Secondary	St. John; East; Rural	Trained and highly motivated HFLE facilitator(s). HFLE consistently provided.	6	5	7	6	6	30
8	Parkinson	Secondary	St. Michael; West Central; Urban	Trained and highly motivated HFLE facilitator(s). HFLE consistently provided.	5	5	7	6	6	29
9	St. George	Secondary	St. George; Central; Rural	Trained and highly motivated HFLE facilitator(s). HFLE consistently provided.	6	5	8	6	5	30
10	St. Leonard's	Secondary	St. Michael; West Central; Urban	Trained and highly motivated HFLE facilitator(s). HFLE consistently provided.	5	5	7	6	5	28
11	St. Michael's	Secondary	St. Michael; West Central; Urban	Trained and highly motivated HFLE facilitator(s). HFLE consistently provided.	6	5	9	6	6	32

Table 10: Final list of schools chosen for good practices documentation in Barbados.

No.	Name of the school	Type (Primary/ Secondary)	Location (Region, Rural/Urban)	Total score based on assessment rubric	STUDENT DISCUSSION GROUP scheduled for:	MEETING WITH HFLE TEAM LEADER scheduled for:
1	Erdiston Special	Primary	St. Michael; West Central; Urban	32	TBD	TBD
2	Milton Lynch	Primary	Christ Church; South; Urban	31	TBD	TBD
3	Seventh Day Adventist	Primary	St. Michael; West Central; Urban	34	TBD	TBD
4	Ellerslie	Secondary	St. Michael; West Central; Urban	30	TBD	TBD
5	Lodge	Secondary	St. John; East; Rural	30	TBD	TBD
6	St. George	Secondary	St. George; Central; Rural	30	TBD	TBD
7	St. Michael's	Secondary	St. Michael; West Central; Urban	32	24 June 2013	TBD

Table 11: Rationale and strategy for documentation of chosen good practices in Barbados

#	Name of School	Type	Location	Why is this school identified as high performing? (Based on criteria related to MOE assessments)
1	Erdiston Special	Primary	St. Michael; West Central; Urban	Special education students; disabled; vulnerable population. HFLE lead specializes in working with children with autism. School utilizes a child-friendly school model. Small school. Social and emotional learning. Responding to students' individual needs. Holistic development. <u>Important to capture:</u> Photos of beautified environment. Parent involvement. Teacher training.
2	Milton Lynch	Primary	Christ Church; South; Urban	All boys' school of approx. 600. School plant is encroached upon by drug-influenced community elements. Students have varied challenges and ranges of ability. Program that integrates football and life skills. Brewster's Trust – an external group - life skills through sports, in and out of classroom [Outcome measurement/student tracking needed]. <u>Important to capture:</u> Subject coordinator for Science and HFLE who focuses on life skills, and utilizes videos and parent involvement. Beautified environment.
3	Seventh Day Adventist	Primary	St. Michael; West Central; Urban	Health matters are entrenched in the school's religious philosophy: Healthy lifestyle, respect for self and others, healthy eating. This school has eagerly embraced HFLE and child-friendly school concepts. Evidence of this commitment is seen in the consistency with which they send teachers for HFLE training; at least 3 staff members are HFLE trained to certificate level. <u>Important to capture:</u> How healthy eating and lifestyle principles are integrated into life skills delivery.
4	Ellerslie	Secondary	St. Michael; West Central; Urban	This is one of the most successful schools in the 2005-2008 pilot. The school continues to focus on HFLE and also incorporates thematic aspects of health and utilises the resources of its old scholars in order to do this. For example, last year the themed activities and events focused on violence prevention. This is a school that utilizes an HFLE exam. <u>Important to capture:</u> unique HFLE themed activities/events; HFLE exam.
5	Lodge	Secondary	St. John; East; Rural	This school promotes awareness of sexuality and sexual health (life skills) at every opportunity. Also HIV awareness, strong student leadership, and community projects. Team effort: student participation, guidance counsellor, HFLE team. <u>Important to capture:</u> – Guidance Counselor. HFLE team leader. Student leadership.
6	St. George	Secondary	St. George; Central; Rural	This school caters to students with low academic performance, and adapts HFLE program to meet the needs of its population. The school to work transition is an important focus; there is creative twinning of HFLE curriculum and school-to-work program. This school has demonstrated commitment to HFLE: the Principal requested and received special training for an entire cohort of HFLE facilitators who utilized time outside of work hours in order to complete the 6 week training. Guidance Counselors are highly experienced and great resource people. <u>Important to capture:</u> School-to-work program and leader; Principal; Guidance Counselors.
7	St. Michael's	Secondary	St. Michael; West Central; Urban	This school's program seems to be principal-driven, as the principal is one of the HFLE facilitators. It has the highest number of certified HFLE staff (approx. 4). Teachers demonstrate strong interest in HFLE. Focus on at-risk students. Workshops for students transitioning from primary to secondary, from 5 th to 6 th form. Seminars throughout the year. Utilizes UWI Social Work students. Collaborative, builds on strengths. <u>Important to capture:</u> Principal. Guidance Counselor. Stacia Austin (math teacher who utilizes games that combine her subject area with life skills). Transition workshops/seminars.

JAMAICA:

The consultant and the focal point based at the Ministry of Education (MOE) are working together in identifying the schools for documenting the good practices. The initial meeting with the focal point focused on getting an overview of the HFLE delivery system in Jamaica. HFLE delivery in the country is monitored through a core HFLE team. This team is headed by the National Coordinator, HIV and AIDS Education (Acting), Guidance and Counseling Unit, who is the focal point for this project, assisted by seven regional HFLE officers, one for each region, with region 1 having two officers responsible for HFLE. The consultant discussed the possible process for data collection to document the good practices.

For this initial phase of the project, the focal point was asked, in collaboration with their regional officers, based on their experience of annual assessments and the monitoring process for HFLE in schools, to provide a list of schools known to be doing well in HFLE delivery, both at the primary and secondary level, in the respective region, so as to obtain an initial list of shortlisted schools for each region. Following this a consultation session with the core team was organized, coordinated by the focal point, in which the regional officers presented the shortlisted schools by outlining the strategy adopted to arrive at this list. As mentioned earlier, the regional officers were asked to arrive at this shortlist based on their assessments of schools doing well according to MOE criteria for effective HFLE delivery.

The monitoring and assessment strategy for health and family life education delivery in Jamaica

The schools in Jamaica use the Regional HFLE Curriculum Framework to deliver HFLE. The Ministry of Education has developed three tools that are used to assess and monitor HFLE delivery in schools. These include the School Visit Form, Implementation Form and Lesson Evaluation Form (Annexure 20). Schools are monitored and assessed on the following criteria:

- HFLE delivery to students must be done at least 30 minutes weekly to all students at the primary and to all grade 7-9 students at the secondary level.
- Lesson plans must reflect a life skills approach.
- HFLE as a subject must be timetabled
- Parents must be sensitized
- Additional activities that a school may initiate to enhance HFLE delivery. e.g.: HFLE Corner

The regional officers were taken through the use of the assessment rubric and their queries addressed. The regional officers then scored the shortlisted schools using the assessment rubric. The scores for the shortlisted schools for the six regions in Jamaica are listed in Table 12. The six regions have been represented in different colours. Based on these scores, the consultant will proceed to work together with the focal point and the Regional Health Officers in the Ministry of Education to finalize the schools to be chosen for documenting good practices, as well as the plan for data collection in the chosen schools.

Table 12: Initial shortlist of schools for good practices documentation in Jamaica- Region wise

No.	Name of the school	Type (Primary/Secondary)	Location (Region, Rural/Urban)	Why this school is identified as high performing. (Based on criteria related to MOE assessments)	Score based on assessment rubric. This assessment is to be done in consultation with the focal point/regional HFLE officer (Break down by each standard and total score)					
					Std.1 (Max. Sc.8)	Std.2 (Max. Sc.8)	Std.3 (Max. Sc.14)	Std.4 (Max. Sc.8.)	Std.5 (Max. Sc. 10)	Total Score (Max.Sc. 48)
1.	The Queen’s School	Secondary	St. Andrew- Reg.1	HFLE is timetabled and delivered weekly- Grades 7-11	8	4	11	6	6	35
2.	Balcombe Drive (Check)	Primary+ Junior High	Kingston- Reg.1	HFLE is timetabled and delivered weekly- Behavioral changes observed.	8	5	12	6	7	38
3.	Seaward(Check)	Primary+ Junior High	Kingston- Reg.1	HFLE is timetabled and delivered weekly- Behavioral changes observed.	8	5	13	6	7	39
4.	Jessie Ripoll	Primary	Kingston Reg.1	Fully Compliant	8	6	10	6	6	36
5.	Clan Carthy	Secondary	Kingston Reg.1	Fully Compliant	8	7	13	6	6	40
6.	Shortwood Practicing	Primary + Junior High	St. Andrew Reg.1	Fully Compliant	8	6	14	6	6	40
7.	Iona High	Secondary	St. Mary (Rural)- Reg. 2	Compliant, regular planning. Feature: Environment Day	8	8	11	5	6	38
8.	Marymount High	Secondary	St. Mary- Reg.2	Not specified	8	8	8	4	5	33
9.	Boston Primary	Primary	Portland (Rural)- Reg.2	Compliant, regular planning. Feature: Collaboration in planning.	8	8	10	5	6	37
10.	Manchioneal Primary	Primary	Portland-Reg.2	Not specified	8	8	8	4	5	33

No.	Name of the school	Type (Primary/Secondary)	Location (Region, Rural/Urban)	Why this school is identified as high performing. (Based on criteria related to MOE assessments)	Score based on assessment rubric. This assessment is to be done in consultation with the focal point/regional HFLE officer (Break down by each standard and total score)					
					Std.1 (Max. Sc.8)	Std.2 (Max. Sc.8)	Std.3 (Max. Sc.14)	Std.4 (Max. Sc.8.)	Std.5 (Max. Sc. 10)	Total Score (Max.Sc. 48)
11.	Seaforth Primary	Primary	St Thomas-Reg.2	Not specified	8	8	8	5	5	34
12.	Liberty Learning	Primary	Portland (Rural) - Reg.2	Compliant, regular planning. Feature: HFLE	8	8	12	6	6	40
13.	Walkerwood	All age	St. Ann- Reg. 3	Subject taught from life-skills based approach.	8	4	7	6	7	32
14.	Cascade	Primary	St. Ann- Reg.3	Subject is timetabled, taught twice weekly- behavior change observed by the principal.	8	4	9	6	7	34
15.	Duanvale Primary	Primary	Trelawny - Reg. 3	Timetabled, lesson plans are written and taught.	8	4	7	5	7	31
16.	Montego Bay (girls)	High	St. James- Reg.4	Lesson Delivered 100% Compliance	5	7	12	5	6	35
17.	Esher Primary	Primary	Hanover- Reg.4	Parent and Teacher involvement Lesson delivery	4	7	12	5	6	34
18.	Eber Prep.	Primary	St. James- Reg.4	Not specified	4	7	12	5	6	34
19.	Sandy Bay	Primary + Junior High	Hanover- Reg.4	Not specified	5	7	12	5	6	35
20.	Porus	High	Manchester-Reg.5	Meets Compliance Expectations	8	6	7	4	3	28
21.	Newell	High	St. Elizabeth- Reg.5	Meets Compliance Expectations	8	6	7	4	3	28
22.	Harmon	Primary	Manchester-Reg.5	Meets Compliance Expectations	8	6	7	4	3	28
23.	B.B Coke	High	St. Elizabeth- Reg.5	Not specified	8	6	7	4	3	28

No.	Name of the school	Type (Primary/Secondary)	Location (Region, Rural/Urban)	Why this school is identified as high performing. (Based on criteria related to MOE assessments)	Score based on assessment rubric. This assessment is to be done in consultation with the focal point/regional HFLE officer (Break down by each standard and total score)					
					Std.1 (Max. Sc.8)	Std.2 (Max. Sc.8)	Std.3 (Max. Sc.14)	Std.4 (Max. Sc.8.)	Std.5 (Max. Sc. 10)	Total Score (Max.Sc. 48)
24.	Jose Marti High	High	Region 6	Not specified	8	8	13	6	3	38
25.	St. Jago High	High	Region 6	Not specified	8	8	13	5	3	37
26.	Bellas Gate Primary	Primary	Region 6	Not specified	8	8	13	7	3	39
27.	Old Harbour Bay Primary	Primary	Region 6	Not specified	8	8	11	4	3	34
28.	Waterford High	High	Region 6	Not specified	8	8	8	4	3	31
29.	Innswood High	High	Region 6	Not specified	8	8	9	4	3	32

VI. Overall comment on Project Implementation

CONTRACTUAL TERMS

Under the authority of the Director and Representative, UNESCO Kingston Cluster Office for the Caribbean and the direct supervision of the Education Programme Specialist and the National Programme Officer for HIV and AIDS; within the framework of the UNESCO-led UNAIDS Global Initiative on Education and HIV & AIDS (EDUCAIDS) and the 2012-2013 Programme and Budget, the University of the West Indies Open Campus (UWIOC), through the Caribbean Child Development Centre (CCDC) undertook a consultancy aimed at strengthening the delivery of comprehensive sexuality education (CSE) in Caribbean schools by supporting the professional development of Health and Family Life Education (HFLE) teachers.

The consultancy commenced with the signing of a contract for services by the Principal of the UWIOC on September 26, 2012 to be concluded by May 31, 2013. Under the terms of the contract, the overall objective is the development of an HFLE website, hosted on the UWIOC's website, which targets HFLE school practitioners at the pre-primary, primary and secondary levels.

In order to achieve the overall objective, the following specific activities were to be carried out:

- 1) Conduct a client survey among a sample of school teachers and HFLE coordinators in the Caribbean to inform the structure and content of the HFLE website;
- 2) Design and develop the template and web-pages of the HFLE website and begin the process of content migration and population to be tested in-house and among a subset of users;
- 3) Design a reporting template to document good practices and case studies in effective HFLE delivery in four Caribbean countries (Jamaica, St. Lucia, Barbados and Trinidad and Tobago), and liaise with Ministry of Education HFLE Coordinators in the selected countries to carry out the documentation process.
- 4) Copy edit, proof read, prepare graphic design and lay-out of the final text and images for the documented good practices from all three countries and upload this content to the HFLE website.

DELIVERABLES AND SCHEDULE

The baseline deliverables and schedule were as follows:

- 1) A proposal to establish the HFLE website including a budget for the management and maintenance of the website over a 12-month period; a marketing plan to promote the web page among the target audience; a monitoring and reporting framework to track the utility and impact of the web page and, an exit strategy with approaches to sustaining the webpage as in integrated resource of the UWIOC *by October 16, 2012.*
- 2) Report of the desk review; the data collection instrument for the client survey to inform the structure and content of the website; and the template for the documentation of good HFLE practices in four countries *by December 6, 2012.*
- 3) A draft progress report of all contract activities for UNESCO's comments and observations, including the draft design and lay-out of the HFLE website, the final report of the client survey and a listing of the type, nature and country location of the good practices to be documented *by April 30, 2013.*
- 4) A final report on all contract activities, including the documented good practices in effective HFLE delivery, accompanied by a certified, itemized financial statement on the use of UNESCO's funds *by May 31, 2013.*

The targets established for the completion of the project were ambitious, and were predicated on the assumptions that i) children would not be a part of the data gathering exercise; ii) ethical approval would not be necessary as the survey would be administered as a market survey; iii) the turnaround time for response from governments bodies/representatives would be short; iv) relevant HFLE focal points were readily available to facilitate the National Consultants in data collection; v) National Consultants could be quickly identified and services procured; vi) the UNESCO Office would provide initial contact and liaison with relevant governments bodies/representatives.

IMPLEMENTATION

In order to support the execution of the consultancy a part-time Project Coordinator was contracted effective October 31, 2013. The Project Coordinator also fulfills the role as National Consultant for Jamaica. Services were procured for three National Consultants for St. Lucia, Barbados and Grenada, and a Website Developer. Other project personnel include the Principal Investigator and Project Manager.

The project has experienced several challenges in both scope and schedule stemming mainly from poorly defined requirements and assumptions that did not hold. The major changes included the following -

- 1) By order of UNESCO, Trinidad and Tobago was replaced with Grenada, with no effect on scope or schedule.
- 2) It was initially planned that the survey would be administered by the national consultants in four countries. As the requirements became clearer, the survey had to be conducted in 18 Caribbean countries and designed as an online survey.
- 3) Children were to be included in the documentation of good practices, with implications for scope and schedule as ethical approval had to be sought for all aspects of the data collection. This resulted in a delay of approximately 10 weeks covering the development, compilation and submission of relevant documentation, responding to queries raised by the Ethics Board and final review and approval.
- 4) The survey was launched on 30th April, 2013, and remained open for three weeks. At the time of the launching of the survey some countries that had agreed to participate had still not submitted the relevant email contacts for HFLE teachers and practitioners.
- 5) There have been varying levels of responsiveness between the National Consultants and HFLE focal points in the four countries. As well, one National Consultant secured a full-time appointment and was no longer available to the project resulting in an added procurement process.

In order to maintain the baseline schedule, there were initial plans to collapse the timeframe for some activities to meet the deadlines. However, in February 2013 the CCDC had to seek and received a Contract Amendment to extend the submission dates for deliverables 3 and 4 above, and revise the project end date to July 19, 2013. This report comprises the fourth deliverable. The table below outlines the schedule changes.

Table 13: Schedule Changes

Deliverable	Expected Date	Revised Deadline	Submission Date
1. Proposal, budget, marketing plan, M&E	16/10/2012	--	14/11/2012
2. Survey instrument, good practices template, literature review	06/12/2012	--	08/01/2013
3. Draft progress report, draft website design	30/04/2013	31/05/2013	31/05/2013
4. Final report and financial statement	31/05/2013	19/07/2013	19/07/2013

STATUS OF OUTSTANDING ACTIVITIES

At the writing of this report the remaining activities relate to the documentation of good practices in HFLE delivery.

Documentation of Good practices in HFLE delivery

All preliminary work has been completed i.e. review of standards for HFLE delivery, development of template for recording good practices, development of assessment rubric to derive list of schools with good practices. Final lists of schools to be documented with good HFLE practices and the plan for data collection in these schools has been received for Barbados. The preliminary lists of schools have been compiled for Jamaica and Grenada. St. Lucia remains outstanding.

Remaining activities requires the National Consultants together with the local Ministry of Education HFLE focal points to

- a) determine final list of schools in Jamaica and St. Lucia for which good practices are to be documented,
- b) document good practices using reporting template
- c) report in the findings of the documentation process

The data from all four countries will be collated for presentation on the website.

HFLE Website Development

The first phase of the website development has been completed i.e. Analysis and Creative Development, and the draft template. The site is temporarily located on free server. The UWIOC policy does not allow separate domain names for websites hosted on its server as such the URL for the HFLE website will be www.open.uwi.edu/HFLECaribbean. The outstanding completion phases include

- a) Initial approval of design
- b) Prepare a bibliography of teaching and learning resources being used in the classroom
- c) Content Population
- d) In-house Testing
- e) User Testing

- f) Second phase of content population (i.e. add HFLE resources to website, good practices documentation)
- g) Add selected features to website (e.g. forum / message board, tracking)
- h) Review and approval of website

Table 14: Schedule of completion

ACTIVITY	TENTATIVE COMPLETION DATE
Documentation of Best practices in HFLE delivery	
1. Final list of schools for which good practices are to be documented	October, 2013 (Jamaica)
2. Data collection on good practices using tool	To be completed during phase two of the project ^{*72}
3. Report on best practices at the different levels	To be completed during phase two of the project
HFLE Website development:	
1. Approval of design	August, 2013
2. Relocation of website from temporary server to UWIOC network	Completed
3. Bibliography of teaching and learning resources	Ongoing into post-launch phase
4. Content Population and in-house Testing	September 2013
5. User Testing	September 2013
4. Add HFLE resources to website	Ongoing into post-launch phase
5. Addition of selected features to website	Completed
6. Add first set of good practices documentation to website	To be completed during phase two of the project
7. Review and approval of website	November, 2013

^{*72} All the activities listed above relating to the good practices documentation will commence after the schools reopen for the new academic year.

VII. Annexures

Annexure 1: Definition of Terms⁷³

"Knowledge"

The terms "knowledge" and "information" are used interchangeably in many contexts, but in discussions of life skills education, "information" refers to what is communicated about a particular fact or subject, while "knowledge" refers to a state or condition of understanding that permits factual information to be related to other information and knowledge, synthesized into broader concepts and usefully applied.

"Attitudes"

The term "attitudes" is used in the context of life skills education to encompass the broad domain of social norms, ethics, morals, values, rights, culture, tradition, spirituality and religion, and feelings about self and others.

"Life skills"

"Life skills" are defined as psychosocial abilities for adaptive and positive behaviour that enable individuals to deal effectively with the demands and challenges of everyday life. They are loosely grouped into three broad categories of skills: cognitive skills for analyzing and using information, personal skills for developing personal agency and managing oneself, and inter-personal skills for communicating and interacting effectively with others.

"Life skills education"

Life skills education is a structured programme of needs- and outcomes-based participatory learning that aims to increase positive and adaptive behaviour by assisting individuals to develop and practice psychosocial skills that minimize risk factors and maximize protective factors. Life skills education programmes are theory- and evidenced-based, learner-focused, delivered by competent facilitators, and appropriately evaluated to ensure continuous improvement of documented results.

⁷³ UNICEF website. (Updated on 13th June,2003). Definition of terms. Retrieved on 3rd January, 2013 from http://www.unicef.org/lifeskills/index_7308.html

"Life skills-based education"

A term which came into use to describe life skills education addressing specific content or undertaken to achieve specific goals, e.g., life skills-based peace education or life skills-based HIV & AIDS education. The term makes it clear that a life skills approach will be used to teach the subject matter, meaning that participatory teaching/learning methods will be used to help learners develop not only knowledge, but also the psycho-social life skills they may need to use knowledge to inform and carry out behaviour.

"Skills-based health education"

This term is used to describe life skills education that aims to prepare individuals to make decisions and take positive actions to change behaviors and environments to promote health and safety and to prevent disease.

Annexure 2: Standards and benchmarks for LSE⁷⁴

STANDARD 1. LIFE SKILLS EDUCATION IS THEORY AND EVIDENCE BASED

- BENCHMARK 1.1** Valid research evidence of effectiveness form the basis of life skills education at all stages of planning
- BENCHMARK 1.2** Valid cognitive and social learning theories form the basis of life skills education programming
- BENCHMARK 1.3** Recent formative research has been conducted to identify risk and protective factors that influence the needs and assets of learners
- BENCHMARK 1.4** Relevant gatekeepers and stakeholders, including learners, participate in the development and support of life skills programs

STANDARD 2. LIFE SKILLS EDUCATION IS NEEDS AND RESULTS BASED

- BENCHMARK 2.1** Learning content reflects learning needs in a continuum from crisis preparedness to sustainable development: disaster risk reduction to environmental protection; conflict resolution to peace building; disease prevention to health promotion; and/or human rights violations to social cohesion
- BENCHMARK 2.2** Behavioural goals are identified that increase opportunities, minimize risk and maximize protection in learners' lives in the priority learning areas.
- BENCHMARK 2.3** For each behavioural goal, specific learning outcomes in the form of knowledge, attitudes and skills that reduce risk and increase protection and opportunities are developed
- BENCHMARK 2.4** For each learning outcome, assessment indicators are established to measure learning progress

STANDARD 3. LIFE SKILLS EDUCATION IS SKILLS BASED

- BENCHMARK 3.1** Teaching activities are developed to reflect established learning outcomes
- BENCHMARK 3.2** Learners are informed about intended learning outcomes
- BENCHMARK 3.3** Teaching activities are appropriate to learners' age, gender, and experience
- BENCHMARK 3.4** Teaching activities make use of participatory and skills-building methods allowing sufficient opportunities to practice skills development

⁷⁴ UNICEF (2010). Life Skills Quality Standards.

BENCHMARK 3.5 Multiple teaching activities are structured in a logical and cumulative sequence to support reinforcement and internalization of identified learning outcomes

BENCHMARK 3.6 Teachers are trained to use participatory, experiential methods in order to construct learning based on what the learner brings

BENCHMARK 3.7 Teachers are trained with regard to psychosocial support, to allow their own internalization of content and to better support learners with their needs

STANDARD 4. LIFE SKILLS EDUCATION IS PROVIDED IN A PROTECTIVE AND ENABLING LEARNING ENVIRONMENT WITH ACCESS TO COMMUNITY SERVICES)

BENCHMARK 4.1 The learning environment is one in which all learners and staff, including those with specific or additional needs, feel safe, protected, connected, and valued as contributors to, and participants in, learning

BENCHMARK 4.2 The learning environment looks at legislative and structural measures alongside behavioural life skills interventions

BENCHMARK 4.3 Access to community services are encouraged both for planning and for supporting interventions

BENCHMARK 4.4 Life skills interventions are coordinated with other consistent efforts to minimize risk and maximize protection in learners' lives

STANDARD 5. LIFE SKILLS EDUCATION IS MONITORED FOR FULL IMPLEMENTATION AND EVALUATED FOR ACHIEVED LEARNING OUTCOMES)

BENCHMARK 5.1 Assessment instruments and mechanisms that reflect the agreed learning outcomes and their indicators are used at regular intervals to determine individual progress toward achievement of the learning outcomes

BENCHMARK 5.2 Information is collected and analyzed to determine the extent to which learners, teachers/educators, parents and other stakeholders are satisfied with learning outcomes

BENCHMARK 5.3 Aggregate assessment measures (individual scores and other measures of programme effects) are analyzed to determine the extent to which the program is helping to minimize risk and maximize protection in learners' lives

BENCHMARK 5.4 Process monitoring mechanisms and instruments are developed and consistently used to collect data needed to measure program implementation and coverage

BENCHMARK 5.5 Information is collected and analysed to determine how characteristics of the learning environment are helping or hindering the goals of the LSE program

Annexure 3: Characteristics of a rights-based, child-friendly school

1. Reflects and realizes the rights of every child -- cooperates with other partners to promote and monitor the well-being and rights of all children; defends and protects all children from abuse and harm (as a sanctuary), both inside and outside the school
2. Sees and understands the whole child, in a broad context -- is concerned with what happens to children before they enter the system (e.g., their readiness for school in terms of health and nutritional status, social and linguistic skills), and once they have left the classroom -- back in their homes, the community, and the workplace
3. Is child-centered -- encourages participation, creativity, self-esteem, and psycho-social well-being; promotes a structured, child-centered curriculum and teaching-learning methods appropriate to the child's developmental level, abilities, and learning style; and considers the needs of children over the needs of the other actors in the system
4. Is gender-sensitive and girl-friendly -- promotes parity in the enrolment and achievement of girls and boys; reduces constraints to constraints to gender equity and eliminates gender stereotypes; provides facilities, curricula, and learning processes welcoming to girls
5. Promotes quality learning outcomes -- encourages children to think critically, ask questions, express their opinions -- and learn how to learn; helps children master the essential enabling skills of writing, reading, speaking, listening, and mathematics and the general knowledge and skills required for living in the new century -- including useful traditional knowledge and the values of peace, democracy, and the acceptance of diversity
6. Provides education based on the reality of children's lives -- ensures that curricular content responds to the learning needs of individual children as well as to the general objectives of the education system and the local context and traditional knowledge of families and the community

7. Is flexible and responds to diversity -- meets differing circumstances and needs of children (e.g., as determined by gender, culture, social class, ability level)
8. Acts to ensure inclusion, respect, and equality of opportunity for all children -- does not stereotype, exclude, or discriminate on the basis of difference
9. Promotes mental and physical health – provides emotional support, encourages healthy behaviours and practices, and guarantees a hygienic, safe, secure, and joyful environment
10. Provides education that is affordable and accessible -- especially to children and families most at-risk
11. Enhances teacher capacity, morale, commitment, and status -- ensures that its teachers have sufficient pre-service training, in-service support and professional development, status, and income
12. Is family focused -- attempts to work with and strengthen families and helps children, parents and teachers establish harmonious, collaborative partnerships
13. Is community-based -- strengthens school governance through a decentralized, community-based approach; encourages parents, local government, community organisations, and other institutions of civil society to participate in the management as well as the financing of education; promotes community partnerships and networks focused on the rights and well-being of children

Annexure 4: Characteristics of effective comprehensive sexuality education programmes⁷⁵

I. Summary of characteristics that address human rights and lead to behaviour change

1. Implement programmes in schools and other youth oriented organizations that reach large numbers of young people.
2. Implement programmes that include at least twelve or more sessions.
3. Include sequential sessions over several years.
4. Cover topics in a logical sequence.
5. Employ educationally sound methods that actively involve participants and assist them to personalise information.
6. Employ activities, instructional methods and behavioural messages that are appropriate to young people's culture, developmental age and sexual experience.
7. Include homework assignments to increase communication with parents or other adults.
8. Whenever appropriate, address gender issues and sensitivities in both the content and teaching approach.
9. Assure a supportive policy environment is in place for instruction.
10. Select capable and motivated educators to implement the curriculum.
11. Provide quality training to educators.
12. Provide on-going management, supervision and oversight of educators.
13. Create a safe environment for youth to participate and learn.
14. Involve multiple people with expertise in human sexuality, sexual health and young people's sexual behaviour.
15. Involve young people in the development of the curriculum.
16. Assess relevant needs and assets of the target group.
17. Design activities consistent with community values and available resources (e.g. staff time, staff skills, facility space and supplies).

⁷⁵ UNESCO. (2009). International Guidelines on Sexuality Education: An evidence informed approach to effective sex, relationships and HIV/STI education. June 2009. UNESCO.

18. Pilot-test the programme and obtain on-going feedback from the learners about how the programme is meeting their needs.

II. Summary of characteristics that lead to behavior change

1. Use a logic model approach that specifies the health goals, the types of behaviour affecting those goals, the risk and protective factors affecting those types of behaviour, and activities to change those risk and protective factors.
2. Involve multiple people with expertise in theory about behaviour change, research about factors affecting sexual behaviour, effective instructional methods for changing those factors, and sexuality and STI/HIV education to develop the curriculum.
3. Focus on clear goals in determining the curriculum content, approach and activities. These goals should include the prevention of HIV, other STIs and/or unintended pregnancy.
4. Focus narrowly on specific sexual and protective behaviours leading directly to these health goals.
5. Give clear messages about these behaviours to reduce risk of STIs or pregnancy.
6. Address specific situations that might lead to unwanted or unprotected sexual intercourse and how to avoid those situations.
7. Focus on specific risk and protective factors that affect particular sexual behaviours and that are amenable to change by the curriculum-based programme (e.g. knowledge, values, attitudes, norms, skills).
8. Implement multiple, educationally sound activities designed to change each of the targeted risk and protective factors.
9. Provide scientifically accurate information about the risks of having sexual intercourse and methods of avoiding sexual intercourse or using protection.
10. Address perceptions of risk (especially susceptibility).
11. Address personal values about having sexual intercourse or multiple partners and perception of family and peer norms about having sexual intercourse and multiple partners.
12. Address individual attitudes and peer norms toward condoms and contraception.
13. Address both skills and self-efficacy to use those skills.

ANNEXURE 5: Examples of various HFLE resources used to teach HFLE in the Caribbean. ⁷⁶

- Basic Life Skills Educatie leerprogramma (Developed by Suriname MoE HFLE unit – Basic Life Skills Committee)
- Books: Choices by Gill Gordon (St. Vincent)
- CARICOM HFLE Regional Curriculum Framework (St. Lucia, St. Vincent, Barbados)
- Curriculum 2000 (Barbados)
- Materials developed by HFLE Coordinator and officer (Dominica)
- Focus on Youth Curriculum (Wayne State University in Collaboration with the Bahamas Ministries of Health and Education)
- Harcourt Health grade 6 level (Bahamas)
- HFLE Curriculum Life Skills Manual (Grenada)
- HFLE Curriculum Vertues Education (Grenada)
- HFLE Draft Curriculum (Dominica)
- HIV & AIDS in the Caribbean (St. Lucia)
- Internet and various books. No one specific resource (St. Vincent)
- Ministry of Education HFLE Curriculum (Dominica, Grenada, St. Vincent, Guyana, Jamaica)
- None-materials developed by school counselor and teachers (St. Lucia)
- Primary School Health and Family Life Scope and Sequence (Bahamas)
- Resource sheets developed in house based on Catholic Teaching (Antigua & Barbuda)
- Special Reproduction in Humans (Guyana)
- Wesley Hall's Curriculum (Barbados)
- Wonderfully Made Developed by CACT, AEC (Dominica)

⁷⁶ Wang. A. (2012). Barriers to Implementing Life Skills-Based HIV Education in the Caribbean Baseline Survey Results. Report for EDC and CARICOM.

Annexure 6: Core life skills facilitating the practice of healthy behaviours:⁷⁷-

1. SOCIAL SKILLS

- Interpersonal skills
- Communication skills
- Refusal skills
- Negotiation skills
- Empathy skills
- Advocacy skills

2. COGNITIVE SKILLS

- Decision – Making skills
- Problem-solving skills
- Critical-thinking skills
- Creative-thinking skills

3. EMOTIONAL / COPING SKILLS

- Healthy Self- management skills
- Self- monitoring skills
- Self-awareness skills
- Coping with emotions (anger, self-esteem, grief, loss)

⁷⁷ CARICOM and UNICEF (2010). Health and Family Life Education: Regional Curriculum Framework, Age 11 years-16 years. Version 2.1. retrieved on 3rd January,2013 from http://www.unicef.org/barbados/UNICEF_HFLE_Ages_5-16.pdf

Annexure 7: Status of HFLE in the countries that have a Programme of Cooperation with UNICEF Office for Barbados and the Eastern Caribbean (UNICEF BECO)⁷⁸

Antigua and Barbuda

- National HFLE Policy approved by Cabinet
- Teachers Training College offers HFLE as part of teacher training programme
- Active national HFLE coordinating committee which includes representation from HIV/AIDS Unit
- HFLE month celebrated annually in October since 1999. This is used as an opportunity for public education and sensitization on HFLE with several radio and television programmes. There are also special school activities and competitions during this period
- Antigua has incorporated HFLE as part of its requirements for School Leaving Certificate
- PTA sessions on HFLE are held

Barbados

- Policy on HFLE
- Since 2000 the Ministry of Education has indicated HFLE as part of the core curriculum to be implemented in all primary and secondary schools (up to Form 3)
- Teachers Training College offers HFLE as part of teacher training programme

BVI

- Efforts on going to develop policy and to implement HFLE in secondary schools by September 2009

Dominica

- National cabinet approved HFLE Policy
- Teachers Training College offers HFLE as part of teacher training programme

Grenada

- National HFLE Policy approved by Cabinet
- Teachers Training College offers HFLE as part of teacher training programme

⁷⁸ McClean-Trotman, L. (2009). Reflections: Voices of students and educators involved in HFLE in the Eastern Caribbean. Editor's note. June (1). BECO:UNICEF.

- HFLE delivered in all primary schools but only some secondary schools
- PTA sessions on HFLE are held

Montserrat

- No policy on HFLE - On-going discussions about the development of HFLE policy

St. Kitts and Nevis

- Draft national HFLE Policy
- All government secondary schools offer HFLE at least one period per week

St. Lucia

- Draft national HFLE Policy
- Sir Arthur Lewis Community College offers HFLE as part of teacher training programme
- In service HFLE teacher training programmes held one-three times per year
- One school in each zone developed as a Centre of Excellence to highlight HFLE best practices

St. Vincent and the Grenadines

- Draft national HFLE Policy updated in 2004
- Teachers Training College offers HFLE as part of teacher training programme
- Use of annual observance of Schools' Health Day as an opportunity for public awareness on HFLE

Turks and Caicos Islands

- On-going discussions about the development of HFLE policy

ANNEXURE 8: EMAIL SENT TO SURVEY RESPONDENTS.

Dear Sir / Madam,

The Caribbean Child Development Centre (CCDC), The University of West Indies, Open Campus (UWIOC) in Jamaica has been contracted by UNESCO Kingston Cluster Office for the Caribbean to construct and develop a website for Health and Family Life Education (HFLE) for the Caribbean.

You have been identified as an important stakeholder in promoting HFLE in the region. Please take time to complete the online survey at the link below which seeks your opinions on the arrangement of materials on this website as well as the features to include:

<https://www.surveymonkey.com/s/6CDWLBM>

Also, please forward this email message to other HFLE educators in your country for them to participate in the survey.

Survey responses will be treated confidentially.

If you have any questions, please send an email to joan.thomas@open.uwi.edu or priya.anaokar@open.uwi.edu .

Many thanks for your participation and time dedicated in promoting this HLFE initiative.

Kind regards,

Joan Thomas/ Priya Anaokar
Principal Investigators

ANNEXURE 9: ON-LINE SURVEY QUESTIONNAIRE FOR CONSTRUCTION OF CARIBBEAN HFLE WEBSITE

Background information:

1. Select your country:

Anguilla
Antigua
Barbados
Belize
Bermuda
British Virgin Islands
Cayman Islands
Dominica
Grenada
Guyana
Jamaica
St. Kitts and Nevis
St. Lucia
St. Vincent & the Grenadines
Suriname
The Bahamas
Trinidad
Turks & Caicos

2. Age:

Less than 25 years
Between 25 and 34 years
Between 35 and 44 years
Between 45 years and 54 years
55 years and older

3. Gender :

Male
Female

4. You are:

- The National HFLE Coordinator in your Ministry of Education
- An education officer who monitors HFLE delivery in schools
- A school coordinator for HFLE
- A designated/specialized teacher for HFLE
- Guidance Counselor who teaches HFLE
- Class teacher who teaches HFLE
- Member of the CARICOM HFLE Working Group
- Other (Please specify): _____

5. If involved in teaching HFLE, please indicate at which level
- Pre-primary/ Early Childhood
 - Primary
 - Secondary
 - Tertiary
 - Not Applicable

Please respond to the questions below. Check all that apply.

1. Which of the following content would you like to be included on the website?

a. Resources

I. HFLE resources for teachers

- Manuals
- Curricula
- Curriculum guides
- Sample lesson plans
- Sample activities
- Assessment rubrics
- Other materials (please specify) : _____

II. HFLE resources for students

- Readers
- Workbooks
- Sample assignments

- Portfolios
- Other materials (Please specify): _____

III. Other HFLE resources

- Resources on participatory and interactive teaching methods
- Audio-visual teaching aids and materials (e.g. videos, posters, pamphlets)
- HFLE related publications (e.g. Technical reports, policy briefs/frameworks, research publications)
- Any other (Please specify): _____

- Good Practices in HFLE delivery in schools (showcasing innovations and experiences of HFLE teachers and Ministries of Education across the Caribbean)
- Calendar of events (e.g. national and regional meetings, workshops relevant to HFLE)
- HFLE News (current happenings and commentary on national and regional HFLE actions)
- Any other suggestions (please specify): _____

2. Which of the following HFLE themes would you like to be emphasized on the website?

- Eating and Fitness
- Sexuality and Sexual Health
- Self and Interpersonal Relationships
- Managing the Environment

3. Please select how you would you like the resources to be organized.

- By Country
- By HFLE theme
- By HFLE topic-
- By Age/Grade level
- By Type of resource (e.g. audio visual, print etc.)
- By User (e.g. teachers, students)
- By life skill?

h. Any other (please specify): _____

4. Which features would you like to be included to make the website interactive?

- a. Message Board (Discussion group to facilitate sharing of information and opinions)
- b. Newsletter
- c. Webinars (Theme based moderated discussions)
- d. RSS feed (A built-in website feature that provides users with updates from related websites)
- e. Social media links (Facebook, Twitter, You Tube, Blogs, etc.)
- f. Any other (please specify): _____

5. Would you like to have web links to any of the following?

- a. Global resources (resources from across the world concerning LSE/CSE delivery)
- b. Partner websites (UNICEF, EDC, CARICOM etc.)
- c. No

6. Would you like to be added to a listserv that receives regular updates regarding the website?

- a. Yes
- b. No

7. Will you be willing to contribute information on a regular basis for

- a. HFLE news
- b. HFLE events
- c. HFLE related materials (e.g. Reports, policy documents, training materials)
- d. Any other (Please specify): _____
- e. No

8. Any other suggestions that you would like to make?

ANNEXURE 10: TERMS OF REFERENCE FOR HFLE WEBSITE DEVELOPER

Attached

ANNEXURE 11: SUBMISSION FORM FOR MATERIALS FOR MULTI-MEDIA LIBRARY

Attached

ANNEXURE 12: COPYRIGHT PERMISSION REQUEST

Attached

ANNEXURE 13: TERMS OF REFERENCE FOR COUNTRY CONSULTANTS

Attached

ANNEXURE 14: PROCESS FOR DOCUMENTING GOOD PRACTICES

Attached

ANNEXURE 15: REPORTING TEMPLATE

Attached

ANNEXURE 16: ASSESSMENT RUBRIC

Attached

ANNEXURE 17: SEMI-STRUCTURED INTERVIEW GUIDE FOR LEARNERS

Attached

ANNEXURE 18: PARENT CONSENT TO PARTICIPATE IN THE STUDY

Attached

ANNEXURE 19: ASSENT TO PARTICIPATE IN THE RESEARCH

Attached

ANNEXURE 20: HEALTH AND FAMILY LIFE EDUCATION (HFLE) OBSERVATION TOOL (JAMAICA)

Attached

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