

# Step by Step:

*A Guide to HIV and AIDS Policy  
Development for the Education Sector*



Caribbean Education Sector HIV and AIDS  
Capacity Building Programme  
[www.caribbeanleaders.org](http://www.caribbeanleaders.org)





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## INTRODUCTION

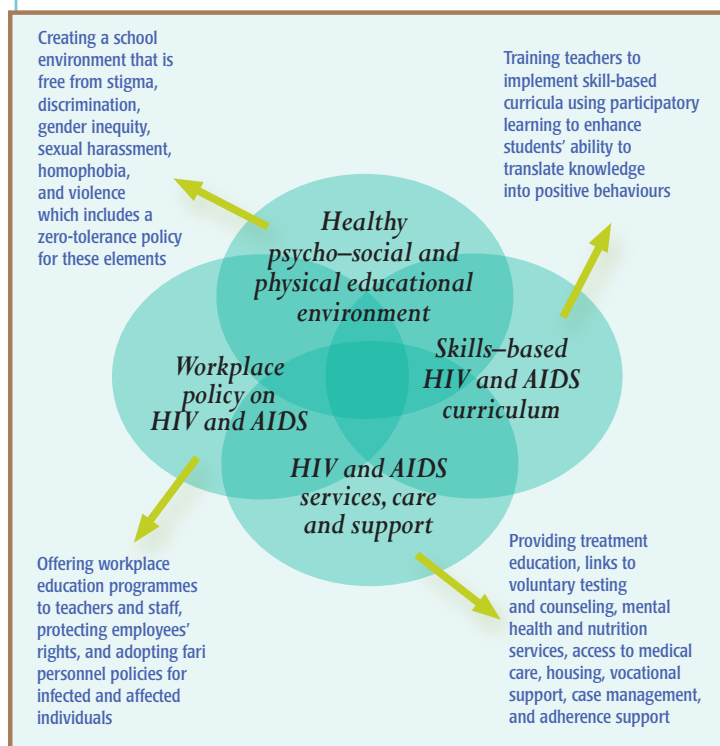
### **The Purpose of an HIV and AIDS Policy for the Education Sector**

HIV infection rates are rising in the Caribbean, which now has the second highest HIV prevalence rate in the world. A national multi-sectoral response, with a major role for the education sector, is required in each country to bring the epidemic under control and deal with its socio-economic consequences.

Leadership from the education sector is essential to protect the human rights and health of the teaching force and staff. The role of the education sector is to prepare the citizens of tomorrow for a world in which HIV and AIDS are prevalent. Surveys report that Caribbean young people engage in sexual activity in their pre-teen years, making them vulnerable to HIV. The education sector is a workplace for many government staff and has a huge capacity for outreach to young people, families, and communities in all countries. The education sector is able to lead and set a moral tone of acceptance and non-discrimination. It can create emotionally and physically safe environments for teaching and learning; teach students, families, and employees about HIV and AIDS; influence attitudes about the disease and the people who have it; foster skills to reduce the risk of HIV transmission; and promote counselling and care by collaborating with the health sector.

It is critical for the education sector to develop a comprehensive response that effectively addresses the national HIV epidemic. A comprehensive response means that the education sector uses all means at its disposal to promote and protect the health and well-being of all staff and students. By addressing all facets in a comprehensive way, the education sector is fulfilling its mission of educating the citizens of tomorrow and supporting academic success. The components of a comprehensive approach that a policy can address include the rights of staff in the workplace, curriculum and instruction, access to services, and creating a healthy physical and psychosocial learning environment. Collaboration with parents and the community is essential. Figure I on the following page illustrates the elements of a comprehensive approach:





Experience across the world has shown that having an HIV and AIDS policy in place is one of the most effective strategies for minimising the impact of the epidemic. Clear policy makes possible systems and laws that reflect a common understanding across the entire sector. HIV and AIDS policy for the education sector can guide a comprehensive response within a country's national policy framework and within an international set of agreements, conventions, and principles.

The policy will assist in several key areas:

- Strengthening ownership of the education sector's response and galvanising leadership at all levels
- Providing strategic direction for the entire sector
- Establishing clear priorities for action
- Defining rights and entitlements
- Clarifying roles and responsibilities
- Mobilising human and financial resources
- Saving lives

In 2006, the Ministers of Education from the Caribbean Community (CARICOM) signed a commitment to the "development and implementation of national and regional sectoral policies on HIV and AIDS and education."<sup>1</sup> Based on this commitment, Education Development Center, Inc. (EDC), and its partners have pledged to provide assistance to the ministries in planning, developing, and implementing policies to address HIV and AIDS.

In preparing these policy development tools, EDC's Health and Human Development Programs involved and built on other initiatives, such as the International Labour Organization's "An HIV/AIDS Workplace Policy for the Education Sector in the

<sup>1</sup> *Port-of-Spain Declaration on the Education Sector Response to HIV and AIDS, Caribbean Community (CARICOM) Secretariat, 2007*, [http://www.caricom.org/jsp/communications/meetings\\_statements/port\\_of\\_spain\\_declaration\\_hiv\\_aids.jsp](http://www.caricom.org/jsp/communications/meetings_statements/port_of_spain_declaration_hiv_aids.jsp); *Roseau Declaration on the Education Sector's Response to HIV & AIDS, Organisation of Eastern Caribbean States, 2007*, [http://portal.unesco.org/fr/ev.php-URL\\_ID=36735&URL\\_DO=DO\\_PRINTPAGE&URL\\_SECTION=201.html](http://portal.unesco.org/fr/ev.php-URL_ID=36735&URL_DO=DO_PRINTPAGE&URL_SECTION=201.html).

## INTRODUCTION

Caribbean” and UNESCO’s 2006 series, *Good Policy and Practice in HIV and AIDS Education*. Further, the Mobile Task Team on the Impact of HIV/AIDS on Education (MTT) in South Africa had developed the rapid policy development process. Used in a number of African countries, this approach involves bringing together a multi-sectoral group to develop an initial draft policy. This process reverses the traditional approach, in which a first draft may only emerge after long consultation, review, and deliberation. This interactive, consensus-building process concentrates on getting 80% of the drafting accomplished during a four-day workshop. EDC partnered with MTT in piloting this approach in the Caribbean and based these tools on that Caribbean experience.

Whereas government policies often seem cast in stone, policies created through the rapid policy development process are a radical departure from tradition. Rapidly developed policies are flexible, adaptive, and subject to frequent review, allowing for continual adaptation in response to the changing environment of HIV and AIDS in the sector, region, and country. Whereas policies drafted over a long period may lose momentum, rapidly developed policies can sustain a claim on national attention.

### About the Toolkit

The division of Health and Human Development Programs at EDC designed this toolkit as part of the CARICOM-funded project Caribbean Education Sector HIV/AIDS Capacity Building Programme.<sup>2</sup>

This toolkit was developed to guide Ministries of Education, particularly in the Caribbean region, through the rapid policy development process towards a specific outcome: an effective HIV and AIDS policy for the education sector that is linked with an achievable implementation plan.

<sup>2</sup>This project is funded by the Inter-American Development Bank, acting in its capacity as administrator of Japan Special Funds, executed by the CARICOM Secretariat and UNESCO. The goal of this initiative is to establish models and processes for the formal and informal education sectors in Caribbean countries to work together, with the health sector, to plan, carry out, and sustain evidence-based strategies to combat the HIV and AIDS epidemic, reaching young people and education sector staff.

The toolkit draws on current models for policy development and implementation as well as experiences from other countries, particularly in Jamaica, Trinidad and Tobago, and Africa. The toolkit follows a clear four-step process:

- Step 1: Planning for Policy Development
- Step 2: Developing the Policy
- Step 3: Implementing the Policy
- Step 4: Monitoring and Evaluating the Policy

Ten tools are provided to assist education sector leaders and staff in the policy cycle process, from planning to evaluation. Further technical assistance for policy development is available by contacting Education Development Center, Inc (Tel: 617-618 2459; email: [cconstantine@edc.org](mailto:cconstantine@edc.org)).

These guidelines and tools are based on the premise that the education sector must protect its staff, students, and teachers from HIV and AIDS. Developing a policy and supporting it with an achievable plan for implementation sends an important national and international signal that the Ministry is leading the way. While this process may seem like a lot of work, it really can be done quite easily. The advantages and outcomes are enormous, in terms of the lives saved and human suffering prevented. In addition, becoming familiar with this shorter policy development process may have application and benefit for other policies eventually needed in the education sector.

A Brief for the Minister of Education, highlighting the need for an education sector policy on HIV and AIDS, has been included as part of these guidelines. This briefing page can be a useful tool for Ministers of Education to advocate for HIV and AIDS support and funding at the national and international levels.





## The Four Steps to Policy Development

### Step 1: Planning for Policy Development

The planning step involves briefing the Minister of Education and gaining the Minister's support, creating a small internal structure within the Ministry of Education to move the process forward, identifying stakeholders, and analysing the local situation and current data to prepare for policy development.

### Step 2: Developing the Policy

The development step involves working with stakeholders to develop and reach consensus on the content and issues to be included in the HIV and AIDS comprehensive education sector policy.

### Step 3: Education Sector HIV and AIDS Policy Implementation Plan

The implementation step involves formulating the individual programmes and activities to put the policy into practice, and developing a timeline, delineation of roles and responsibilities, and indicators of success.

### Step 4: Education Sector HIV and AIDS Policy Monitoring and Evaluation

The final step, monitoring and evaluation, involves keeping track of how well the policy has been disseminated and adopted throughout the ministry and all schools in the country and how successful it has been in protecting human rights and in addressing all components in a comprehensive education sector HIV and AIDS response.

## An Ongoing Process

Although we present this framework in sequential steps, it is really a strategic continuum, in which monitoring and evaluation lead to further planning, and the process begins again.

The chart below provides an overview of the tools included in this toolkit to help guide you through each step.

POLICY PROCESS	TOOLS PROVIDED
Step 1: Planning for Policy Development	Tool 1: Existing Documents to Review Tool 2: Identifying the Issues Tool 3: Stakeholder Identification and Recruitment Worksheet
Step 2: Developing the Policy	Tool 4: Sample Agenda for Policy Development Workshop Tool 5: Checklist for Policy Content
Step 3: Education Sector HIV and AIDS Policy Implementation Plan	Tool 6: Policy Dissemination Planning Checklist Tool 7: Policy Implementation Template: Prevention Tool 8: Policy Implementation Action Plan Tool 9: Implementing HIV and AIDS Policy at the School Level
Step 4: Education Sector HIV and AIDS Policy Monitoring and Evaluation	Tool 10: Evaluating the HIV and AIDS Policy for the Education Sector

A sample policy is provided as a resource in Appendix 2. If used, it should be adapted and customised through a participatory process that gains endorsement of key stakeholders in each country to ensure its dissemination and implementation.



## STEP 1: PLANNING FOR POLICY DEVELOPMENT

Four key actions are proposed to lay the foundations for the policy formulation process:

1. Brief the Minister of Education
2. Convene an Internal HIV and AIDS Policy Committee
3. Identify Background Documents and Key Issues
4. Identify a Representative Group of Stakeholders to Be Involved in the Policy Development Process

Each action is described in detail below.

### **Brief the Minister of Education**

At the Council for Human and Social Development (COHSOD) meeting in June 2006, ministers of education from countries across the Caribbean reached agreement and signed the Port-of-Spain Declaration, committing them to carry out a comprehensive approach throughout the education sector to mitigate the effects of the HIV and AIDS epidemic in the Caribbean. A comprehensive approach views the education sector as a setting that promotes health and prevents disease. In order to strengthen the effectiveness and efficiency of the response from the education sector, a policy needs to be developed. Appendix I contains a sample briefing page that may be used to inform the Minister of Education of the need for an education sector policy on HIV and AIDS and the steps to be taken for its development.



## STEP 1: PLANNING FOR POLICY DEVELOPMENT

This approach requires overarching policies that counter stigma and discrimination, protect students and staff, and coordinate prevention efforts. Only through collaboration with other sectors and leadership that demand this full-service approach can we safeguard the education sectors in the Caribbean, and ensure the healthy human development, stability, and economic future of the region.

### Convene an Internal HIV and AIDS Policy Committee

First, create capacity to manage a policy development process by convening an internal HIV and AIDS Policy Committee. This Committee will:

- plan the policy development process
- identify key issues
- collect relevant available information
- identify stakeholders to be involved in a policy development workshop
- oversee the drafting process and ensure that the policy is finalised and approved
- oversee arrangements for policy dissemination, implementation, and monitoring and evaluation

The Committee can also act as a reference group for policy formulation, implementation, and review. Terms of Reference for the Committee should be drafted, agreed on, and disseminated. *It is particularly important to identify, as early as possible, who will be responsible for drafting the policy.*

For ease of management, the Committee should be small, consisting of about six Ministry of Education representatives, ideally including the curriculum, teacher education, student services, legal, and planning divisions. The Ministry of Education HIV Coordinator may be appointed to serve as a focal point.

### Identify Background Documents and Key Issues

The first action of the HIV and AIDS Policy Committee should be to conduct an initial rapid review of the HIV epidemic and the education sector response. This includes reviewing national and local health department statistics, related national policies and programmes, materials and tools from the international community (such as the UNAIDS Inter-Agency Task

Team on Education), and guidelines that have already been ratified and/or implemented.

Tool 1 lists regional, national, international, and ministry-level documents that may be relevant in developing your Ministry's policy.

Use Tool 1 to identify and gather documents that may be useful to the policy development group.

Tool 2 provides a list of questions to guide the Committee in identifying the key issues and needs that the policy will address.

Use Tool 2 to clarify from the Ministry of Education's perspective specific HIV and AIDS issues that the policy will need to address.

In order to provide a background for policy formulation and to act as a stimulus for discussion, it is *recommended* that the Committee write a brief paper synthesising the available information and summarising the key issues. In some cases, it may be necessary to contract a consultant to undertake this task.

### Identify a Representative Group of Stakeholders to Be Involved in the Policy Development Process

It is essential to develop broad ownership of the policy from the outset. It is therefore *recommended* that you take an inclusive and participatory approach. This inclusive approach will better inform the process and lead to a more locally relevant and shared product. It is important to include 40–60 key stakeholders from both government and civil society in and beyond the education sector. At a minimum, three key players and partners are the National AIDS Coordinating Committees in the Ministry of Health, the International Labour Organization (ILO), and country affiliates of Sero-Positive Person Organizations who represent principles of Greater Involvement of Persons Living with HIV and AIDS. (GIPA)

## STEP 1: PLANNING FOR POLICY DEVELOPMENT

Many interest groups with capacity, responsibility, and power are involved in the education sector. It is important to achieve representation from as many influential groups as possible. Involving interest groups has the additional benefit of motivating advocates to champion the finalised education sector HIV and AIDS policy.

It is important to set transparent criteria for inviting participants. Use Tool 3 to develop a representative list of stakeholders to invite to a policy development workshop.

After you have identified which agencies and organisations you want to include, consider these suggestions:

- **Identify and obtain contact information on individuals to represent their organisations.** Compile contact information for identified representatives to facilitate communication through letters, e-mail, and phone calls. If no specific contact person at an organisation has been identified, address an invitation to the head of the organisation, and give that person the option of designating someone to participate.
- **Use specific invitation techniques.** A formal written invitation should explain why the Ministry is embarking on policy development, why the individual or organisation's participation is important, and what will be expected of participants. Request a time to contact the representative personally to review details and next steps.
- **Conduct a brief phone meeting with each invitee.** This meeting should outline the process that will be used to develop HIV and AIDS policy for the education sector. Invite stakeholders to raise issues they consider important, which should help you anticipate topics of discussion at the committee meetings.
- **Gain commitment** (either written or oral) from stakeholders to participate in policy

development and in the entire policy development workshop.

- **Provide material before meetings,** including policies to review and guiding questions.
- **Give adequate notice** about the policy development meeting dates, places, and times.
- **Reconfirm** the meeting time and place with participants close to the meeting dates. If possible, provide a meeting agenda ahead of time.







## STEP 2: DEVELOPING THE POLICY

### **Convene a Policy Development Workshop**

In **Step 1**, you identified and invited 40–60 key stakeholders to participate in a policy development workshop. This workshop has two key purposes:

- To achieve consensus on the content of a draft HIV and AIDS policy for the education sector
- To achieve consensus on a plan to take the policy from a draft to a final approved form

The next action is to prepare the content and processes for the workshop itself. Four days' duration is recommended to enable sufficient participation and detailed discussion of the issues.

EDC, in partnership with MTT, piloted a rapid policy development process for the education sector in Trinidad and Tobago in November 2006. Below, we offer recommendations based on our experience of this process.

It will be necessary to set the scene for policy formulation, establish ground rules for the process, and provide adequate opportunities for all stakeholders to participate. Continuity in participation is important in this process. It may also be useful to organise the workshop in a setting away from the daily work environment.

## STEP 2: DEVELOPING THE POLICY

**Tool 4** gives you a sample agenda for a four-day policy development workshop. The number of days allotted for this workshop can be adapted based on the needs and finances available in-country.

Use **Tool 4** to prepare the policy development workshop agenda

### Creating Dynamic Working Groups

While in the policy development workshop, much of the work in reviewing documents and drafting policy occurs in small working groups, who then report their conclusions to the large group in plenary sessions. It is important to establish ground rules to ensure that groups are able to work productively and deliver their expected outcomes. The following ground rules are suggested:

- Appoint facilitators who can motivate the large group in plenary sessions and provide guidance to working group leaders.
- Request the working groups to appoint a group leader and a recorder, who will keep notes and present the outcomes of the working group drafting sessions.
- Have the working group revise its drafts, based on comments from the reconvened plenary group of stakeholders.
- Advise the working groups that it is not necessary for all participants to agree on each topic. Areas in which disagreements persist can be resolved later through the Ministry of Education. It is important that the working group leader inform the workshop facilitator of any issues that cannot be resolved.

### Specific Tasks for the Policy Development Workshop

Each participant should have a complete set of reference documents that have been identified by the internal Ministry of Education HIV and AIDS Policy Committee. In moving through these tasks, please refer to the sample agenda in Tool 4 and the sample policy in Appendix 2.

#### **Task 1: Reach consensus on expected outcomes and decide on scope and definitions.**

To maximise the benefits of collaborative work, it is important to make clear the expected outcomes of the process. Outcome statements may be similar to these:

- Consensus on a draft HIV and AIDS policy for the education sector
- Consensus on a plan to take the policy from draft to a final form

After a plenary presentation on HIV and AIDS data specific to the country and the education sector response, the workshop facilitators lead the group to consensus on what will be considered the scope of (i.e., the audience for) the education sector policy. Defining the audience is essential to accommodate the needs of the entire sector and to guide a collective response.

Ask participants to work in small groups to review definitions from and the scope of other policies. Ask whether they accept those definitions and whether they wish to add additional ones. Discuss any definitions that may be unclear.

#### **Task 2: Make the vision and guiding principles explicit.**

The workshop facilitators may divide the participants into four small groups. Each small group will identify a recorder and a reporter and then deliberate on a vision statement for the education sector policy and the principles that should guide it. It would be helpful to provide some examples from existing policy statements from other countries to support this process.

**The guiding principles must protect the rights and responsibilities of every interest group in the sector. They must also conform to the country's national policy or guidelines as well as to international conventions.**



### The guiding principles should consider addressing these key issues:

- Access to and quality of education
- Access to information
- Equality
- Privacy and confidentiality
- Access to care, treatment, and support
- Safe education workplaces and learning institutions
- Fair labour practices
- Human/children's rights
- Gender sensitivity and responsiveness
- Cultural sensitivity
- Age-appropriateness
- Partnerships
- Greater Involvement of People Living with HIV/AIDS (GIPA)

The GIPA principles may require special discussion. GIPA entails creating a supportive political, legal, and social environment for Persons Living with HIV and AIDS (PLWHA). In 2001, participating nations at the United Nations General Assembly Special Session on AIDS signed an international statement encouraging the greater involvement of PLWHA in mutually beneficial partnerships with institutions responding to the epidemic.

The session should be concluded in plenary in order to reach broad consensus on the vision statement and the guiding principles.

### **Task 3: Review existing national and regional policies and international agreements.**

These documents will already have been identified by the internal Ministry of Education HIV and AIDS Policy Committee. Again, facilitators should divide the session into four small groups to review and glean relevant material from these policies. Afterwards, each small group reports back to the plenary session with its findings.

### **Task 4: Draft policy that focuses on the four internationally recognised policy themes and align with the comprehensive approach that employs curriculum and instruction, aspects of the school environment, and access to services.**

The four suggested policy themes are as follows:

- HIV Prevention
- Care and Support
- HIV and AIDS in the Workplace
- Management of the Response

The process of considering and drafting the specific content of the policy should be guided by the document review findings. This process is best conducted in small groups.

**Tool 5** is designed to help groups think through each area.

Use **Tool 5** to prepare for the content specifications of the draft policy.

Each small group should focus on one theme and then convene in plenary sessions to combine their efforts. This will result in the development of a comprehensive policy with an overarching outlook.

Some key points to consider:

- For each theme, the small group should set a goal that describes the desired outcome after the policy is implemented.
- The four goals taken together should describe an optimal situation in the education sector at every level. This outcome should be achievable by the end of the planned implementation period (usually five years) if everyone plays their part, if resources are available, and if effective monitoring and reporting help guide implementation.
- For each theme's goal, a set of objectives and activities should be listed to address each key issue, focus attention, and provide a checklist for implementation.

## STEP 2: DEVELOPING THE POLICY

### **Task 5: Combine the work on the four themes into one comprehensive draft.**

Discuss feedback during plenary sessions, and reach consensus on the contents of the draft policy. One person should take responsibility for pulling the four themes together into one document.

### **Task 6: Agree on a plan for finalising and approving the policy.**

Once the draft policy has been developed with stakeholder input, it must go through a process of review through the Ministry of Education. Rapid policy development techniques can accelerate this process:

- Set a specific timeline for completion of the review.
- Allow stakeholder representatives to return to their constituencies, share the draft for input, consolidate input from their representatives, and present it to the Ministry in writing.
- Engage the Minister of Education as early as possible in the process to encourage Ministry advocacy.
- Begin developing an implementation plan during the final planning steps.

The key to the success of this process is ensuring that the review is compiled and processed within a clearly defined time period. A simple form can be developed and attached to the draft to enable others to record comments in a structured, common format. The input can then be categorised and recorded. Some mechanism must be decided on for accepting input, and a deadline should be established beyond which comments will not be entered.

### **Key Factors for Workshop Success**

Experience with the rapid policy development process suggests that the following factors are integral to workshop success:

- Participants receive key information before the meeting. Detailed guiding questions keep the focus on critical issues.

- The facilitating team has experience and knowledge in the area, but brings a neutral perspective to the process.
- Participants have an opportunity to openly express their perspectives on the benefits and challenges of policy development.
- Careful time management allows for thorough exploration of issues but prevents the process from becoming bogged down or losing direction.
- A commitment from all participants to attend the entire workshop allows for continuity throughout the process and joint ownership of the final product.
- Participants receive recognition for their hard work through the presentation of certificates or other tokens. Acknowledgement should be made of participating institutions and organisations in the policy document itself.
- A summary consensus paper documents the progress made at the meeting and provides participants with an opportunity to present outcomes to their constituents.
- The Minister and/or Permanent Secretary participates in some of the sessions.





## STEP 3: EDUCATION SECTOR HIV AND AIDS POLICY IMPLEMENTATION PLAN

### **Planning a Policy Dissemination Process**

Once the policy has been formally approved by the government, it will be ready for national dissemination and implementation. It is good practice to plan for these activities even as the draft policy is in the process of being finalised and approved.

As with the policy formulation process, a well-structured and sequenced series of activities and events needs to be planned. This multi-faceted process requires attention to communications and the involvement of key stakeholders in both dissemination and implementation. A budget will be required for dissemination.

## Taking the Show on the Road in Jamaica<sup>3</sup>

In Jamaica, an HIV/AIDS Response Team (HRT) has made significant strides in disseminating and implementing the National Policy for HIV/AIDS Management in Schools. The eight-member HRT team consists of a Coordinator, a Public Relations Specialist, and six Health Promotion Specialists. Created in September 2003, HRT is largely responsible for carrying out the Ministry of Education, Youth, and Culture's (MoEYC) plan for implementing the national policy. The MoEYC plan revolves around three central components: the sensitisation of school personnel to HIV/AIDS issues, the development of an action plan by individual school systems, and the implementation of that plan. Towards this end, HRT has conducted workshops for school community members in every parish in Jamaica to increase HIV/AIDS awareness and to educate school personnel about the national policy.

As a follow-up to the workshops, HRT fosters the formation of local health advisory committees. These groups are tasked with developing action plans for their own schools that aim to implement the life skills-based HFLE [Health and Family Life Education] programme, sensitise the school community to HIV/AIDS issues, and promote universal precautions. Because of HRT's efforts and the cooperation of thousands of school personnel, 80% of primary and secondary schools in Jamaica have been reached by the HRT programme and have embraced the National Policy for HIV/AIDS Management in Schools.

<sup>3</sup>From *Jamaica's Experience with HIV/AIDS School Policy: A Case Study* by Dr. Pauline Russell-Brown, 2006.

Use **Tool 6** to plan a dissemination strategy to ensure that all key stakeholders are aware of and familiar with the new policy, which can help build their commitment to implementation and inform the planning process. Stakeholders should either have or be able to access a copy of **Tool 6**.

### Planning for Policy Implementation

Active and widespread dissemination is necessary, but in itself is not sufficient to ensure success in achieving intended policy outcomes. A policy will gather dust or mould on a shelf unless persons are made accountable, money is adequately budgeted and allocated, and specific actions are taken to implement the policy. Moreover, a policy risks impotence without a time-bound and measurable implementation plan.

An implementation plan is arguably as important as the policy itself. The HIV and AIDS policy for the education sector should guide all strategic planning. It should also provide a dynamic structure within which progress towards objectives can be measured and all sector officials held accountable.

A good implementation plan does the following:

- Translates policy documents into attractive, easy-to-read publications for all school staff and parents with statements of specific programmes in schools and education institutions
- Specifies roles, responsibilities, rights and entitlements, a timeframe, resources, and a structure
- Offers a flexible framework within which sub-national needs and local circumstances can be accommodated



### Steps for Action Planning for Policy Implementation

#### **Action Step 1: Engage stakeholders in developing the plan**

Research has identified three basic approaches to planning implementation of the HIV and AIDS policy for the education sector:

1. The Ministry of Education develops the plan and afterwards seeks consultation with stakeholders. School headmasters, teachers, and teachers unions are key in this process. The benefit of this method is that because the plan is developed within the Ministry structure, processes can be put into place with relative speed and ease. A drawback to this approach is the limited early participation of stakeholders.
2. A second approach involves initial consultation with stakeholders. The Ministry's HIV and AIDS Policy Committee then designs specific programmes to carry out the plan developed through this initial consultation phase. This approach allows both for early stakeholder input and for the implementation plan to be coordinated within the Ministry budget and other resources.
3. A third approach involves a multi-day stakeholder workshop similar to the workshop held for policy development. Although this approach facilitates early stakeholder involvement, a potential drawback is that workshop participants may prepare detailed plans for implementation that cannot be accomplished within the Ministry's resource constraints. This may, however, provide the platform to seek the mobilisation of additional resources.

We *recommend* that you consider these options and choose the approach that best addresses your needs and corresponds with available resources.

#### **Action Step 2: Develop short- and long-term goals and objectives**

Whatever approach you use to involve stakeholders, implementation planning proceeds in a way similar to policy development planning. Implementation should focus on the same four internationally recognised themes: HIV Prevention, Care and Support, HIV and AIDS in the Workplace, and Management of the Response.

The implementation plan identifies measurable goals for each policy theme. Each theme goal describes a desired outcome. Under each theme, a set of activities is listed. By using a planning template, which provides a logical framework for recording information, you can ensure that everyone involved in implementation and monitoring has all the information they need to fulfil their roles. Using a template for each theme helps link goals, objectives, and outcomes. The template used for each theme can also be used to track progress using key indicators. **Tool 7** provides an example of a template approach to prevention, taken from Kenya and designed by the MTT.

Use **Tool 7** as an example from which to draft your own policy theme goals, objectives, and measurable outcomes.

#### **Action Step 3: Develop a time-bound Action Plan for implementation**

The Action Plan should do the following:

- Chart a timeline, marking clearly specified deadlines for the completion of each activity.
- Designate staff who will be accountable for overseeing each activity. Responsibility for activities may lie within the Ministry or with another stakeholder.
- Create a detailed budget (allowing for capacity development, instruction, and dissemination of materials) with transparent accounting.
- Identify funding sources to sustain programmes.
- Include specific measurable indicators that clarify accountability and expectations.

It is *recommended* that the HIV and AIDS Policy Committee use **Tool 8** to develop an appropriate Policy Implementation Action Plan.

Use **Tool 8** to identify strategies, responsibilities, objectively verifiable indicators, a timeframe, and potential funding sources.

As you develop activities and consider costs, remember that low-budget interventions can be put in place with minimal additional costs or resources, as they

## STEP 3: EDUCATION SECTOR HIV AND AIDS POLICY IMPLEMENTATION PLAN

are streamlined into existing programmes. You might consider including a small-group brainstorming session where participants can review interventions that fit low-budget criteria in each of the four thematic areas.

### **Action Step 4: Establish priorities to translate the plan into action**

A core Ministry team may be appointed to determine the detailed costs of activities and to set priorities. Once the implementation plan is approved, further decentralised planning must take place so that local conditions and resources can be considered, and the persons responsible for implementation can prepare their own work plans.

Any prioritisation process should take into account the following:

- Strategic imperatives (those activities that are considered most important by consensus)
- Sequencing imperatives (actions that must be completed before others can be launched)
- Comparative ease and cost of implementation
- Comparative importance relative to other objectives and activities

### **Action Step 5: Disseminate the Action Plan and build capacity to implement it**

There are four key components of Action Plan dissemination and capacity building:

- Leadership: Leadership is particularly critical in the implementation phase in order to keep energy and enthusiasm high and focused. If more work needs to be done to develop leaders and advocate for them to take an active role, please see other tools for this purpose. (A good example is *Leading the Way in the Education Sector: Advocating for a Comprehensive Approach to HIV and AIDS in the Caribbean*, created by UNESCO and EDC.) [www.caribbeanleaders.org](http://www.caribbeanleaders.org)
- Dissemination: As with the HIV and AIDS policy, information about the Action Plan should be disseminated to all key stakeholders. In the case of the Action Plan, the target audience is probably narrower; focus on key actors in the education sector itself and in related ministries and partner organisations.

Different channels will be needed to achieve this broad reach, for example:

- Posters that distil information and reinforce key messages
  - Laminated materials outlining overarching policy goals and actions to achieve them
  - Executive summaries of the Action Plan
  - TV and radio clips to inform the general public
  - Training materials
- Capacity Development:
    - Identify training recipients—for instance, all Ministry staff, field officers, school principals
    - Develop a regional training plan and a timeline
    - Ensure the availability of funding
  - Sustainability: Experience has shown the need for Ministries of Education to use their own sector budgets for the strategic planning and implementation of HIV policy activities. Clear budget lines should be established for key aspects of the policy.

### **Action Step 6: Take steps to ensure that implementation takes place at the school level**

The Action Plan should include provision for activities to implement at the school level. This is clearly the most important level of implementation in the system, the one with the largest reach and the most significant potential impact. Schools can be directed to set up HIV and AIDS committees to oversee policy implementation and to undertake specific activities with the staff, students, and the community.

Schools can be encouraged to develop specific work plans to implement policy. This may involve the provision of funding allocations to schools or low-/no-cost activities.

**Tool 9** provides suggested steps for implementing policy at the school level.

Use **Tool 9** for guidance on implementing HIV and AIDS policy at the school level.



## STEP 4: EDUCATION SECTOR HIV AND AIDS POLICY MONITORING AND EVALUATION

### Monitoring and Evaluation Arrangements

Monitoring and analysis of data will provide information about how well the HIV and AIDS policy is being implemented and whether it is producing the intended effects. This helps the education sector improve or adjust the policy implementation process. Regular and well-structured monitoring provides feedback to policy planners, showing what is working well and what is not.

Evaluation documents the experience so that it can be shared with other sectors in the national multi-sectoral response. Lessons can be learned and shared both within the country and across the region. Evaluation also demonstrates the value of all the efforts made for those who have been involved in developing and implementing the HIV and AIDS policy throughout the sector.

The implementation plan provides the groundwork for effective monitoring and evaluation. The key to effective monitoring and evaluation is (1) the identification of simple indicators of achievement, which show the extent to which specific actions have been successful, and (2) the establishment of practical systems to monitor, measure, and report these indicators. Such systems must be integral to the day-to-day business of education managers at every level. The evaluation indicators must be central to the policy implementation process from the beginning and not seen as an additional component.



## STEP 4: EDUCATION SECTOR HIV AND AIDS POLICY MONITORING AND EVALUATION

The process goes full circle, as results of evaluation should in turn guide future planning. Particularly in the case of the shifting HIV epidemic, consistent, periodic review is essential to keep pace with new data, the evolving education sector response, and medical advances.

While planning for implementation, the Ministry of Education should clearly establish four key things:

- How the monitoring and evaluation will be carried out
- Who will conduct the monitoring and evaluation
- How often evaluation will be done
- How and to whom results will be reported

Two basic types of evaluation are relevant to HIV and AIDS policy implementation: process evaluation and outcome evaluation. Each is described in detail below.

### Process Evaluation

Process evaluation focuses on dissemination of and familiarity with the policy, the extent to which programme activities are being implemented, and how well they are being implemented. This type of evaluation is concerned with the process by which you intend to bring about change rather than on the change itself. Process evaluation addresses four key questions:

- Has the policy been disseminated to the target audiences, and are they knowledgeable about its content?
- Is the policy being implemented as planned?
- If not, why not?
- How can the policy be improved?

Observations, interviews, surveys, and reviews of records are effective methods of process evaluation. The following types of process measures may be useful:

- Monitoring the number of policy materials disseminated (e.g., copies of the policy, posters, pamphlets, TV advertisements)
- Recording the number of policy trainings that have been conducted
- Keeping track of the number of programmes implemented and whether they follow the agreed-upon timeline
- Establishing a coverage database at the district

level of the schools and colleges that have been supported in implementing the policy (policy materials disseminated, training provided, etc.)

In addition to these quantitative measures, during interviews you may want to ask broader questions about the *quality* of policy implementation.

The sample questions included in **Tool 10** are intended to help you build a questionnaire relevant to the evaluation of your Ministry's policy and implementation plan.

### Outcome Evaluation

Outcome evaluation measures the actual changes that programme activities are designed to achieve and the impact of the policy. A common strategy for outcome evaluation involves measuring change in knowledge, attitudes, and behaviours during the life of the programme. Baseline data are gathered at the outset, and a post-test is given to assess change.

Another important outcome is, of course, the desired changes for the programme's target population, such as a reduction in the numbers of cases of HIV and AIDS. This type of outcome, however, requires a long time to assess; in addition, many variables other than Ministry interventions themselves can play a role. It is very difficult to conclusively link a reduction in cases of HIV and AIDS with a particular policy or program.

### Key Considerations in Developing an Evaluation

Whether you develop an evaluation within the Ministry or hire a professional evaluator, consider these questions<sup>4</sup> as you develop an evaluation plan:

- How will you measure the achievement of each indicator from the implementation plan?
- How will data be collected and analysed?
- How will you design the evaluation form itself? What format will you use, and how many questions will you include?

<sup>4</sup>Modified from the Center for Substance Abuse Prevention's Northeast Center for the Application of Prevention Technologies, <http://captus.samhsa.gov/northeast/resources/faqs/assessment.cfm>.

## STEP 4: EDUCATION SECTOR HIV AND AIDS POLICY MONITORING AND EVALUATION

- How will you guarantee protection of human subjects (e.g., informed consent, confidentiality)?
- Is it feasible and reasonable for schools and others to collect this amount of data?
- What strategy will you use for reporting results? (Consider contents of the report, timing, format. Interim reports can be helpful to allow for mid-course adjustments.)
- How many staff members and what types of staff support will you need?
- What timetable is realistic for major evaluation activities to be conducted? (Ensure that due dates are listed for all deliverables.)
- What is a realistic and manageable budget for the evaluation?

### Policy Document Review

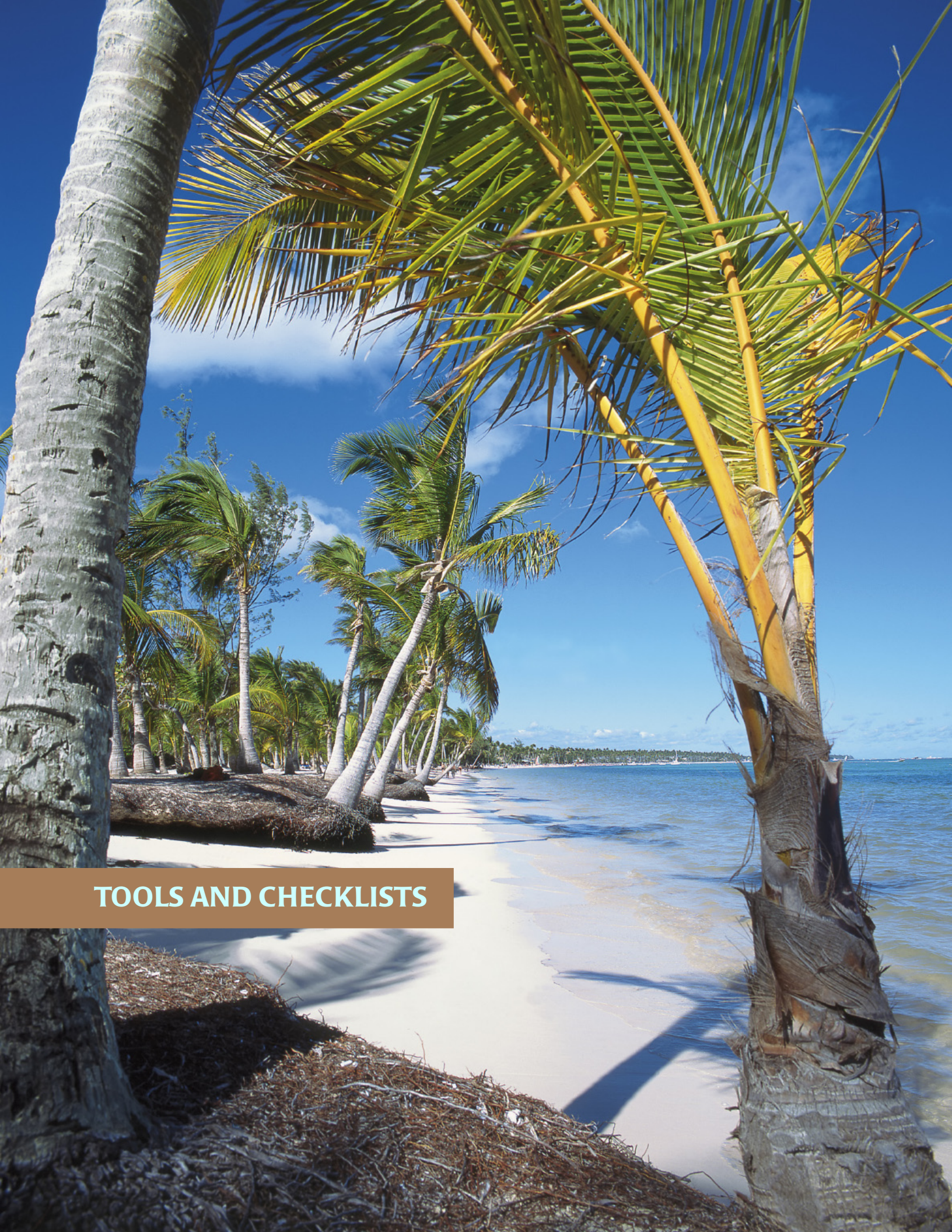
After an initial evaluation of how well the policy is being implemented, you may want to review the education sector's HIV and AIDS policy itself to ensure that it remains relevant to the changing pace of the epidemic.

Remember that a policy—especially one developed with such broad involvement from stakeholders—is not intended to remain on the shelf. It is or should be a living document. Determining the period for undertaking a review of policy is important to keep the policy alive. This entails setting in motion a process whereby the policy can be adapted as needed in a regular cycle. As adjustments are required, planners should once again consider the four steps of policy development and implementation and begin the cycle anew, taking into account the lessons learned from this particular cycle.

Dynamic, responsive education sector policy makes possible an integrated and comprehensive response to HIV and AIDS. Without a comprehensive policy, the education sector has no way of dealing systematically with the erosive impact of HIV and AIDS. The Caribbean region now has the opportunity to learn from the experience of Africa, Jamaica, and Trinidad and Tobago in the response of its education sector to HIV and AIDS and in the development and implementation of appropriate national policies and programmes.







**TOOLS AND CHECKLISTS**



## TOOL 1: EXISTING DOCUMENTS TO REVIEW

Policies and strategic documents relevant to developing national HIV and AIDS policy for the education sector already exist. It is important to identify and review these in order to inform the early stages of policy formulation preparation. The set of relevant documents will vary from country to country.

### *Recommended Documents to Review*

#### **Regional Level**

- ILO/UNESCO (2006), HIV & AIDS & the Education Sector: A Workplace Policy for Caribbean Education Institutions, Port-of-Spain
- Caribbean Regional Strategic Plan of Action

#### **National Level**

- Constitution of the nation
- Bill of Rights of the nation
- Specific Acts related to young people, including age of consent
- Specific policies related to youth, gender, workplace, HFLE
- National HIV and AIDS policy
- National Strategic Plan for HIV and AIDS
- National HIV and AIDS Workplace Policy
- Existing policies of stakeholders, for example, teachers unions (such as TTUTA: Trinidad and Tobago Unified Teachers' Association)

#### **Ministry of Education**

- Education Act (including teachers' service code of regulation and national examination act)
- HIV and AIDS Strategic Plan

#### **International Level**

- General principles from Protection of Workers' Personal Data: An ILO Code of Practice (1997)
- An ILO Code of Practice on HIV/AIDS and the World of Work, International Labour Organization (2001)
- International agreements, conventions, and principles, including the Convention on the Rights of the Child; International Guidelines on HIV & AIDS and Human Rights; Convention on the Elimination of Discrimination Against Women
- World Health Organization's universal precautions, including injection safety
- Education sector HIV and AIDS policies from other countries, including Jamaica, Kenya, South Africa, Namibia, and Uganda
- UNAIDS Inter-Agency Task Team on Education, Education Sector Global HIV & Aids Readiness Survey 2004: Policy Implications for Education and Development (2006)

### TOOL 2: IDENTIFYING THE ISSUES

It is essential that the Ministry clearly identifies the broad problems or issues arising from HIV and AIDS that the policy will address before initiating the formulation process.

Use the following guiding questions to help identify and address key issues.

#### *Overarching Questions*

- Why is a policy needed now?
- Who will be the target beneficiaries of the policy?
- Who will be the main implementers of the policy?

#### *Thematic Questions*

### **HIV and AIDS in the Workplace**

- What kind of policy support does a teacher living with HIV need to continue working at school?
- Do any codes of professional ethics or conduct protect staff and students from sexual harassment?
- How do teachers need to be supported to enable them to remain uninfected by HIV?
- How should schools ensure that there is no HIV-related discrimination in schools/education settings?
- How can teachers unions support teachers with regard to their work and HIV and AIDS?

### **HIV Prevention and Intervention**

- What are the HIV prevention needs of young people (e.g., knowledge and skills, vulnerability, risk reduction) that can be met through school education?
- What do we know from country data about the main forms of transmission, and the geographic areas and populations at greatest risk?
- At which age should HIV education be introduced in the curriculum?
- How should HIV education be included in the curriculum and co-curriculum?
- What teaching and learning resources will be required?
- What professional development do teachers need to effectively teach about HIV?
- How can schools provide confidential access to psychological counselling or voluntary HIV counselling and screening for those who need and want it? Do health care policies cover the costs?
- How do parents and the community, including Persons Living with HIV and AIDS, need to be involved?
- How can schools be made safer places (from abuse, violence, exploitation, HIV transmission through accidents, HIV-related stigma and homophobia, etc.)?
- How can schools be made healthier places of learning?
- What relevant policies are already in place or being drafted?



### Care and Support

- What are the issues concerning the education of HIV-positive children?
- What are the issues concerning the education of children whose parents are living with HIV or who have lost a parent or parents to AIDS?
- What are the issues concerning teachers continuing to work while living with HIV?
- How do schools provide linkages with health services (for testing and counselling, antiretroviral therapy, etc.)?
- How do schools provide linkages with social services (for children infected with or affected by HIV and AIDS)?
- What relevant policies are already in place or being drafted?

### Management of the Response

- Who in the Ministry of Education is responsible for implementation of the Ministry's response to HIV and AIDS?
- What additional capacity needs to be built (or, what existing capacity must be strengthened) to effectively respond to HIV and AIDS?
- Is there a budget to implement HIV prevention activities?



## TOOLS AND CHECKLISTS

### TOOL 3: STAKEHOLDER IDENTIFICATION AND RECRUITMENT WORKSHEET

Within each group or organisation listed below, identify names of specific individuals who are nominated or selected to represent their organisations.

STAKEHOLDER GROUP	SPECIFIC ORGANISATIONS	INDIVIDUAL'S NAME
<b>Ministry of Education</b>	HIV and AIDS Unit	
	Curriculum	
	Legal	
	Planning	
	Student Services	
	Monitoring and Evaluation	
	Finance	
	Health Services	
	Human Resources	
	Teacher Education	
<b>School Personnel</b>	Parent association representative	
	Students/youth	
	Teachers union	
	Principals' Association	
	Private school representative	
	Tertiary education representative	
	Early childhood education representative	
	School and community-based counsellors	
<b>National HIV and AIDS Committee</b>	National AIDS Committee	
	Network of Persons Living with HIV and AIDS	
<b>Community Organisations</b>	Non-governmental organisations	
	Business sector (e.g., Chamber of Commerce)	
	Medical and public health sectors	
	Faith-based organisations	
	International organisations (ILO, UNESCO, UNICEF)	
<b>Other Ministries</b>	Labour	
	Youth Affairs	
	Health	
	Social Development	
	Youth Employment	



*Example from Trinidad and Tobago*

## **Invited Stakeholders from Trinidad and Tobago Policy Development Workshop**

### **Ministry of Education**

Permanent Secretary (1); Chief Education Officer (1); Senior Secondary2 (SS2) (2); SS3 (2); Curriculum Officer (1); School Social Worker (2); Diagnostic Specialist (1); Early Childhood Care and Education (ECCE) Supervisor (1); Peace Promotion Programme (1); Human Resources (1); Legal Affairs Unit (1); Planning Division (1); General Administration (1); Guidance Officer (1); Education HIV/AIDS Committee (7); Education Department (THA:Tobago House of Assembly) (2); Local School Board (2); Teachers (3); Sixth Formers (3); Planning Committee—Student Support Services Division (SSSD) (6)

### **Associations**

Primary School Principals (1); Public Secondary School Principals (1); Denominational School Principals (1); Private Special School Principals (1); Public Special School Principals (1); Private Secondary School Principals (1); Denominational Boards (Methodist, Kabir Panth, Presbyterian, Roman Catholic, Anglican, Moravian, Baptist, A.S.J.A., Sanatan Dharma Maha Sabha, Seventh Day Adventist, A.S.P, Tackveytal Islamic Association, TML, Inter Religious Organization)NPTA (1); TTUTA (1); Public Services Association (1); NACC (2); Manager, Cyril Ross Children’s Home (1); National AIDS Programme (1); CRN+ (2)

### **Other Ministries**

Ministry of Health (2); Ministry of Social Development (1); Maintenance Training Services (security) (1)



### TOOL 4: SAMPLE AGENDA FOR POLICY DEVELOPMENT WORKSHOP

Below is a suggested agenda for a four-day workshop that will allow stakeholders to join together to design the first draft of an HIV and AIDS policy document.

#### Ministry of Education HIV and AIDS Policy Planning Workshop

##### Day 1

- Official opening, welcome, and introductions
- Overview of workshop expectations and structure
- Policy purpose, benefits, challenges
- Presentation of national HIV/AIDS and education situation and response analysis
- Presentation on the context for policy development

##### Day 2

- Agree on ground rules for group work
- Group work: Develop a vision statement and guiding principles for the policy
- Group work: Review examples of country education sector HIV and AIDS policies
- Discuss the scope of application of the proposed policy
- Discuss definitions
- Group work: Draft policy outlines under the following headings:
  - HIV Prevention
  - Care and Support
  - HIV and AIDS in the Workplace
  - Management of the Response

##### Day 3

- Review of Day 2
- Group work: Draft policy outlines (continued)
- Plenary discussion of reports
- Group work: Revision of drafts in four groups

##### Day 4

- Plenary presentation of consolidated draft policy document
- Presentation of future vision, next steps, adoption, implementation planning
- Workshop evaluation
- Official closing



## TOOL 5: CHECKLIST FOR POLICY CONTENT

This checklist is intended to provide a quick scan of possible topics in each area of the policy. It is informed by several existing Ministries of Education HIV and AIDS policy documents.

On this checklist, you may wish to jot down issues related to the topic that you wish to include. You may also wish to check (✓) whether the topic has been included in the draft policy, tabled for further discussion, or intentionally excluded. You can add additional topics at the bottom of this form or on the reverse side.

### EDUCATION SECTOR HIV AND AIDS POLICY CONTENT CHECKLIST

TOPIC	ISSUES TO ADDRESS MIGHT INCLUDE ...	INCLUDED	TABLED FOR FURTHER DISCUSSION	NOT INCLUDED
<b>Background</b>				
Preamble				
Acknowledgements				
Basic facts about HIV and AIDS				
National HIV epidemic and young people				
Definitions/glossary				
List of acronyms and abbreviations				
Bibliography				
<b>Introduction</b>				
Country situation				
National HIV and AIDS response				
Vision statement				
Policy guidelines				
Goals of the policy				
Objectives of the policy/indicators				
Key (or guiding) principles				

## TOOLS AND CHECKLISTS

TOPIC	ISSUES TO ADDRESS MIGHT INCLUDE ...	INCLUDED	TABLED FOR FURTHER DISCUSSION	NOT INCLUDED
Role of the Ministry of Education				
Application and scope				
Rights and responsibilities				
Process of policy development				
Availability of policy				
Review of policy				
<b>HIV Prevention</b>				
Education on HIV and AIDS (content, mode of delivery, etc.)	For staff			
	For principals			
	For serving and trainee teachers			
	For students			
For parents				
Peer education				
Access to information on HIV and AIDS				
Life skills curriculum development and implementation				
Co-curricular activities				
Prevention of HIV transmission during play and sport				
Prevention of new HIV infections				
Rights and responsibilities				
Assessment of learning outcomes				
Community participation and outreach				
Outreach to and services for students at risk of school failure and dropout (e.g., remedial education)				



TOPIC	ISSUES TO ADDRESS MIGHT INCLUDE ...	INCLUDED	TABLED FOR FURTHER DISCUSSION	NOT INCLUDED
<b>Care and Support</b>				
A safe school and institutional environment	Non-violence			
	Prevention of sexual harassment, homophobia, and abuse			
	A code of conduct			
	First Aid kits			
	Exposure to blood			
	Management of sharp instruments			
	Hygiene			
	Practical measures to support risk reduction			
	HIV counselling and testing, services, or access to health services (e.g. STI diagnosis and treatment)			
	Confidentiality			
Disclosure				
Admission to and continued attendance at schools and institutions				
Confidentiality and disclosure of HIV and AIDS-related information				
Orphans and vulnerable children				
Psychosocial support				
Universal precautions				
Gender and child protection				
Treatment education				

TOPIC	ISSUES TO ADDRESS MIGHT INCLUDE ...	INCLUDED	TABLED FOR FURTHER DISCUSSION	NOT INCLUDED
Access to treatment				
<b>HIV and AIDS in the Workplace</b>				
Recruitment and admission	Non-discrimination			
	Recruitment, deployment, and staff balance			
	Refusal to study, work with, teach, or be taught by Persons Living with HIV and AIDS, or other discriminatory and disruptive practices			
Employee rights, careers, and right to study	Exposure at the workplace			
	Ill health and absenteeism			
Employee, student, and family assistance programmes				
HIV and AIDS support group and programmes for employees				
Gender equality				
<b>Management of the Response</b>				
	Refusal to work or study with an individual with HIV or AIDS			
Disciplinary procedures and grievance resolution	Violation of medical confidentiality			



TOPIC	ISSUES TO ADDRESS MIGHT INCLUDE ...	INCLUDED	TABLED FOR FURTHER DISCUSSION	NOT INCLUDED
Responsibility and accountability	Management and coordination			
	Monitoring and evaluation			
	Further policy development and review			
	Research			
	Advocacy			
Working with partners	Role of the Aids Control Unit and other leadership			
	Role of networks of Persons Living with HIV and AIDS (PLVHA)			
Human resource training and development	Role of civil society (NGOs, FBOs, INGOs)			
Enabling policy regulation and legislative environment				
Ensuring GIPA principles				
Funding				
Policy dissemination process				
<b>Other</b>				

### TOOL 6: POLICY DISSEMINATION PLANNING CHECKLIST

Here is a series of actions that might be taken to ensure that the new policy is disseminated to all the education institutions, schools, parents, students, and communities to which its provisions apply.

<input type="checkbox"/>	Draft a press release for the Minister of Education to launch the policy in the national print and broadcast media
<input type="checkbox"/>	Convene a national seminar on the national education sector response to HIV and AIDS, and invite the Minister of Education formally to launch the policy
<input type="checkbox"/>	Develop a short illustrated summary of the policy for mass distribution to the public
<input type="checkbox"/>	Develop Information Education Communication (IEC) materials, such as posters, to support awareness of the policy in education institutions and schools
<input type="checkbox"/>	Ensure that the print layout of the approved policy is attractive to the general public and user-friendly for education personnel
<input type="checkbox"/>	Print enough copies of the approved policy to ensure widespread distribution to all schools, teachers, trainers, and PTAs
<input type="checkbox"/>	Plan to hold one-day workshops at the district level to orient education administrators and school principals to the requirements of the new policy
<input type="checkbox"/>	Hold a briefing session with representatives of teachers unions
<input type="checkbox"/>	Instruct school principals to ensure that all staff are familiar with the provisions of the policy
<input type="checkbox"/>	Instruct principals to brief PTAs and any other relevant school-community groups on the new policy
<input type="checkbox"/>	Ensure that the policy is easily accessible on the government/Ministry of Education website
<input type="checkbox"/>	Use the dissemination process to prepare for implementation

**TOOL 7: POLICY IMPLEMENTATION TEMPLATE: PREVENTION**

**Prevention**

**Goal:** An environment in which all learners and education sector personnel are free from HIV infection

OBJECTIVE	OUTCOME
1. To create an enabling environment in which managers and relevant stakeholders take an active role in preventing HIV infection	1.1 Reduced HIV infection rates within the sector
2. To put in place appropriate systems, structures, and methodologies to mobilise and sensitise relevant stakeholders on HIV and AIDS prevention strategies and life skills	2.1 Strengthened HIV and AIDS prevention and life skills strategies in place  2.2 Positive behaviour change across all levels
3. To put in place appropriate systems and structures to safeguard against stigma and discrimination, sexual harassment, abuse, exploitation, or assault of all learners and education sector employees	3.1 Reduced stigma, discrimination, sexual harassment, abuse, and exploitation of all within the education sector

*This template was designed by the MTT. This example is provided by the Republic of Kenya for the policy theme ‘HIV Prevention.’ A similar form should be completed for each of the other policy themes: Care and Support, HIV and AIDS in the Workplace, and Management of the Response.*



**TOOL 8: POLICY IMPLEMENTATION ACTION PLAN**

**Objective:** To create an enabling environment in which managers and relevant stakeholders take an active role in HIV and AIDS policy implementation

STRATEGIES	RESPONSIBLE ORGANISATION	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF ASSESSMENT	TIMEFRAME	FUNDING SOURCE	REMARKS
<b>HIV Prevention</b>	1.	a.	a.	a.	a.	a.
		b.	b.	b.	b.	b.
	2.	a.	a.	a.	a.	a.
		b.	b.	b.	b.	b.
<b>Care and Support</b>	1.	a.	a.	a.	a.	a.
		b.	b.	b.	b.	b.
	2.	a.	a.	a.	a.	a.
		b.	b.	b.	b.	b.

<b>HIV and AIDS in the Workplace</b>	<b>1.</b>	a.	a.	a.	a.	a.	a.	a.	a.
		b.	b.	b.	b.	b.	b.	b.	b.
	<b>2.</b>	a.	a.	a.	a.	a.	a.	a.	a.
		b.	b.	b.	b.	b.	b.	b.	b.
<b>Management of the Response</b>	<b>1.</b>	a.	a.	a.	a.	a.	a.	a.	a.
		b.	b.	b.	b.	b.	b.	b.	b.
	<b>2.</b>	a.	a.	a.	a.	a.	a.	a.	a.
		b.	b.	b.	b.	b.	b.	b.	b.

### TOOL 9: IMPLEMENTING HIV AND AIDS POLICY AT THE SCHOOL LEVEL

1. The governing body or principal, in consultation with major stakeholders, appoints a School HIV and AIDS point person (Coordinator) or Committee. The Coordinator/Committee is charged with responsibility for implementing policy and designing a monitoring mechanism. An already existing workplace committee—for example, a health advisory or occupational safety and health committee—can be assigned this role.
2. The School HIV and AIDS Coordinator/Committee, in consultation with the human resources division, the governing body or principal, and representatives of both students and teachers:
  - a. explores how to adapt the national policy to the institutional setting
  - b. identifies needs of the institution, students, and educators
3. The School HIV and AIDS Coordinator/Committee assesses available health, social, and information resources.
4. Based on assessments of needs and resources, and in consultation with stakeholders, the School HIV and AIDS Coordinator/Committee drafts a work plan to implement the policy. The work plan includes a timeline and a delineation of roles and responsibilities.
5. The draft work plan is sent for review to the governing body or principal.
6. After the work plan is approved, the School HIV and AIDS Coordinator/Committee, in consultation with the governing body or principal, provides a detailed outline of resources needed for implementation.
7. The work plan is implemented through the institution's established planning and budgeting cycles.
8. The School HIV and AIDS Coordinator/Committee arranges for the policy and work plan to be disseminated through the governing body, teacher assemblies, education sector union meetings, student assemblies, induction courses, and training sessions.
9. The School HIV and AIDS Coordinator/Committee, in consultation with representatives of teachers and other education sector employees and students, designs a monitoring mechanism to ensure implementation of the work plan and to assess the impact of the policy.



## TOOL 10: EVALUATING THE HIV AND AIDS POLICY FOR THE EDUCATION SECTOR

This tool includes some sample questions to determine whether your HIV and AIDS policy is being implemented as planned. You may work with a professional evaluator to design questions, or adapt and expand the sample questions below.

### Process Evaluation

Interview Ministry officials, teachers, students, school officials, and programme coordinators, asking questions similar to the following.

1. To what extent is the Ministry policy on HIV and AIDS implemented as written? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  
2. How is the HIV and AIDS policy enforced? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  
3. Do students understand the HIV and AIDS policy? What is their attitude towards it? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  
4. How familiar are Ministry officials with the content of the HIV and AIDS policy? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Outcome Evaluation

Use questionnaires, interviews, and small-group discussions to ask questions similar to the following.

1. Does the HIV and AIDS policy foster the necessary knowledge, attitudes, and skills to prevent high-risk behaviours? Does it prevent or reduce high-risk behaviours? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  
2. Is the Ministry HIV and AIDS policy implemented in a way that encourages care and support of people living with HIV and AIDS in the school setting? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



A young boy with short dark hair, wearing a light blue short-sleeved button-down shirt, is looking down and to the left. He is standing in front of a rough, multi-colored stone wall. The wall is composed of various sized and colored stones, including shades of grey, brown, tan, and reddish-brown, with visible mortar joints. The lighting is natural, suggesting an outdoor setting.

## APPENDICES



### Purpose

To brief the Minister on the need for an education sector policy on HIV and AIDS and the steps that will be taken to develop one.

### Recommendation

That a small Ministry of Education internal committee be set up to plan and oversee the development of a Ministry of Education comprehensive policy on HIV and AIDS, using the EDC *Step by Step* toolkit as a resource.

### Background

The Caribbean region has the second highest rates of HIV infection in the world, after sub-Saharan Africa. A comprehensive effort is needed to bring HIV under control, to reduce the number of new infections, and to mitigate the impact of AIDS on small island economies and societies. A comprehensive policy addresses human rights in the education sector workplace, curriculum and instruction, health services, and a healthy and safe physical and psycho-social learning environment. Experience from around the world has demonstrated the efficacy of a national multi-sectoral response in which the education sector plays a key role, especially with young people.

### Rational

Young people in the region are growing up in a world in which HIV and AIDS are prevalent. They need to be prepared to prevent infection and to face the challenges that HIV will bring to their communities and their own lives. The education sector is well placed to do this. The first priority is to provide young people with the knowledge, values, and skills to protect themselves and their partners from HIV through the school HFLE curriculum. Teachers need appropriate pre- and in-service training to be able to deliver the curriculum effectively. Other priority actions include addressing HIV-related stigma and discrimination through education, and mitigating the impact of HIV on teachers and children by coordinating with the health sector to provide needed counselling and testing services early on. Finally, the rights of children and adults living with or affected by HIV need to be protected at school.

Through HFLE, in particular, we are already engaged with HIV and AIDS. However, to strengthen the effectiveness and efficiency of our response, we should now develop a policy for the Ministry. A number of countries in the region have already developed such policies or are embarking on the process of policy formulation. We can learn from their experiences.

There are many benefits of having a policy-based response to HIV and AIDS:

- The development of systems and laws that reflect a common understanding of HIV and AIDS across the entire sector
- Strengthening ownership of the sector response and galvanising leadership at all levels
- Providing strategic directions for the entire sector
- Establishing clear priorities for action
- Defining rights and entitlements
- Clarifying roles and responsibilities
- Establishing a basis for mobilising human and financial resources and sustaining the response
- Saving lives, preventing suffering, and safeguarding our Caribbean region

*Step by Step: A Guide to HIV and AIDS Policy Development for the Education Sector*<sup>5</sup> is a cost-effective approach to education sector HIV and AIDS policy development, that I recommend we use it to develop our own policy. A copy of the toolkit is attached for your reference.

Subject to your views, I shall be ready to take this matter forward and to make the necessary arrangements for the delivery of the education sector HIV and AIDS policy.

Permanent Secretary

<sup>5</sup>HHD: A Division of EDC, Inc. *Step by Step: A Guide to HIV and AIDS Policy Development for the Education Sector (2007)*



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## APPENDIX 2: SAMPLE EDUCATION SECTOR POLICY ON HIV AND AIDS

**1. FOREWORD** To be drafted for the Minister(s)

**2. PREAMBLE** To be drafted

### 3. DEFINITION OF TERMS

#### **Administrator**

A principal, vice principal, dean, or other officer who plays a managerial role at the education institution or service.

#### **Affected person**

A person whose life is changed in any way by HIV and AIDS, due to the broad impact of this epidemic.

#### **AIDS**

Acquired immune deficiency syndrome, a range of medical conditions that occurs when a person's immune system is seriously weakened by infection with the human immunodeficiency virus (HIV). HIV injures cells in the immune system, which impairs the body's ability to fight the disease. People living with AIDS are susceptible to a wide range of unusual and potentially life-threatening diseases and infections.

#### **Antiretrovirals**

Drugs used to kill or inhibit the multiplication of retroviruses, such as HIV. Sometimes referred to as ART, or anti-retroviral therapy.

#### **Capacity building**

An element of operations management that determines an organisation's capability to produce the products/services/resources to meet demand.

#### **Community**

Local groups outside the education institution that provide leadership or support on social, economic, and political issues relevant to citizens, such as private employers or business, non-governmental social welfare organisations, health care providers, faith-based organisations, and cultural institutions.

#### **Discrimination**

In this context, any distinction, exclusion, or preference made on the basis of HIV status or perceived HIV status. Discrimination consists of actions or omissions that are derived from stigma and directed towards those individuals who are stigmatised. Discrimination is action, which has the effect of nullifying or impairing equality of opportunity or treatment in employment or occupation, in accordance with the definition and principles of the ILO Discrimination (Employment and Occupation) Convention, 1958 (no. 111), and is also understood to include discrimination for reasons of sexual orientation.

#### **Education institution**

Any establishment or setting where learning, whether formal or non-formal, takes place. For the purposes of this policy, education institutions include pre-primary, primary, and secondary schools; post-secondary vocational/technical training; further and higher education institutions; and places of adult and non-formal education.

#### **Education service(s)**

Other components of a nation's education and training system, public or private, other than an education institution.



**Educator**

Any person who imparts knowledge and skills within the education sector.

**Employee**

An administrator, teacher, or non-teaching support staff employed in an education institution or service.

**Employer**

A person who engages others to perform certain tasks for payment of a wage or salary.

**Gender**

All attributes associated with women and men, boys and girls, that are socially and culturally ascribed and that vary from one society to another and over time.

**HIV**

Human immunodeficiency virus belongs to a unique group of viruses known as 'retroviruses,' which reverse the usual flow of genetic information within an infected cell. HIV weakens the body's immune system, ultimately leading to AIDS.

**Holistic care, treatment, and support**

Means that address the physical, psychological, emotional, and other needs of affected and infected individuals.

**Infected person**

A person who is living with the human immunodeficiency virus that causes AIDS.

**Legal age**

The age at which an individual is considered a major and is legally responsible for certain decisions, as defined by a country's legislation.

**Non-teaching staff**

A person engaged in support functions other than management or teaching in an education institution or service.

**Opportunistic infection**

Infection by organisms that usually only cause diseases in people with weakened immune systems. Persons living with advanced HIV infection suffer opportunistic infections of the lungs, brain, eyes, and other organs. Opportunistic infections common in persons diagnosed with AIDS include Pneumocystis Carinii pneumonia; Kaposi's sarcoma; cryptosporidiosis; histoplasmosis; other parasitic, viral, and fungal infections; and some types of cancer.

**Orphan**

A person under the age of 18 years who has lost one or both parents.

**Parent**

The biological and adoptive parent, custodian, or legal guardian of children.

**Peer educator or peer counsellor**

The trained employee or student who develops or implements a developmental counselling programme to meet the social, psychosocial, and educational or training needs of employees or students in relation to HIV and AIDS.

## APPENDIX 2: SAMPLE EDUCATION SECTOR POLICY ON HIV AND AIDS

### **Post-exposure prophylaxis (PEP)**

Measures and treatment given to a person who has recently been exposed to disease-causing organisms to prevent the person from developing the disease.

### **Prevalence**

A measure of the proportion of people in a population affected with a particular disease at a given time.

### **Psychosocial support**

The non-physical care meant to address challenges of isolation, depression, anxiety, other psychiatric impairment, and serious interpersonal problems as a result of HIV and AIDS. The purpose of psychosocial support is to ensure that quality of life and motivation to live are effectively optimised. Psychosocial support is understood to include spiritual support.

### **Reasonable accommodation**

Any modification or adjustment to a job or to the workplace that is reasonable, is practicable, and enables a person living with HIV or AIDS to have access to or participate or advance in employment.

### **Screening**

Measures to assess HIV status, whether direct (HIV testing) or indirect (assessment of risk-taking behaviour); asking questions about health or about medication used. In the context of this policy, screening may lead to exclusion from employment or education.

### **Sex and gender**

There are both biological and social differences between males and females. The term 'sex' refers to biologically determined differences, while the term 'gender' refers to differences in social roles and relations between males and females. Gender roles are learned through socialisation and vary widely within and between cultures. Gender roles are affected by age, class, race, ethnicity, and religion, and by the geographical, economic, and political environment.

### **Sexual abuse**

Abuse of a person targeting his or her sexual organs, e.g., rape, touching the person's private parts, or inserting objects into the person's private parts.

### **STI**

Sexually transmitted infections, which include, among others, syphilis, chancroid, chlamydia, and gonorrhoea. STIs include conditions commonly known as sexually transmitted diseases (STDs).

### **Social dialogue**

Any form of information sharing, consultation, or negotiation (with or without formal agreements concluded) between educational authorities, public and private, and employees or their representatives (i.e., workers' representatives).

### **Stigma**

A dynamic process of devaluation that significantly discredits an individual in the viewpoints of others.

### **Student**

A person attending formal or non-formal classes or pursuing studies at a school, training institution, college, university, or any other education institution.

## APPENDIX 2: SAMPLE EDUCATION SECTOR POLICY ON HIV AND AIDS

### **Teacher**

A person engaged part-time or full-time in the education of students, whether formal or non-formal.

### **Termination of employment**

Dismissal at the initiative of the employer.

### **Universal precautions**

A simple standard of infection control practice used to minimise the risk of blood-borne pathogens.

### **Voluntary counselling and testing (VCT)**

VCT is voluntary HIV testing that involves a process of pre- and post-test counselling, which helps people to know their sero-status and make informed decisions.

### **Vulnerable student**

Any person receiving education and training from a learning institution who is susceptible to circumstances that infringe upon the fulfilment of that person's fundamental human rights.

### **Workplace**

Occupational settings, stations, and places where workers spend time for gainful employment.

## 4. SCOPE OF APPLICATION

The education Sector Policy on HIV and AIDS applies to all students, teachers, non-teaching staff, managers, employers, and other providers of education and training in all public and private, formal and non-formal education institutions at all levels of the education sector in [the country].

## 5. PRINCIPLES GUIDING THE POLICY

### **5.1. Access to education**

Every child has the right to education. No student shall be denied access to education on the basis of his or her actual or perceived HIV status.

### **5.2. Access to information**

All Ministry of Education staff, employees, and students have the right to relevant and factual HIV and AIDS information and behaviour change communication that is appropriate to their age, gender, culture, language, and context.

### **5.3. Human rights**

All Ministry of Education staff and students have the same rights, opportunities, and responsibilities and shall be protected from all forms of discrimination, including discrimination based on actual or perceived HIV status.

### **5.4. Access to treatment, care, and support**

All infected and affected Ministry of Education staff and students have the right to access care, treatment, and support in line with available resources. The education sector shall work in partnership with agencies offering support and care, including institutions, community NGOs, and private and public health care systems.



## APPENDIX 2: SAMPLE EDUCATION SECTOR POLICY ON HIV AND AIDS

### 5.5. Privacy and confidentiality

All personal medical information, whether oral, written, or in electronic format, obtained from an individual or third party shall be treated as confidential. No education sector employee, student, parent, or guardian is compelled to disclose HIV status to authorities at their workplace or learning institution.

### 5.6. Supportive and caring environment

The Ministry of Education shall provide a supportive and caring environment for all persons, including those infected with or affected by HIV and AIDS, that guarantees access to treatment and provides for reasonable accommodation, provision for, or referral to counselling and a healthy living information.

### 5.7. Safe and healthy work environment

All education sector workplace and learning environments have a responsibility to minimise the risk of HIV transmission by taking the appropriate First Aid/universal infection control precautions.

### 5.8. Gender equality

HIV and AIDS affect and impact women and men differently due to their biological, socio-cultural, sexual orientation, and economic circumstances. Application of all aspects of this policy should be responsive to the different needs of men, women, boys, and girls.

### 5.9. Fair labour practices

HIV and AIDS is not a cause for termination, suspension, involuntary transfer, or denial of career advancement of an education sector employee. Persons living with HIV-related illnesses should be able to work for as long as they are medically able.

### 5.10. Screening and testing

HIV screening or testing shall not be a requirement of job applicants for positions in the Ministry of Education, or students who wish to enrol in schools in [the country].

### 5.11. Involvement of Persons Living with HIV and AIDS (PLWHA)

The involvement of PLWHA to educate and inform shall be promoted at all levels within the education sector.

### 5.12. Partnership

While the education sector shall be responsible and accountable for implementation of this policy, it shall at all times seek to develop effective partnerships to enhance the success of its implementation.

## 6. RIGHTS TO EQUALITY

### 6.1 Non-discrimination and reduction of stigma

- 6.1.1. There should be no discrimination, either direct or indirect, against any student or staff member infected with or affected by HIV and AIDS, or perceived to be infected with or affected by HIV and AIDS.
- 6.1.2. Students with HIV or AIDS have the same right as any other students to attend education institutions. Staff members with HIV and AIDS have the same right as any other staff members to continue employment. The needs of students or staff to access or continue education or employment should be reasonably accommodated by the institution.

## APPENDIX 2: SAMPLE EDUCATION SECTOR POLICY ON HIV AND AIDS

6.1.3. No student may be denied admission or continued attendance at an institution based on his or her actual or perceived HIV and AIDS status. No staff member may be denied appointment, promotion, or continued employment based on his or her actual or perceived HIV and AIDS status.

### 6.2. Testing, disclosure, and confidentiality

6.2.1. There should be no HIV testing of students or staff as a prerequisite for admission, appointment, or promotion, nor is there medical justification for routine HIV testing of students and staff for the purpose of continued education and employment.

6.2.2. No student (or parent on behalf of a student) or staff member may be compelled to disclose his or her HIV and AIDS status.

6.2.3. Voluntary disclosure of a student or educator's HIV and AIDS status should be encouraged through the creation of an enabling environment in which such disclosure remains confidential.

6.2.4. Schools should implement sanctions against staff members who breach this confidentiality through unauthorised disclosure of an individual's HIV and AIDS status.

## 7. HIV PREVENTION

### Prevention of new HIV infections

The Ministry of Education shall actively work towards the prevention of new HIV infections through education and the following: abstinence programmes, promotion of behaviour change strategies, healthy life choices and health-seeking behaviours, and the consistent application of universal precautions.

### 7.1. Curriculum approaches

7.1.1. The Ministry of Education shall provide accurate information on HIV and AIDS that is gender-appropriate, sensitive to religious and cultural diversity, age- and developmentally appropriate, relevant, and delivered using youth-friendly approaches.

7.1.2. HIV and AIDS education shall be provided through the Health and Family Life (HFLE)/Health Promotion curriculum, which shall include, among other things, core issues of self-esteem, communication skills, negotiation skills, values clarification, sexuality and reproductive health, and spirituality, as well as accurate information on HIV and AIDS transmission, prevention, treatment, care, and support. Schools should provide relevant, factual information on *all* available, evidence-based HIV prevention strategies, promoting messages of abstinence but including faithfulness to one partner and consistent, correct condom use, as appropriate.

7.1.3. The Ministry of Education shall engage relevant partners in facilitating pre- and in-service training of educators in building both their awareness of HIV and AIDS and their capacity to deliver HIV and AIDS prevention education through HFLE and other mediums.

### 7.2. Co- and extra-curricular approaches

The Ministry of Education shall foster ongoing, out-of-classroom learning on HIV and AIDS through school-based youth clubs and service organisations, special awareness events and festivals, sporting programmes, public relations and communications strategies, creative expression, and edutainment, as well as confidential counselling services. Partnerships shall be sought with community, faith-based, governmental, and non-governmental organisations in supporting and enhancing the delivery of these approaches. Co- and extra-curricular education on HIV and AIDS should be recognised as an essential component of the learning process and should be integrated into mainstream school operations.

### 7.3. Parent and community education programmes

All education institutions shall work actively with Parent-Teacher Associations, their local school boards, and the wider community in building awareness, support, and participation of parents in HIV and AIDS prevention education programmes. Education institutions shall foster networks of parenting organisations to improve parents' access to skill-building, information, and services through after-school programmes or other special interventions. The Ministry of Education shall promote ongoing education on HIV and AIDS through diverse media strategies targeting parents, guardians, and care-givers in the wider community.

### 7.4. Peer education

The Ministry of Education shall promote peer education strategies and peer support groups for students at all levels, such as Abstinence Clubs, Counselling Groups, Student Councils, and Student-led School Assemblies. The Ministry of Education shall collaborate with appropriate governmental, non-governmental, faith-based, and community-based organisations in the training of peer educators and the design, implementation, monitoring, and evaluation of such programmes.

### 7.5. Access to information on HIV and AIDS

The Ministry of Education shall ensure the availability of age- and developmentally appropriate resources on HIV and AIDS prevention to all students and staff in the education sector. Every effort shall be made to ensure that resources are provided in a fashion that is both effective and sustainable.

### 7.6. Voluntary, confidential counselling and testing

The Ministry of Education shall partner with national and district medical authorities to facilitate access to voluntary, confidential counselling and testing (VCCT) services by all staff and, as appropriate, by students, on a demand-driven basis. Emphasis shall be placed on referral and counselling to promote risk reduction and access to VCCT. VCCT and follow-up services should utilise a structured, monitored, and evaluated approach.

### 7.7. Health promoting schools

The Ministry of Education shall promote and facilitate a whole-school approach to HIV and AIDS prevention through a focus on general health promotion, wellness, and a safe institutional environment. Strategies employed shall be inclusive and involve participation of all members of the school community: educators, school boards, administrators, learners, support staff, PTA, faith-based organisations, the community, and PLWHA.

### 7.8. Universal precautions

Where there is exposure to blood and body fluids, all education institutions shall employ universal precautions to reduce the risk of HIV transmission or other blood-borne pathogens. The Ministry of Education



## APPENDIX 2: SAMPLE EDUCATION SECTOR POLICY ON HIV AND AIDS

shall ensure the capacity of all education institutions and offices to implement universal precautions by providing First Aid kits and training of the school community in the application of this protocol. Details on universal precautions and the contents of a basic First Aid kit are provided in Appendix 3.

### 7.9. Access to condoms

The Ministry of Education shall facilitate access to condoms for all staff in the education sector in non-school-based environments, using responsible distribution methods and appropriate locations. Access to condoms shall also be provided to students at tertiary-level institutions and, where appropriate, to pre-tertiary students through referrals to the relevant health institutions and other access points outside of school compounds.

## 8. CARE AND SUPPORT

- All persons affected or infected at all levels of the education sector are entitled to care and support.
- All managers, educators, employers, parents, and stakeholders have a duty to ensure that the rights and dignity of all infected or affected persons are respected.
- All education sector personnel have the responsibility to develop and implement systems that address the psychosocial, physical, emotional, educational, and spiritual needs of affected or infected persons.

### 8.1. Access to health services

- 8.1.1. Every affected or infected person should have access to health services, which should be facilitated by the education institutions in collaboration with other Ministries and service providers.
- 8.1.2. The Ministry of Education shall provide lists of referral services for treatment, according to the district, for each principal as well as provide basic literature on the treatment of HIV and AIDS.
- 8.1.3. The Ministry of Education shall continue to liaise with the Ministry of Health to facilitate access to health services.

### 8.2. Psycho-social support

- 8.2.1. All education institutions should facilitate the meeting of the health care needs of the students and staff around treatment and healthy living.
- 8.2.2. Psycho-social support should be provided in a secure and confidential environment.
- 8.2.3. Heads of education institutions are responsible for creating an enabling environment that is free from stigma and discrimination. Education institutions shall provide access to professional counselling services for the infected and affected, including a referral service.

### 8.3. Community mobilisation

Education institutions are encouraged to mobilise communities for material and other support and to seek funds and technical support from stakeholders for the mitigation of the social-economic and health problems in the school-community.

## APPENDIX 2: SAMPLE EDUCATION SECTOR POLICY ON HIV AND AIDS

### 8.4. Orphans and vulnerable children (OVC)

- 8.4.1. Education institutions are expected to assist students who are ill, OVC, or students with special needs so that they are able to continue with their education.
- 8.4.2. Education institutions have a responsibility to identify vulnerable students with special needs, identify resources that can support these students, and develop systems to address their needs.
- 8.4.3. Early childhood care and education institutions should reach out to young OVC and students with special needs in the community and make efforts to compensate for any lack of care and support they may experience in their home environments.
- 8.4.4. Parents, teachers, principals, and staff of the Ministry of Education should ensure that all students within the compulsory age groups complete their education in accordance with the provisions of the Education Act.
- 8.4.5. Non-formal education programmes, including those for out-of-school youth, are encouraged to address the educational needs of OVC and students with special needs, including life skills and HIV and AIDS education.

### 8.5. Financial support

- 8.5.1. Bursary schemes and other student aid schemes must incorporate provisions to cover the educational needs of deserving affected, infected, and other vulnerable students and those with special needs at all levels of the education sector.
- 8.5.2. Compulsory HIV testing of applicants for bursaries, scholarships, and student financial aid schemes in the education sector is prohibited.

## 9. HIV AND AIDS IN THE WORKPLACE

**There must be recognition that HIV and AIDS is both a workplace issue and an issue that affects all stakeholders in the education sector.**

### 9.1. Non-discrimination

- 9.1.1. No individual infected with or affected by HIV and AIDS or perceived to be infected with or affected by HIV and AIDS shall be discriminated against in terms of access to or continued employment, training, promotion, or benefits or enrolment on the basis of the individual's HIV status.
- 9.1.2. All students and staff in the education sector shall receive instruction on the fundamental Human Rights and Freedoms as contained in the Constitution of [the country] and all other relevant UN conventions ratified by the government.
- 9.1.3. Any individual who experiences discrimination or perceived discrimination shall be entitled to redress.

### 9.2. HIV testing and confidentiality

- 9.2.1. No individual should be required to undergo compulsory testing for HIV for the purposes of employment, promotion, training, and/or admission.

## APPENDIX 2: SAMPLE EDUCATION SECTOR POLICY ON HIV AND AIDS

9.2.2. The medical examination that Ministry of Education staff are required to undergo in order to be confirmed shall not include HIV testing.

9.2.3. Voluntary testing may be carried out at the request of a student or staff member in a suitable environment and in accordance with the prevailing legislation.

9.2.4. Disclosure shall be voluntary, and any education sector employee to whom such information is disclosed shall be bound to keep that information confidential.

### 9.3. HIV and AIDS information, prevention, and support programmes for employees

9.3.1. A sustainable HIV and AIDS education programme shall be developed by the Ministry of Education for implementation throughout the education sector. This programme shall be designed and implemented in consultation with all levels and categories of employees and stakeholders, including worker associations and persons infected with or affected by HIV and AIDS, and shall be sensitive to cultural, developmental, and socio-economic factors.

9.3.2. The HIV and AIDS programme shall include basic information about HIV and AIDS; how it is transmitted and how it can be prevented; promotion of positive living by PLWHA; promotion of non-discrimination, supportive, and sensitive attitudes towards PLWHA and those affected by HIV and AIDS; information on sexuality and safer sexual practices, including abstinence, faithfulness, and the correct and consistent use of a condom; information about rights and services available to PLWHA within the education sector; and referrals to relevant personnel, agencies, and networks that provide support and services to PLWHA and those affected by HIV and AIDS.

9.3.3. The heads of all education sector workplaces shall establish and maintain communication channels to enable PLWHA and those affected by HIV and AIDS to raise concerns and grievances and to access support.

### 9.4. Ill health

9.4.1. PLWHA shall be entitled to continue to work or attend institutions of learning for as long as they are medically fit.

9.4.2. Measures shall be taken to reasonably accommodate PLWHA to enable them to continue working as long as possible. Reasonable accommodation shall include re-arrangement of working/learning hours, modified tasks or jobs, provision of rest periods, and flexible work arrangements and leave provisions.

### 9.5. Exposure at the workplace

9.5.1. The Ministry of Education shall ensure that adequate provision is made at all Education sector workplaces for the implementation of universal precautions.

9.5.2. There shall be provisions for access to post-exposure prophylaxis in the event of sexual abuse or in cases of accidental exposure while attending an education institution, or while on duty on the part of any employee in the sector.

### 9.6. Responsibility and accountability

9.6.1. All employees and members of staff in the education sector are bound by all the provisions of this policy.

9.6.2. It shall be the responsibility of all heads of education sector workplaces to ensure that the provisions contained in this policy are implemented.



## APPENDIX 2: SAMPLE EDUCATION SECTOR POLICY ON HIV AND AIDS

9.6.3. All workers associations and organisations shall be actively involved in planning for the implementation of this policy.

### 9.7. Sanctions

9.7.1. No individual of the education sector shall refuse to work with, teach, or engage in learning or extra-curricular activities with PLWHA or those affected by HIV and AIDS solely because of their status. Should this occur, the individual shall be offered counselling or education. If after counselling the individual still refuses to work with, teach, or engage in learning activities with PLWHA or those affected by HIV and AIDS, the appropriate disciplinary procedures shall be initiated.

9.7.2. Should any head of any education sector workplace refuse to reasonably accommodate PLWHA and AIDS-related illness to enable the person to continue working, the appropriate disciplinary procedures shall be initiated.

**The provisions on sanctions shall need to be subjected to particularly rigorous legal scrutiny before inclusion in a final draft.**

## 10. MANAGEMENT OF THE RESPONSE

### 10.1. The establishment of an HIV and AIDS Coordinating Unit in the Ministry of Education

10.1.1. The Ministry of Education recognises that HIV and AIDS is a serious issue in the Education sector and has resolved to establish an HIV and AIDS Coordinating Unit (HACU).

10.1.2 The HACU will be advised by an advisory committee comprising the heads of the divisions of the Ministry and shall include representation from the PLWHA community, civil society, teachers unions, youth representation, and the higher education institutions.

10.1.3. The HACU shall have an administrative body to carry out its mandate.

10.1.4. The HACU shall report directly to the Permanent Secretary within the Ministry of Education.

10.1.5. The HACU shall be responsible for developing and promoting a plan for the implementation of policy at the Ministry as well as the monitoring, evaluation, and review of the plan.

10.1.6. The unit shall be responsible for advising the Permanent Secretary and Minister on matters with respect to HIV and AIDS.

10.1.7. The HACU shall also be responsible for directing the delivery of the policy agenda to ensure that principals, administrators, other leadership, staff, teachers, parents, and students are knowledgeable and informed of the content of the policy and committed to its dissemination.

10.1.8. The unit shall be responsible for forging partnerships with key stakeholders, such as the Ministries of Health, Sport and Youth Affairs, Social Development, Community Development, and Culture and Gender Affairs and other NGOs.

### **10.2. District-level coordination and accountability**

- 10.2.1. Each Education District should identify a Programme Coordinator to assist in the implementation of the plan.
- 10.2.2. The District Programme Coordinators shall report on the progress of the district to the district supervisor.
- 10.2.3. The Education Districts are responsible for the implementation of the plan in their area.
- 10.2.4. The Programme Coordinator is responsible for communicating the policy and plan to all education sector employees within the district.
- 10.2.5. Education Districts shall develop specific advocacy strategies to support the implementation of the HIV and AIDS policy.
- 10.2.6. Education Districts shall be required to provide the necessary data, including key indicators of impact, for the development of a consolidated and accessible information system.

### **10.3. Planning**

- 10.3.1. The Ministry of Education shall plan for and mobilise resources to support the implementation of this policy.
- 10.3.2. The HACU shall coordinate resource planning and budgeting and liaise with other sector partners to develop a shared strategy aimed at preventing further infections and at mitigating the impacts on the education sector.

### **10.4. Human resource training and development**

- 10.4.1. As part of the response to HIV and AIDS, the Ministry of Education shall liaise with other Ministries and agencies involved in human resource planning and development—in particular, the teacher training institutions—in order to sustain education delivery.
- 10.4.2. The Ministry shall ensure adequate monitoring and planning so that there is an efficient and adequate supply of appropriately skilled teachers and other staff to meet our educational needs.
- 10.4.3. Pre-service and in-service training of teachers and other staff shall be required to ensure that they have the skills to protect themselves from infection, to implement the appropriate life skills curriculum, and to deal with the effects of HIV and AIDS in the sector.

### **10.5. Partnerships**

The Ministry of Education shall make deliberate and systematic efforts to form, manage, and sustain partnerships for the benefit of the education sector with agencies and institutions from inside and outside the sector.

### **10.6. Research**

Special attention shall be given to research on levels of HIV prevalence affecting the education sector, levels of orphanhood and vulnerability, access to education, the effectiveness of prevention programmes, the impacts of HIV and AIDS on the workplace, and the differential impacts on gender. Examples of good

## APPENDIX 2: SAMPLE EDUCATION SECTOR POLICY ON HIV AND AIDS

practices shall be highlighted and replicated across the education sector. The University of the West Indies, CAREC, and other research institutions in the sector shall be encouraged and supported to play a leading role in this regard.

### 10.7. Monitoring and evaluation

Managers at all levels of the education system sector shall be expected to integrate strategies and mechanisms for monitoring and evaluating the quality of programmes, the responses to interventions, and the efficiency of resource utilisation in the sector, and to use this information for planning and management purposes. The HACU, in conjunction with the Planning Division in the Ministry, shall be expected to play a leading and facilitating role, in particular, regarding the gathering data baseline and the development of suitable indicators for monitoring and evaluation.

### 10.8. Advocacy

The Ministry of Education shall ensure that all managers and stakeholders in the education sector are knowledgeable and informed of the content of this policy, and committed to its dissemination.

### 10.9. Further policy development and review

10.9.1. This policy shall be reviewed from time to time to ensure that it remains relevant to the needs of the sector.

10.9.2. Where appropriate, education sub-sectors or institutions are encouraged to develop their own specific policies on HIV and AIDS that are consistent with this sectoral policy.

## II. SUGGESTED APPENDICES

Universal precautions

List of specialist resource institutions/agencies

Proposed minimum content of a school safety kit

List of HIV/AIDS facts





## Step by Step:



*A Guide to HIV and AIDS Policy  
Development for the Education Sector*

## Caribbean Education Sector HIV and AIDS Capacity Building Programme

[www.caribbeanleaders.org](http://www.caribbeanleaders.org)



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