

Education Sector School, Health, Nutrition and HIV&AIDS Strategic Plan 2008 – 2012

Introduction

This Education Sector School Health, Nutrition and HIV&AIDS Strategic plan (2008-2012) has been drafted in line with the newly produced Education Sector Policy on School Health, Nutrition and HIV&AIDS. The overarching principle that has guided the drafting both of the policy and the strategic plan has been Guyana's commitment to the achievement of Education for All. In pursuit of this, the strategic plan has been developed in order to improve the education, health and nutrition of school children, teachers and members of the education sector in Guyana. This is because the Government of Guyana recognizes that good health and nutrition are not only essential inputs but also important outcomes of a basic education of good quality.

Amongst the most pressing issues affecting people in Guyana is HIV&AIDS. The Ministry of Education has taken the decision to position HIV Prevention within the context of an holistic programme of school health and nutrition activities and sees the education sector as having a vital role to play in the country's response to the epidemic. The priority placed on the education sector's response is based on evidence that education contributes towards the knowledge and personal skills essential for the prevention of HIV and other STIs, and protects individuals, families, communities, institutions and nations from the impact of AIDS. Education helps to overcome the conditions that facilitate the spread of HIV and can create the understanding and tolerance that contribute to reduced stigma and discrimination against vulnerable and marginalised communities and people living with HIV (UNESCO, 2007). Children of school-age have the lowest HIV infection rates of any population sector. For them, there is a "window of hope", a chance to live a life free from AIDS, if they can acquire knowledge, skills, and values that will help to protect them as they grow up. Providing young people with the 'social vaccine' of education offers them a real chance at a productive life (World Bank, 2002). Young people who fail to complete a basic education, are more than twice as likely to become infected with HIV, and the Global Campaign for Education has estimated that some 7 million cases of HIV&AIDS could be avoided by the achievement of Education for All (GCE, 2004). Schools, of course, are not only places of education, but are also the workplaces of many including teachers, administrators and other support staff. As well as seeking to address the needs of learners, the strategic plan has therefore sought also to include objectives and activities that reflect workplace issues, particularly those surrounding HIV&AIDS.

A critical determinant of the development of the strategic plan has been to ensure that its objectives and activities are in clear harmony with Guyana's National HIV/AIDS strategy (See Appendix A). The SHN plan has also sought appropriately to reflect and support the strategic objectives of other key plans including Guyana's Education Sector Strategy 2003-2007(See Appendix B) and Guyana's National Health Strategy 2003-2007(See Appendix C)¹. It is hoped that by referring to the needs and objectives of others, the strategic plan will enable partnerships to be formed, managed and sustained with all sectors, agencies and institutions that can help improve the education, health and nutrition of Guyanese children. Foremost amongst these is the Ministry of Health with it is hoped that effective partnerships The development of the strategic plan has also been guided by a number of international frameworks including the FRESH framework (a framework sponsored by UNESCO, the World Bank, UNICEF, WHO and many other agencies) and also the Framework for Action of the UNAIDS Global Initiative on Education and HIV & AIDS: EDUCAIDS, which is led by UNESCO. In line with these considerations, the objectives of the Education Sector School, Health, Nutrition and HIV&AIDS Strategic Plan 2008 – 2012 have been determined as follows:

1. To strengthen institutional capacity to manage school health, nutrition and HIV at the central and decentralized levels of the education system
2. To mitigate the impact of HIV and AIDS on the Education System

¹ Both ministries will have new strategic plans for the period 2008 onwards.

3. To improve the quality of delivery of education on HIV, health and nutrition and expand access to services
4. To improve school safety, hygiene and sanitation

The creation of this strategic plan was informed by the “Rapid Situation Analysis of the Education Sector’s Response to HIV & AIDS in the context of School Health and Nutrition in Guyana” conducted in October and November, 2007 with the support of UNESCO, the World Bank and The Partnership for Child Development (see Appendix B for a summary of the main findings and recommendations of the situation analysis). Continuing research as well as effective monitoring and evaluation of activities will be an ongoing priority for the MoE. It is envisaged that the solid foundation of data upon which the plan has been constructed will enable its objectives to remain clear, relevant and pertinent for the duration of its lifetime. At the same time, it is envisaged that constant access to fresh information gained from ongoing monitoring and evaluation activities will enable activities to evolve and change as necessary to meet the plan’s objectives.

Glossary of Terms

AIDS	Acquired Immune Deficiency Syndrome
BSS	Behavioural Surveillance Survey
CBO	Community Based Organisation
CEO	Chief Education Officer
CPCE	Cyril Potter College of Education
FBO	Faith Based Organisation
HFLE	Health and Family Life Education
HIV	Human Immunodeficiency Virus
M&E	Monitoring and Evaluation
MLHS&SS	Ministry of Labour, Human Services and Social Security
MOE	Ministry of Education
MOH	Ministry of Health
MOU	Memorandum of Understanding
NCERD	National Centre for Educational Resource Development
NGO	Non Governmental Organisation
PCD	Partnership for Child Development
PS	Permanent Secretary
RDE	Regional Department of Education
SHN	School Health and Nutrition
UG	University of Guyana
UNESCO	United Nations Educational, Scientific and Cultural Organisation

The Education Sector School, Health, Nutrition and HIV&AIDS Strategic Plan 2008 – 2012

Programme Objective	Activities	Responsible Agency	Indicators	Responsible for monitoring data collection and frequency of collection	Timeline Activity completed by:					Budget
					2008	2009	2010	2011	2012	
1. Strengthen institutional capacity to manage school health, nutrition and HIV at the central and decentralized levels of the education system	1.1 Establish SHN & HIV coordination and monitoring unit, to include a director, HIV/HFLE coordinator, M&E officer, health promotion officer, admin support staff	MOE	1.1 1 Annual report of SHN and HIV&AIDS Unit received by MOE	PS MOE (annually)	June 30 th					
	1.2 Establish SHN and HIV coordination and monitoring at the regional levels	SHN&HIV UNIT MOE, RDEs, RHOs,	1.2.1 Annual report of Regional Coordinating systems received by MOE	PS MOE (annually)	Dec. 30 th					
	1.3 Develop MOU between MOE, MOH and MLHS&SS	SHN&HIV Unit (MOE) and Adolescent Health Unit (MOH), and MLHS&SS	1.3.1 MOU produced	PS MOE (one-time)	May 30 th					
	1.4 Agreement of operational procedures concerning SHN&HIV activities of NGO, CBOs, and FBOs	SHN&HIV Unit, NGOs, CBOs, FBOs	1.4.1 MOE Operational procedures agreed 1.4.2 Number of schools entering into agreements with NGOs, CBOs, and	SHN&HIV UNIT (one-time) CEO (annually)	July 30 th					

			FBOs, under MOE operational procedures							
2 Mitigate the impact of HIV and AIDS on the Education System	2.1 Produce simplified pamphlet and other printed materials about the policy	SHN&HIV Unit	OUTCOME INDICATORS							
			Number of referrals made to related services	Personnel Unit (MoE) (quarterly)						
			Number of HIV-positive teachers requesting assistance from MoE	Personnel Unit (MoE) (quarterly)						
			PROCESS INDICATORS							
			2.1.1 Pamphlets and printed materials produced and printed	SHN&HIV UNIT (annually)	Oct. 30 th	ONGOING				
			2.1.2 Number of pamphlets and printed materials distributed	SHN&HIV UNIT (quarterly)						
			2.2.1 Number of trainings, meetings and media appearances at which the policy is presented	SHN&HIV UNIT (quarterly)	June 30 th	ONGOING				
			2.2.2 Number of cases of stigma and discrimination brought under the policy over the last year and reported to MOE in the annual returns	CEO (annually)						
			2.3 Train a cadre of trainers for ongoing sensitisation of MOE Staff	SHN&HIV Unit and Regional teams	2.3.1 Number of trainers trained	SHN&HIV UNIT (annually)	June 30 th	ONGOING		

	<p>2.4 Sensitise MOE staff, principals, teachers, lecturers, institutions, and School Boards in HIV and AIDS issues</p> <p>2.5 Develop effective collaborative relationship with the Guyana Teachers Union</p> <p>2.6 Establish system of condom distribution to MoE employees</p>	<p>SHN&HIV Unit, GTU</p> <p>SHN&HIV Unit, Regional Teams, MOH, RHOs</p>	<p>2.4.1 Number of staff sensitised in HIV and AIDS issues</p> <p>2.4.2 Number of staff who attend HIV and AIDS activities</p> <p>2.4.3 Number of resources disseminated</p> <p>2.5.1 Number of trainings/activities attended by GTU with SHN&HIV Unit</p> <p>2.6.1 Number of MoE workplaces receiving regular delivery of male and female condoms for staff</p>	<p>SHN&HIV UNIT (quarterly)</p> <p>SHN&HIV UNIT (quarterly)</p> <p>SHN&HIV UNIT (quarterly)</p> <p>SHN&HIV UNIT (quarterly)</p> <p>RDE (quarterly)</p>	<p>Sept 30th</p> <p>June 30th</p>					
<p>3. Improve the quality of delivery of education on HIV, health and nutrition and expand access to services</p>	<p>3.1 Conduct evaluation of HFLE teaching in schools</p>	<p>SHN&HIV Unit</p>	<p>OUTCOME INDICATORS</p> <p>Pass rate for Grade Six HFLE exams</p> <p>KAPB measures in relation to HIV and AIDS in the BSS and other survey</p> <p>PROCESS INDICATORS</p> <p>3.1.1 Evaluation report produced</p>	<p>Examinations Division (annually)</p> <p>BSS (as BSS published)</p> <p>SHN&HIV UNIT (one-time)</p>	<p>June 30th</p>					

	3.2 Conduct evaluation of CPCE HFLE programme	SHN&HIV Unit, CPCE, UNESCO	3.2.1 Evaluation report produced	SHN&HIV UNIT (one-time)	Mar. 31 st				
	3.3 Train all teacher educators at CPCE, UG, and NCERD in HFLE	SHN&HIV Unit	3.3.1 Number of teacher educators trained	SHN&HIV UNIT (annually)	Sept 30 th				
	3.4 Train in-service teachers to deliver HFLE	SHN&HIV Unit and its regional trainers	3.4.1 Number of in-service teachers trained	SHN&HIV UNIT (quarterly)	Sept 30 th	ONGOING			
	3.5 Create/source and disseminate HFLE, health and nutrition, and HIV and AIDS resources	SHN&HIV Unit, UNESCO	3.5.1 Number of resources created/sourced and disseminated	SHN&HIV UNIT (annually)	Sept 30 th	ONGOING			
	3.6 Revise training at CPCE to ensure that all students at CPCE and its centres take a module of HFLE during their training	CPCE, SHN&HIV Unit, MOE, UNESCO	3.6.1 Number of CPCE students receiving HFLE education	SHN&HIV UNIT (annually)	June 30 th	ONGOING			
	3.7 Deliver HFLE (including teaching about abstinence and other prevention methods) in primary and lower secondary schools	SHN&HIV Unit, Regional Teams, Schools	3.7.1 Number of primary and lower secondary schools teaching HFLE	SHN&HIV UNIT, RDE (quarterly)	Sept 30 th	ONGOING			
	3.8 Determine and establish mechanism for providing HFLE at upper secondary schools and tertiary institutions	SHN&HIV Unit, MOE, UNESCO, Secondary and tertiary institutions	3.8.1 Number of secondary /tertiary institutions at which HFLE being delivered	SHN&HIV UNIT, RDE (quarterly)	June 30 th	ONGOING			
	3.9 Develop HFLE monitoring system, train and sensitise the	SHN&HIV Unit, Regional Teams	3.9.1 Number of educational institutions teaching HFLE to	SHN&HIV UNIT (quarterly)	Dec 31 st	ONGOING			
						ONGOING			

	monitoring team		acceptable standards							
	3.10 Promote co-curricular and peer education about HIV, health and nutrition by NGOs, CBOs, and FBOs	SHN&HIV Unit, NGOs, CBOs, FBOs	3.10.1 Number of schools receiving co-curricular and peer education from NGOs, CBOs, FBOs, under MOE operational procedures	CEO (annually)		Jan 31 st	ONGOING			
4. Improve school safety, hygiene and sanitation	4.1 Undertake baseline nationwide school health and nutrition survey; worms, anaemia, nutrition, ear, eye, skin infection, dental, etc	SHN&HIV Unit, MOH, PCD	4.1.1 Health and nutrition survey baseline report produced	SHN&HIV UNIT (one-time)		June 30 th				
	4.2 Undertake follow-up survey	SHN&HIV Unit, MOH, PCD	4.2.1 Follow-up survey report produced	SHN&HIV UNIT (one-time)					June 30 th	
	4.3 Deliver appropriate school-based and workplace health and nutrition services using evidence from baseline survey	SHN&HIV Unit, MOH	4.3.1 Number of students and employees receiving health and nutrition services/information	RDE (quarterly)		Dec 31 st	ONGOING			
	4.3 Deliver appropriate school-based and workplace health and nutrition services using evidence from baseline survey	SHN&HIV Unit, MOH	4.3.2 Number of education institutions delivering health & nutrition services	RDE (quarterly)						
	4.4 Encourage NGOs, CBOs, FBOs to provide psychosocial counselling in schools under the MOE operational procedures	SHN&HIV Unit, NGOs, CBOs, FBOs	4.4.1 Number of schools in which students and teachers have access to quality psychosocial support and counselling services	RDE (quarterly)		Sept 30 th	ONGOING			
4.5 Establish mechanism	SHN&HIV Unit,	4.5.1 Number of teacher	SHN&HIV		Sept	ONGOING				

Appendix A: Correspondence between Objectives of Guyana’s National HIV/AIDS Strategy and the Objectives of the Education Sector School, Health, Nutrition and HIV&AIDS Strategic Plan

Broad strategic priorities of NSP	Specific objectives for each priority area	Objective of SHN/HIV Plan under which these are met
1. Strengthening the national capacity to implement and coordinate a multi-sectoral approach to HIV/AIDS in Guyana	<p>(1.1) Strengthen institutional capacity to effectively coordinate the multi-sectoral response through implementation of the Three Ones Principles (One Coordinating Body, One National Strategy and One National Monitoring and Evaluation plan).</p> <p>(1.2) Strengthen human capacity to effectively coordinate and manage the multi-sectoral response.</p> <p>(1.3) Strengthen regional capacity to implement and manage HIV/AIDS interventions</p>	Objective 1 Strengthen institutional capacity to manage school health, nutrition and HIV at the central and decentralized levels of the education system
2. Ensure all citizens, especially those most vulnerable, have access to information, preventative services such as counselling and testing and live free of stigma and discrimination in order to reduce transmission of HIV.	<p>(2.1) Decrease misconceptions and discriminatory behaviours and increase knowledge and access to prevention services.</p> <p>(2.2) Reduce sexual transmission of HIV infection with a focus on most at-risk populations and their partners through delayed sexual debut, reduced partner change and number, increase condom use.</p> <p>(2.3) Ensure universal access to prevention of mother-to-child-transmission services.</p> <p>(2.4) Reduce the risk for transmission in medical settings.</p> <p>(2.5) Reducing the socio-economic impact of HIV/AIDS on children and increase protection for OVCs.</p> <p>(2.6) Ensure universal access to counselling and testing services.</p>	<p>Objective 2 Mitigate the impact of HIV and AIDS on the Education System</p> <p>Objective 3 Improve the quality of delivery of education on HIV, health and nutrition and expand access to services</p>
3. Ensuring access to care and treatment for all persons living with HIV/AIDS.	<p>(3.1) Ensure universal access to quality diagnostic, care and treatment and support in an enabling environment for all persons infected with HIV/AIDS, including access to ARVs and quality home based care services.</p> <p>(3.2) Expand comprehensive care for opportunistic infections, especially with greater links with the TB control and monitoring.</p> <p>(3.3) Design and implement training programmes for HIV/AIDS treatment care and support for services providers.</p> <p>(3.4) Ensure continued access to ARVs and other treatments supplied through improved procurement and commodities management.</p> <p>(3.5) Established national public health reference laboratory.</p>	Objective 2 Mitigate the impact of HIV and AIDS on the Education System
4. Strengthening of the surveillance system and monitoring and	<p>(4.1) Strengthening of the HIV/AIDS surveillance system and the national health information system.</p> <p>(4.2) Ensure one national system for monitoring</p>	Objective 1 Strengthen institutional capacity to manage school health, nutrition and HIV at the central and decentralized levels of the education

evaluation mechanisms to provide timely information for project management.	and evaluating the response to HIV/AIDS. (4.3) Improve strategic information on HIV/AIDS by strengthening local capacity and identifying priority studies and surveys.	system
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Appendix B: Correspondence between Objectives of Guyana’s National MoE Strategic Plan (2003-2007) and the Objectives of the Education Sector School, Health, Nutrition and HIV&AIDS Strategic Plan

Strategic priorities of MoE Sector Plan	Objective of SHN/HIV Plan which contributes to MoE objectives
1. To improve the quality of the delivery of education, especially in the area of literacy and numeracy.	3. Improve the quality of delivery of education on HIV, health and nutrition and expand access to services. 4. Improve school safety, hygiene and sanitation
2. To improve equity in the education sector by giving special attention to previously un-reached students; (persons with special challenges), those without access to quality secondary education, and those in remote hinterland and riverain areas.	3. Improve the quality of delivery of education on HIV, health and nutrition and expand access to services. 4. Improve school safety, hygiene and sanitation
3. To increase the level of commitment of students, parents and communities to the education process and to human rights.	3. Improve the quality of delivery of education on HIV, health and nutrition and expand access to services.
4. To improve the human resources of the system.	2 Mitigate the impact of HIV and AIDS on the Education System
5. MOE’s managerial capabilities are improved and the system becomes more effective and accountable.	1. Strengthen institutional capacity to manage school health, nutrition and HIV at the central and decentralized levels of the education system

Appendix B: Correspondence between Objectives of Guyana’s National Health Plan (2003-2007) and the Objectives of the Education Sector School, Health, Nutrition and HIV&AIDS Strategic Plan

Strategic priorities of MoH National Health Plan	Objective of SHN/HIV Plan which contributes to MoH objectives
1. Strengthening management control and capacity to create more responsive and accountable organisations capable of assessing health needs, particularly of the poor and vulnerable, and implementing prioritised action plans.	1. Strengthen institutional capacity to manage school health, nutrition and HIV at the central and decentralized levels of the education system
2. Modernising and rationalising the public sector health services, with a focus on prevention and health promotion, to improve the utilisation of services and the productivity of the available workforce.	3. Improve the quality of delivery of education on HIV, health and nutrition and expand access to services. 4. Improve school safety, hygiene and sanitation
3. Establishing workforce development and human resource management (HRM) systems so as to achieve the regional staffing targets of the <i>Health Services Strategy and Plan 2003-2007</i> .	1. Strengthen institutional capacity to manage school health, nutrition and HIV at the central and decentralized levels of the education system
4. Implementing a national quality framework so as to ensure a high quality of care for consumers and to improve satisfaction in the public and private sectors.	1. Strengthen institutional capacity to manage school health, nutrition and HIV at the central and decentralized levels of the education system 3. Improve the quality of delivery of education on HIV, health and nutrition and expand access to services. 4. Improve school safety, hygiene and sanitation
5. Directing finance to priority needs, and improving financial accountability and value for money performance for both public and private health expenditure.	3. Improve the quality of delivery of education on HIV, health and nutrition and expand access to services. 4. Improve school safety, hygiene and sanitation

Appendix B

Executive Summary of the Rapid Situation Analysis of the Education Sector's Response to HIV & AIDS in the context of School Health and Nutrition in Guyana

A rapid situation analysis of the education sector's response to HIV&AIDS in Guyana was undertaken between October and November 2007. The analysis was supported by UNESCO, the World Bank and the Partnership for Child Development (PCD) as part of ongoing efforts to support the call of CARICOM Ministers of Education for continuing dialogue and action towards accelerating the education sector response to HIV&AIDS in the Caribbean.

The situation analysis sought to enable the development of a comprehensive school health, nutrition and HIV (SHN&HIV) education sector response for incorporation within the forthcoming Guyana Education Sector Strategic Plan, 2008-2012 (scheduled to be developed during November, 2007). The conduct of the analysis sought to reflect the wishes of the Government of Guyana, the recommendations of previous UNESCO, World Bank and PCD missions and internationally agreed best practice that education sector responses to HIV should be a fundamental component of an integrated and holistic programme of school health and nutrition activities. The situation analysis also sought to contribute to a stronger presence of the education sector in the Government of Guyana's multi-sectoral response to HIV & AIDS, as outlined in the Guyana National HIV & AIDS Strategy 2007-2011.

The priority placed on the education sector's response is based on evidence that education contributes towards the knowledge and personal skills essential for the prevention of HIV, and protects individuals, families, communities, institutions and nations from the impact of AIDS. Education helps to overcome the conditions that facilitate the spread of HIV and can create the understanding and tolerance that contribute to reduced stigma and discrimination against vulnerable and marginalised communities and people living with HIV (UNESCO, 2007).

During the situation analysis, a wide range of different stakeholders (including representatives of education, health, other sectors and civil society) were interviewed concerning SHN&HIV activities in Guyana. In addition, many different data, reports and documents were collected and a mathematical model (Ed-SIDA) constructed in order to estimate the likely future impact of HIV&AIDS on the country's education sector.

The key findings of the situation analysis were as follows:

- At present, responsibility for co-ordination within the education sector of SHN&HIV activities in Guyana is dispersed. Lack of co-ordination is resulting in gaps in provision, duplication and the waste of resources. There is an urgent need significantly to improve co-ordination of activities in order to strengthen leadership in this area.
- The overall prevalence of HIV in Guyana is approximately 1.6% (MoH, 2006). Recent data on HIV shows that the prevalence of infection is highest in the country's coastal regions 3, 4 and 5 with the prevalence highest in region 4 at 4%. No data are available concerning the prevalence of infection in regions 1, 8 and 9. Clear data about the prevalence of HIV in different high risk groups are also lacking.
- A mathematical model, Ed-SIDA, used to estimate the future impact of HIV&AIDS on the education sector found that in coming years the prevalence of HIV among teachers is likely to increase from 1.5% to 2%. If untreated, this will result in a mortality rate of approximately 0.3% or around 11 teachers per annum. The equivalent of 5 additional teachers per annum would also be needed to cover teacher absences due to HIV&AIDS. The model found that due to their age profile, the prevalence of HIV among secondary school teachers is likely to be around 1% higher than that among primary school teachers. Were ART to be accessed by all teachers that need it, deaths and absenteeism would be markedly reduced saving many lives and causing considerable financial savings in coming years (approximately \$113,000 per annum by 2015). Were treatment provided, the number of HIV positive teachers would rise considerably. Although MoE would not be directly responsible for the costs of treatment, it would bear some financial burdens such as those related to provision of counselling services.
- With respect to other health and nutrition conditions affecting children school aged children in Guyana, data suggest that poor nutrition is most common among Amerindians, who are concentrated in regions 1,2,8 and 9 (however this data nearly 10

years old). The interior regions of the country are also those most affected by diarrhoeal disease. Mental health and obesity concerns are concentrated most in the coastal and urban centres. Alcohol consumption and substance abuse is a concern among out-of-school youth (OSY) sampled from regions 3, 4, 6 and 10 and may be a problem among OSY in other regions as well.

- Ministry of Education (MoE) policy making concerning SHN&HIV has been initiated. Drafts are in place addressing (i) the teaching of HFLE and (ii) workplace HIV issues (the latter based on ILO/UNESCO's "An HIV&AIDS Workplace Policy for the Education Sector in the Caribbean"). There is now a need to consolidate these efforts within an integrated education sector SHN &HIV policy. Such a policy should address areas within which policy gaps remain, such as policy with respect to the education needs of orphans and vulnerable children and MoE co-ordination and leadership of SHN&HIV activities.
- Considerable efforts have been made to expand life skills-based health education in Guyana, particularly at the primary level with the development and implementation of the CARICOM led HFLE curriculum. More than 2000 teachers (almost one quarter of the workforce) have been trained in the subject.
- Provision of clean water and sanitation is being provided in many schools in Guyana by a number of different stakeholders including government departments such as the Planning Unit in the MoE, development partners such as PAHO and UNICEF, and NGOs. The extent and technical appropriateness of interventions is uncertain.
- Delivery of school based health and nutrition services (such as deworming, provision of vaccinations etc) within schools has been largely MoH led and poorly coordinated with MoE. Considerable scope exists for the expansion of teacher led delivery of interventions under the supervision of local health workers.
- Monitoring and evaluation of all activities is poor, reducing policy makers' ability to make good decisions and to allocate resources appropriately.

At the conclusion of the situation analysis, its findings were discussed at a high level workshop attended by the Minister within the Ministry of Education, the Hon Dr Desrey Fox and a number of key stakeholders from education, health, other sectors and civil society. The following recommendations were made by those that attended as priorities for action and inclusion in the development of the education sector strategic plan. Most recommendations related to matters of policy:

- MoE should develop a comprehensive school health, nutrition and HIV&AIDS policy which should be reflected in Guyana's general education policy and the country's Education Sector Strategic Plan, 2008-2012. The policy should build upon existing MoE draft policies including the education sector HIV&AIDS policy and the HFLE policy.
- The policy should make clear that MoE should bear primary responsibility for co-ordination and ownership of all SHN&HIV activities in Guyana.
- The policy should use the FRESH framework as its co-ordinating principle in parallel with the framework for action of the UNAIDS Global Initiative on Education HIV & AIDS (EDUCAIDS), that is led by UNESCO.. The policy should also reference existing frameworks such as, PAHO's "Health Promoting Schools" and UNICEF's "Child Friendly Schools". Other resources should include *A Guide to HIV and AIDS Policy Development for the Education Sector* (CARICOM-EDC-UNESCO) and *An HIV/AIDS Workplace Policy for the Education Sector in the Caribbean* (ILO-UNESCO).
- The policy should enable the co-ordination of different stakeholders through the creation of an SHN&HIV unit within MoE which should be responsible for convening a co-ordinating body that would bring together the contributions of different stakeholders. In line with this, MoE should lead efforts to construct a Memorandum of Understanding between MoE and key stakeholders – especially MoH.
- The policy and strategic plan development should draw upon the data presented in this rapid analysis. It also needs to be strengthened through further collection of data concerning different aspects of the health of Guyanese school aged children preferably disaggregated by region. Such data should include children's health, water and sanitation in Guyanese schools and the educational needs of orphans and vulnerable children.
- The policy should strengthen future decision making through the enhancement of monitoring and evaluation of SHN&HIV activities in Guyana.

- Formation of policy and strategy should be guided by examples of international and regional best practice in this sphere, including the work of CARICOM, UNESCO, the World Bank, PAHO, UNICEF and others.

In addition to these matters of policy, two key recommendations were made with respect to operational issues.

- Strengthening of the provision of HFLE should continue apace. Especial attention should be paid to strengthening pre-service training of new teachers at CPCE and its centres.
- Ongoing sensitisation of Guyanese teachers should occur to educate them more about SHN&HIV issues and also to encourage greater uptake of health services such as VCT and provision of ARV.