

The consultant acknowledges with much appreciation any and all efforts made by any and all persons in facilitating conduct of this evaluation. Such inputs might have been via facilitation, interest, patience, time and/or any other not mentioned. It is hoped the benefit will be to all.

Sincerely,

Claudia M. Chambers

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MANAGEMENT SUMMARY

In January 2004, the Government of Jamaica's (GOJ) Ministry of Education Youth and Culture (MOEYC) embarked on a project responsive to the HIV/AIDS epidemic in the Caribbean region: inception of the **HIV/AIDS Response Team (HRT)** for the Education sector. Team formation recognized the critical role held by the sector in the fight against an epidemic that would undoubtedly impact the country's largest workplace and students' learning centres: administrators, teachers, ancillary workers, students, parents, and proximal communities. Previous sector involvement has mainly been implemented in an ad hoc manner and/or under the auspices of other agencies such as the Ministry of Health.

The HRT has benefited from multiple donor support, several agencies being critical in this respect: UNESCO, UNICEF, the World Bank, and JICA (through the JOCV programme), with talks currently underway with the Global Fund for additional support.

UNESCO assistance was towards: the considerable strengthening of MOEYC capacity at central and regional levels, to plan, implement and monitor an integrated HIV/AIDS response programme involving Non-Government Organizations (NGOs) and donor partners. Support was provided in: (a) establishment of an HIV/AIDS Response team (HRT); (b) teacher education materials development; (c) development of a cadre of HIV/AIDS trainers; and (d) piloting school-level instructional materials.

UNICEF support to the larger MOEYC programme to combat HIV/AIDS has largely been concentrated on provision of materials and related training e.g. instructional materials for policy dissemination (e.g. MOEYC HIV/AIDS Policy); other new materials and approaches; training of policy disseminators; and cascade training and related piloting.

The World Bank supported development of the MOEYC “National Policy for HIV/AIDS Management in Schools”, as well as policy development for the wider Health and Family Life Education (HFLE), and MOEYC capacity strengthening for agencies comprising its “workplace”, The Jamaica Board for Teacher Education (JBTE), and Non-Governmental Organizations (NGOs).

The Japan International Cooperation Agency (JICA) has been instrumental in supplying human resource capacity via its volunteer services, *viz.* the Japan Overseas Cooperation Volunteer programme (JOVC). This support was central within the HRT, via collaborative work with Health Promotion Specialists (HPSs), as well as focusing on Teacher Education development and reading materials.

Although not involved in earlier iterations of the HRT, the Global Fund is currently being considered as donor source, for increased sustainability.

After approximately one (1) year of operation, an evaluation was commissioned by UNESCO to determine effectiveness of the HRT in light of pending cessation of the agency’s support for the HPSs positions. The scope has been relatively wide even while focussed on perceived HRT performance, outputs and impact. It was intended that the investigation utilize rapid procedures. Conduct involved several activities, e.g. site visits, individual/group discussions and interviews with the following, some of which were implemented via telephone survey: Donor agencies; Senior MOEYC personnel; Chief Education Officers; Project Coordinator; Promotion Specialist; Regional Education Directors; Regional Guidance Officers; Regional Health Promotion Specialists; Workshop attendees; and Secondary-level school students.

Summary findings:

The evaluation was focussed on formation and functioning of the MOEYC's HIV/AIDS Response Team, mainly comprising: Coordinator, Health Promotion Specialists, Promotion Specialist and Japanese volunteers.

HRT roles, functions & activities: The Team's primary roles to date have been conduct of workshops sensitizing various constituents islandwide regarding the official Policy for Managing HIV/AIDS in schools, as well as more general HIV/AIDS related issues. Although several other duties were prescribed, there were conduct limitations. One main area of restricted attention has been incorporation of the HIV/AIDS response intent and activities: (a) into the MOEYC HFLE programme, and (b) into a larger HIV/AIDS response at regional level. However, some of these activities are now being given increased attention.

Within the period since inception, there has also been some attrition in respect of HPSs: two (2) of those formerly assigned no longer being affiliated after periods of less-than-anticipated performance. Further personnel adjustments have also been made towards strengthening Team output.

Support roles, functions & personnel: HPSs have received valuable support from other team members, especially in workshops' preparation and conduct. The involvement of MOEYC regional personnel in activities to date is less clear.

Workshops: An estimated 700 participants attended workshops between May and December 2004, the majority sessions being conducted in Regions IV, I, and III respectively. Participants have included: Principals, Board Chairpersons, PTA Presidents, Guidance Counsellors, and Nurses. Although students were formerly intended to be attendees, they have been substantially underrepresented.

Feedback indicates these workshops to have been highly relevant, special reference being made to implementation of an MOEYC policy, attendees acquiring new data regarding the epidemic and its implications for workplace and selves. The extent to which recipients have been previously unaware of key HIV/AIDS related information and promotional messages, has been quite remarkable – especially in light of the several years’ communication activity conducted islandwide by various agencies.

The strongest felt-impact seems to have involved testimonials by people living with HIV/AIDS (PLWHA), whenever present on the workshop teams. However, the evaluation identified deficits in appropriate support materials for subsequent information dissemination. Workshop attendees required more in order to adequately facilitate further dissemination subsequent to sessions. Interestingly, site observations indicated that materials distributed during workshops were not (yet) widely displayed within the school environment.

While there has been attention to numbers of sessions held, there has been lesser emphasis on monitoring and evaluation: *training quality, consistency of content, and data utilization*. It was found that *inter alia*, there were substantial variations between HPSs in workshop/presentation skills; content; support validation to content; and their emphases. The MOEYC Policy component that speaks to “Universal Precautions” for example, has been over-emphasized within some sessions, with (excessively) high residual impact on attendees.

It was also determined that such workshops have not generally been regarded as part of a larger framework representing a sector response to the epidemic. Instead, it was perceived by many to be MOEYC introduction of the new policy procedures and document. There was a fairly strong call for follow-up including school-based workshops and sessions inclusive of a wider community.

There had been negligible conduct of any Monitoring and Evaluation activities within the Team's activities, despite workshop participants being requested to provide sessional feedback. There has also been very limiting proactive interface with participant institutions subsequent to sessions, in order to determine data utilization and/or incorporation.

MOEYC support: The programme has received fairly good support from within and outside the MOEYC. There is unquestionable need for such an initiative, and workshop participants have been welcoming of the Policy and related guidelines – even if not always in agreement with content and/or process. External agencies have been especially heartened at the initiative as generated from within the context of the Ministry itself.

However, despite these accolades, there has been concern expressed for the limited proactive approach to problem-solving including funds-generation and -utilization. This concern is particularly relevant given the currently inadequate resources for the HPSs functioning, some of which have been due to required adherence to Government's administrative procedures, while others relate to materials, supplies and equipment e.g. Information Communication Technology. A notable portion of workshop preparation activities for example, have seemingly drawn on HPSs personal resources inclusive of telephone, travel, and supplier negotiations within their smaller geographical communities.

The MOEYC has acknowledged many of the deficits and indicate clear willingness to provide (further) support wherever the resources can be made available, with creative solutions being sourced for areas that can support these e.g. *schools'/students' competition towards design and development of additional support materials, identification of internal resources towards ongoing proposals' preparation.*

Evaluation recommendations revolved around statements such as a Guidance Officer's comment: "*the programme has to continue*", and a donor agency representative's conclusion: "*it is a very good first effort ... it is a major opportunity that can be strengthened*". Specifically, recommendations included:

- (a) The HRT /HPSs Programme be continued as this initiative seems best provided from within- rather than outside- the MOEYC;
- (b) Principals need to be specifically targeted for session inclusion based on the Policy component and related issues, and the current tendency to assign another staff member to workshop attendance: this could be achieved via e.g. *Principals' Associations and JTA meetings, Members of Parliament, and the Church.*
- (c) Guidance Counsellors have to be regarded as core point-persons, due to their implementation role at institutional levels;
- (d) Greater effort has to be directed at ensuring students' direct reception to key messages;
- (e) Strengthen and standardize to a greater extent the workshop content, delivery and follow-ups via e.g. *increased HPSs training, ensuring information accuracy, collaborative facilitation, longer and/or additional sessions, additional support materials, school visits, and implementation of monitoring and evaluation activities.*
- (f) Existing opportunities for developing and/or strengthening partnerships, other linkages and collaboration need to be more actively pursued, inclusive of NGOs and PLWHA.

- (g) Appropriate communication strategies, their adequate targetting and implementation have to become a focus, despite the likely high costs. The competition for the perceptual mind has increased over time, and more attention now has to be given to channels and media appropriate for this information, even while considering lower than desired literacy levels.
- (h) Development and appropriate distribution of an increased range and supply of support materials are critical.
- (i) Although there was no official launch, this still needs to be considered, even if to relieve HPSs of consistently introducing the programme.
- (j) It also seems the time to assign a focal point, at a minimum to further validate MOEYC authority in respect of managing its own HIV/AIDS programme implementation and maintain cohesiveness.
- (k) Care needs to be exercised while incorporating the HIV/AIDS Response agenda into the HFLE programme of activities, based on potential likelihood for under-serving the former, but especially without current M&E to determine adequacy of approach.
- (l) Administrative assistance, and increased Information Communication Technology have to be provided as additional MOEYC support.

THE MOEYC HIV/AIDS RESPONSE TEAM:

Preliminary Evaluation of Effectiveness

FINAL Report

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THE MOEYC HIV/AIDS RESPONSE TEAM:

Preliminary Evaluation of Effectiveness

1.0. Background to Evaluation:

In January 2004, the Government of Jamaica's (GOJ) Ministry of Education Youth and Culture (MOEYC) embarked on a project directly responsive to the HIV/AIDS epidemic in the Caribbean region: it represented inception of the **HIV/AIDS Response Team (HRT)** for the Education sector. Team formation recognized the sector's hugely important role in the fight against an epidemic and its effects that would undoubtedly impact the country's largest workplace as well as repository of the minds being trained for the nation's future. Such impact would resonate throughout the various school populations: administrators, teachers, ancillary workers, students, parents, and proximal communities.

Previous sector involvement was mainly implemented (i) in an ad hoc manner via various project segments; and/or (ii) under the auspices of the Ministry of Health or other agencies. The recent thinking and position however, is that such an epidemic is not (merely) a health issue, but one with actual and potentially adverse effects on the social and economic development of the country.

The HRT has benefited from multiple donor support, several agencies being critical in this respect (see also Appendix 1): (i) United Nations Educational Scientific and Cultural Organization (UNESCO); (ii) the United Nations Children's Fund (UNICEF); (iii) the World Bank; and (iv) the Japan International Cooperation Agency (JICA) through its Japan Overseas Cooperation Volunteer (JOCV) programme. Talks are currently underway with the Global Fund regarding additional support.

1.1. UNESCO support:

At commencement, UNESCO provided support to the GOJ via grant resources of US\$0.2 million, financing being through the Government of Japan's Funds-in-Trust for Human Resource Development, managed by UNESCO. The UNESCO Office for the Caribbean worked collaboratively with the MOEYC in execution. The rationale for support was that strengthening the human resource development in the education sector would "contribute the base for long-term sustained and appropriate HIV/AIDS responses to the epidemic by this key sector, and by developing capacity for a coordinated HIV/AIDS response within the education structure and systems, Jamaica will provide a model from which other CARICOM countries could learn".

A major planned outcome of UNESCO's assistance was: the considerable strengthening of MOEYC capacity at both central and regional levels, to plan, implement and monitor an integrated HIV/AIDS response programme involving of several Non-Government Organizations (NGOs) and donor partners. MOEYC was provided with UNESCO support in four (4) areas:

1. Establishment of an HIV/AIDS Response team (HRT):

Building a team in Ministry Headquarters and its six (6) regional offices to effectively operationalize its HIV/AIDS response policies and plans. Importantly, this HIV/AIDS response team was designed to help develop, within the regular MOEYC establishment, the capacity to monitor and evaluate the effectiveness of local and external investment in HIV/AIDS prevention and mitigation that is channeled through the education sector.

2. Teacher education materials development:

Developing and publishing instructional materials on HIV/AIDS for use in initial training programmes for teachers, and for in-service professional development programmes for teachers educators and classroom teachers.

3. Development of a cadre of HIV/AIDS trainers:

Preparing a cadre of trainers in the administrative regions, competent to deliver HIV/AIDS training for all teacher educators and the current batch of teacher trainees.

4. Piloting school-level instructional materials:

Piloting combined literacy & HIV/AIDS instructional materials for upper primary/lower secondary students in demonstration schools linked to selected teachers colleges, and for highly vulnerable out-of-school youth in literacy centres.

1.2. UNICEF support:

UNICEF support to the larger MOEYC programme to combat HIV/AIDS has largely been concentrated on provision of materials and related training (see also Appendix 1), including but not limited to:

- Instructional materials for policy dissemination -- *this including funding for publication of the MOEYC HIV/AIDS Policy;*
- Other new materials and approaches;
- Training of policy disseminators; and
- Cascade training and related piloting.

1.3. World Bank support:

The development of the MOEYC and “National Policy for HIV/AIDS Management in Schools” was achieved via support from The World Bank. The Bank is also lending further support to policy development for the wider Health and Family Life Education (HFLE), within which the ultimate objective is to incorporate HIV/AIDS information dissemination. Funding from the World Bank has to date, focussed on capacity strengthening via:

- The MOEYC and its agencies comprising its “workplace”;

- The Jamaica Board for Teacher Education (JBTE); and
- Non-Governmental Organizations (NGOs).

1.4. JICA support:

The Japan International Cooperation Agency (JICA) has been instrumental in supplying human resource capacity via its volunteer services, viz. the Japan Overseas Cooperation Volunteer programme (JOVC). This support has presented centrally within the HIV/AIDS Response Team: in collaborative work with Health Promotion Specialists. Japanese response to the larger MOEYC HIV/AIDS programme has also been focussed on Teacher Education development, inclusive of reading materials.

1.5. Global Funds support discussions:

Although not involved in earlier iterations of the HRT, the Global Fund is currently being considered as a source of funding – towards increased stability and sustainability.

1.6. The HRT Programme of Activities:

Initialization of HRT activities required preparatory, sensitization activities within the MOEYC as a workplace (Appendix II). In this respect, workshops were conducted with key constituent agencies: *Jamaica National Heritage Trust, Institute of Jamaica, National Library, Jamaica Library Service, HEART, National Council on Education, University Council on Education, Nutrition Products Limited, Jamaica Commission for UNESCO, Jamal Foundation, National Youth Service, JCDC, and Council of Community Colleges of Jamaica.*

Subsequent to recruitment of the HPS *Coordinator* and to prepare for field-level implementation, other related project personnel were identified and their services contracted, viz. *Health Promotion Specialists, JOCV personnel, and marketing specialist*. With these recruitments, the Team's operations were effectively regionalized, facilitating conduct of islandwide workshops aimed at policy dissemination: each MOEYC Regional office was assigned an HPS and a Japan volunteer.

1.7. The Health Promotion Specialists:

The recruitment of HPSs was implemented mainly via (i) the Internet; and (ii) the network that comprised Regional Offices, staff and other contact-persons. The intent was to identify suitable candidates for one (1) year positions. As an outcome of the search, four (4) successful candidates were appointed on 4 February 2004:

- Babb, Jenelle (Region I)
- Gray, Forlet (Region II)
- Smith, Eulalee (Region IV)
- Bailey, Oscar (Region V)

Subsequently, on 3 May 2004 the following persons were appointed to the remaining specialists' positions in Regional offices:

- Colquhoun, Donville (Region I): *to replace Ms. Babb who took on the assignment of Public Relations Specialist stationed at the guidance and Counselling Unit.*
- Stephenson, Orlando (Region III)
- Parkes, Davika (Region VI)

This recruitment lag time resulted in inherent differences between HPSs: (a) content and length of training sessions; (b) period of time since active; and (c) types and levels of formal exposure to date.

1.7.1. HPS selection criteria, process and duties:

Selection of HPSs considered criteria regularly used by the MOEYC for its “*Technical and Administrative Posts*”, describing characteristics, traits and competencies: *qualification, experience, knowledge, potential, communication, and personality* (see also Appendix III), as well as assigned duties. The original terms of reference assigned HPSs’ duties as below (Appendix IV): -

- Facilitate: training of appropriate, named, senior personnel
- Assist in: (a) ensuring adequate and appropriate response and implementation to the HIV/AIDS reality; (b) coordinating delivery & monitoring of HFLE with the HIV/AIDS component in schools; and (c) HFLE implementation and evaluation;
- Liaise with: (a) schools and related personnel; and (b) other relevant institutions: Literacy Centres, Parish AIDS committees;
- Provide advice/recommendations on: (a) improved delivery of HFLE at classroom level; and (b) best practice for field-level implementation.
- Prepare: any required programme and status reports.

1.8. The MOEYC Policy Document:

One of the Response Team’s main purposes has been disseminating the MOEYC Policy Document relating to HIV/AIDS in schools. Document details include:

Policy Goal: To promote effective prevention and care in within the context of the educational system.

Policy Objectives:

- Highlight the existence of the HIV/AIDS epidemic in Jamaica and in particular in the education system
- Provide guidelines for institutions on the treatment of students and school personnel infected with HIV/AIDS
- Promote the use of universal precautions in all potentially infectious situations
- Ensure the provision of systematic and consistent information and educational material on HIV/AIDS to students and school personnel throughout the system
- Reduce the spread of HIV/ infection
- Instill non-discriminatory attitudes towards persons with HIV/AIDS.

2.0. Overview of Current Evaluation:

After approximately one (1) year of operation, an evaluation has been commissioned by UNESCO to determine effectiveness of the HRT (Appendix V), in light of pending cessation of the agency's support for the HPS positions. The scope has been relatively wide even while focussed on perceived HRT performance, outputs and impact. It was intended that the investigation utilize rapid procedures. Conduct involved several activities, e.g. site visits,

individual/group discussions and interviews with the following, some of which following were implemented via a telephone survey:

- Donor agencies (UNESCO, UNICEF, World Bank/Global Fund, JOVC)
- Senior MOEYC Personnel
 - Acting Chief Education Officer (*formerly* Deputy Chief Education Officer with responsibility for Project);
 - Deputy Chief Education Officer; and
 - Project Coordinator (*now* Education Officer in Charge of Region I Guidance & Counselling; still Acting Project Coordinator)
- Promotion Specialist
- Regional Education Directors
- Regional Guidance Officers
- Regional Health Promotion Specialists
- Workshop attendees: *Principals/Vice-Principals, Guidance Counsellors, Nurses*
- Secondary-level school students

3.0. Summary Evaluation Findings:

The evaluation was focussed on formation and functioning of the MOEYC's HIV/AIDS Response Team, mainly comprising Coordinator, Health Promotion Specialists, Promotion Specialist and Japanese volunteers.

HRT roles, functions & activities: The Team's primary roles to date have been conduct of workshops to sensitize the institution's various constituents islandwide regarding the new, official Policy for Managing HIV/AIDS in

schools, as well as more general HIV/AIDS related issues. Although several other duties were pre-scribed, there have been limitations to their conduct. One main area in which there have has restricted attention, has been incorporation of the HIV/AIDS response intent and activities: (a) into the MOEYC HFLE programme, and (b) into a larger HIV/AIDS response at regional level, but some of these activities are now being given increased attention.

Support roles, functions & personnel: HPSs have received valuable support from other team members, especially in workshops' preparation and conduct. The involvement of MOEYC regional personnel in activities to date is less clear.

Workshops: An estimated 700 participants attended workshops between May and December 2004, the majority sessions being conducted in Regions IV, I, and III respectively. Participants have included: Principals, Board Chairpersons, PTA Presidents, Guidance Counsellors, and Nurses. Feedback indicates these workshops to have been highly relevant, special reference being made to implementation of an MOEYC policy, attendees acquiring new data regarding the epidemic and its implications for workplace and selves. However, the evaluation identified deficits in appropriate support materials for subsequent information dissemination.

While there has been attention to numbers of sessions held, there has been lesser emphasis on monitoring and evaluation: *training quality, consistency of content, and data utilization*. It was found that *inter alia*, there were substantial variations between HPSs in workshop/presentation skills; content; support validation to content; and their emphases. Site observations also indicated that distributed materials were rarely widely displayed within the school environment subsequent to workshops, and information gleaned was restricted in use.

It was also determined that such workshops have not generally been regarded as part of a larger framework that representing sector response to the epidemic. Instead, it was perceived by many to be MOEYC introduction of the new policy procedures and document.

MOEYC support: The programme has received fairly good support from within and outside the MOEYC. There is unquestionable need for such an initiative, and workshops participants as an example have been welcoming of the Policy and related guidelines – even if not always in agreement with content and/or process. External agencies have been especially heartened at the initiative as generated from within the context of the Ministry itself.

However, despite such accolades, there is expressed concern for the limited proactive approach to problem-solving including funds-generation and -utilization. This concern is particularly relevant given the currently inadequate resources for the HPSs functioning, some of which have been due to required adherence to Government's administrative procedures, while others relate to materials, supplies and equipment e.g. Information Communication Technology.

3.1. HRTs Roles, Functions & Activities:

- a. The evaluation identified the roles' identification and assignments of HRT personnel to be fairly well founded and conceptualized. When appropriately supported and executed, the results were found to be exemplary.
- b. The Project was found to have benefited tremendously from certain core team members, e.g. *Coordinator*, some *HPSs*, and the *Promotion*

Officer, whose focus and functioning excellence augured well for both past and future activities.

- c. At regional level, the operational effectiveness seemed mainly enshrined in the HPS's work. Although critical to the overall success of the regional and national programme however, active involvement of significant other persons was sometimes found to be challenging e.g.
 - i. Guidance Officers
 - ii. Regional Directors
 - iii. Japanese volunteers

- d. Activities conducted by respective HPSs were indicated to vary substantially - some persons working well outside their original Terms of Reference (TOR) and/or expected functions. Such activities often called on use of personal resources, especially without dedicated telephones, and travel allowances. At end-December 2004, two (2) HPSs were effectively non-functional, with another being on sick leave. *Most recent information indicates that the Kingston HPS is to be reassigned to Mandeville.* Details related to regional centres include:

- Region I (Kingston): Personnel changes during initial period, original HPS reassigned as "Promotions Officer". New HPS showing good performance and substantial extra-workshop activity in schools and communities.
- Region II (Port Antonio): Interest, good attention and interactivity reported, the latter extending to regular recruitment of co-facilitator from Health-sector. Support materials hand-made for additional needs with community interface e.g. churches. No follow-up reported with schools.

- Region III (Brown's Town): Interest and good attention reported. Reports of reasonably high community-based activities outside of workshops.
- Region IV (Montego Bay): Interest, good attention and much activity reported including those outside workshop sessions. Negative report from N=1 workshop (with wide cross-section attendance including donors), due to exaggerated focus on "Universal Precautions". Currently on three (3) months' sick leave.
- Region V (Mandeville): Reportedly good person but with personal issues. Almost without any workshop activity, but some extra-workshop involvement reported.
- Region VI (Old Harbour): Limited workshop activity from former HPS, who resigned September (*returned to being Guidance Counsellor*). Restrictive health problems reported.

e. Factors tangential to core HRT assignments have also had substantial impact on actual and perceived adequacy of functioning. These include: *limiting stakeholder/recipient readiness for HIV/AIDS information; limiting availability of and access to information communication technology equipment (e.g. telephone, Internet, and to a lesser extent at this time -- computers); limiting availability of travel allowances for the HPSs.*

3.2. HPSs' major assigned roles & related findings:

The following overview identified main roles currently being fulfilled by the HPSs, with evaluation findings where relevant:

1. Facilitate the training of Guidance Counsellors, Principals, PTA Presidents, Board Chairpersons and Students.
<ul style="list-style-type: none"> ➤ Since inception, this has been the primary activity conducted by the majority of HPSs. Their majority efforts have focussed on sensitization of these named persons, towards: (a) increasing awareness on key issues surrounding the HIV/AIDS epidemic and implications for the Caribbean, Jamaica, and the respective parishes; and (b) introducing the MOEYC

<p>National Policy for HIV/AIDS management in schools.</p> <ul style="list-style-type: none"> ➤ Such facilitation has been via regional workshops, each HPS being solely responsible for coordination, invitations and event-hosting. Although the onus for actual presentations has also resided with them, a few have received assistance from external agencies, institutions and/or individuals. ➤ A total of 707 persons had attended the workshops to end-December 2004, with breakdown by region as in Table 1. This number represents 39.3 percent of target for the 12-month period after inception (N=1,800). Some HPSs /regions have evidently excelled with numbers reached, while others have fared very badly in this respect. ➤ In two (2) regions, <i>viz.</i> V (<i>Mandeville</i>) and VI (<i>Old Harbour</i>), almost no training has taken place via such workshops. ➤ Although “students” are listed as intended training beneficiaries, they have been less directly targetted to date.
<p>2. Liaise with personnel in the institutions in establishing training schedules.</p> <ul style="list-style-type: none"> ➤ This activity regarded essential precursor for some workshops, but largely based on HPS <i>modus operandi</i>, initiative and available resources (e.g. <i>telephone access</i>). ➤ Some difficulties re establishing appropriate times based on the several levels e.g. regional and invitees’ activities. Ad hoc activities occasionally prevented attendance even subsequent to agreements.
<p>3. Liaise with counsellors in schools in the process of coordinating activities and workshops.</p> <ul style="list-style-type: none"> ➤ Most liaising to date has been related to workshop planning. ➤ Some post-workshop activities have been conducted e.g. follow-up workshop in schools, with requests mainly being via counsellors.
<p>4. Assist in ensuring the appropriate response to the HIV/AIDS reality at the regional level in collaboration with the Guidance Counsellors.</p> <ul style="list-style-type: none"> ➤ Guidance counsellors have made requests of HPSs for other, non-school based presentations and/or workshops e.g. <i>churches</i> and <i>church-groups</i>. Many of these have been personal requests. ➤ When combined with the school-personnel workshops, non-school events

have created networking through which HPSs are being increasingly asked to make (other) presentations.

- *It is challenging to determine “appropriate” response: (a) limited resource materials are made available for presentations and/or distribution; (b) talks are varied according to audience; (c) feedback shows presentations sometimes contain sensationalism and/or inaccurate information; and (d) presentation and facilitation skills vary by HPSs. Response will likely be according to presentation and/or facilitation.*
- *Outside of invited school personnel, the church and church groups have been amongst main beneficiaries of HPSs-held information. In fact, there seems to have been more follow-up church-related presentations than with school-based student populations. This lien is likely due to HPSs own ongoing involvement in-, as well as linkages between key school personnel and-, such institutions.*
- *Whether the church is the best-located point for early dissemination is unclear. However, the collaboration could be relatively strong given school-church relational histories.*

5. Assist the Guidance officer in the visiting and monitoring of schools in the region.

- Activity coordination between HPSs and Guidance Officers has proved extremely challenging. Differing schedules, areas of residence vis-à-vis work activity, and long travel distances, have nullified most attempts.
 - *It is unclear whether persons were meant to have the same objectives at the school visits, but with the multiplicity of tasks assigned Guidance Officers, it seems unlikely that shared visits would allow the HPSs to accomplish as much as they need to.*
 - *The original plan made reference to combined efforts as well as transportation facilitation, as HPSs were without travel allowances. This seems not to be a workable concept.*

6. Prepare programme and status reports as required.

- Regionally prepared monthly data allowed for Coordinator’s preparation of quarterly reports
- One example of a regional report highlighted main activities e.g. *number of workshops held with location and schedule; number of schools attending; number*

<i>and descriptors of participants; number of packages distributed; main participant feedback and remarks</i>
7. Advise on best practice in the field for implementation.
<ul style="list-style-type: none"> ➤ There is evidence of best-practice feedback provided during regular meetings between HPSs and Coordinator, with reference being made to e.g. <i>attendance percentages, logistics of workshop organization.</i>

Table 1. HPSs-led workshops, with schedule and attendance details

Region	Number of workshops & attendees by MOEYC Region						TOTAL
	I	II	III	IV	V	VI	
Office Location	Kingston	Port Antonio	Brown's Town	Montego Bay	Mandeville	Old Harbour	

Workshops	<u>8</u>	<u>3</u>	<u>6</u>	<u>10</u>	<u>1</u>	<u>1</u>	<u>29</u>
Attendees by month							
May	36	0	22	20	0	0	78
June	37	90	31	58	17	14	247
July	0	0	0	16	0	0	16
August	0	0	0	0	0	0	0
September	49	0	0	0	0	0	49
October	25	0	0	48	0	0	73
November	33	0	85	86	0	0	204
December	0	0	0	40	0	0	40
TOTAL:	180	90	138	268	*17	14	<u>707</u>
12-m target	<u>300</u>	<u>180</u>	<u>210</u>	<u>330</u>	<u>240</u>	<u>540</u>	<u>1,800</u>
% Target	60.0	50.0	65.7	81.2	7.1	2.6	<u>39.3</u>

*: MOEYC Summary sheet indicates additional 26, but without any details

3.3. Support roles, functions & personnel:

The evaluation identified that although most persons critical to the collaborative roles and activities of the HPSs e.g. Guidance Officers and Regional Directors, have endorsed the Team and Programme, there has been variable and sometimes

limiting action and “buy-in”. Multiple factors might have been responsible, including: resource limitations, logistics, and personal perceptions of and/or dissonance with concept, applicability and relative importance.

- a. **Guidance Officers:** The intention was for HPSs to closely collaborate with Guidance Officers in regional information dissemination. This was to be effected partly by facilitating travel for e.g. follow-up school visits within nearby communities. In some situations, Guidance Officers have attempted to assist HPSs, but this has not necessarily worked as planned. One primary drawback has been logistical e.g. (i) different activity schedules; and (ii) different residential locations. It has also been indicated that the focus of activity is sometimes different from that of the HPSs e.g. attention to curriculum implementation vis-à-vis HIV/AIDS education. In responding to “lessons learned and potential future of the HPSs programme of activities, one Guidance Officer fully committed to the HPSs’ activities said: “The programme **must** go on!!!”

The several roles and responsibilities currently enshrined with Guidance Officers would undoubtedly preclude their being able to effectively and/or efficiently contribute meaningfully to such dissemination, the most likely input being moral support. The MOEYC management clearly recognizes the limitations, especially in light of pending new responsibilities to be ascribed Guidance Officers and Counsellors: therefore their solutions lie elsewhere.

- b. **Guidance Counsellors:** In several respects, these functionaries seem the closest allied to the HPSs e.g. (i) focussed at school-based level; (ii) being workshop training recipients; and (iii) pre-existing and/or first-hand awareness of HIV/AIDS issues and potential impact -- based largely on clear and ongoing evidence of students’ ill-advised sexual behaviours, and occasionally having to face situations with HIV+ students or family members.

Where Counsellors have limited within-school follow-up subsequent to attending workshops, any of several factors have been responsible e.g. *limiting endorsement at school-level, time restrictions, and lack of guidance regarding integration into ongoing activities*. For the few, there has also been failure to personally endorse relevance to their own school situations, the feeling being that it would be highly unlikely if not impossible, for any threat of HIV/AIDS to exist within their school communities. Interestingly, these perceptions seem linked with internal and traditional assessments of the school's prestige.

The evaluation showed that Guidance Counsellors could benefit tremendously from a structured format within which to integrate workshop concepts with guidelines for their schools' populations. This need will undoubtedly be at least partially met with the HFLE curriculum under development. However, audio-visually formatted materials are also needed e.g. diskettes, CDs, video, or DVDs, determination being based on resources. Having a minimum of two (2) copies per school could allow Counsellors to utilize them for class-, staff-, and PTA sessions, as well as refer students and teachers to library resources. Should such materials include "frequently asked questions", the personal stake at Counsellor: school interface would be reduced.

- c. **Regional Directors:** There have been insufficient discussions to date with Regional Directors. From the few indications, HPSs have performed creditably and very importantly, with much initiative. Whatever resources have been available to the Region, have been made accessible in supporting required HPSs tasks. However, given the wide range of critical regional activities, time limitations have sometimes restricted their additional collaboration with the HPSs.

There also appear to have been minimal guidelines for Directors regarding roles and responsibilities of HPSs within and to, Regional activities.

d. **Japanese volunteers:** The volunteers have been very welcome contributors to the team: in whatever way has been possible. The short-term intent was provision of technical computing support, including at workshop. Longer-term activities would include school-based information dissemination. Most volunteers have been quite active in the support of the HPSs to date, with limitations sometimes being felt in (or due to) their absence. Primary activities have been as planned, with a few substantially increasing regional materials' availability via creativity or innovativeness. However the passage has not always been smooth, e.g.

- i. Language barriers restricting workshop/school involvement.
- ii. Inadequate direction and support exists without an active HPS.
- iii. Active integration of roles has not always been evident.
- iv. Although the volunteers would prefer to conduct more follow-up school visits and even on their own, the MOEYC position stands: these should be accompanied visits - with HPSs and/or other suitable representative of the Team and/or MOEYC.

3.4. Workshops:

The **main activities** conducted to date have been policy dissemination workshops. The current review showed these mainly to be presented as one-half (1/2) day sessions in three (3) parts (see also Appendix VI):

1. General Introduction to HIV/AIDS issues with special reference to Jamaica and further reference to parish identifiers;
2. Introduction to the MOEYC HIV/AIDS Policy Document; and
3. Small work groups examining implementation issues e.g. via case studies.

Other indications were as below:

- a. Persons were mainly invited according to a largely pre-scribed letter and listing (Appendix VII), separate invitations being issued as follows, *viz.*
 - i. School-board Chairpersons;
 - ii. School Principal;
 - iii. PTA President;
 - iv. Guidance Counsellor(s); and
 - v. Nurse (*not always invited*).

- b. Workshop reception has generally been good, and at different levels:
 - i. Attendance: Numbers of invited attendees have varied significantly between-schools. These have mainly comprised Guidance Counsellors, but some schools have had full representation from all invited. Where there has been low attendance, this has been for several reasons e.g. *conflicting schedule of events, late invitations, non-reimbursement for required travel, and deference to proxy school attendees.*

 - ii. Response to session: Keen interest and related discussions have been generated around both areas of emphases: the MOEYC Policy; and the general HIV/AIDS related issues to which participants were (re) introduced. For the former, the majority of focus has been on issues of e.g. *non-disclosures, confidentiality, stigma, and universal precautions.* The first-mentioned areas were apparently quite often heatedly debated within several sessions. For the universal precautions, there were subsequent requests for related supplies (*First Aid Kits*).

Presentation around the Universal Precautions concept and its institutionalization has generated some debate amongst (other) professionals/practitioners. *Firstly*, evaluation feedback indicated high residual effect on this component – with some participants almost being frenzied with respect to managing situations where blood was present. *Secondly*, the Ministry of Health is not supportive of the apparent sensationalism created around this issue, and registered discomfort with HPSs disseminating such information with such effect(s) as likely. *Thirdly*, a visiting UN team present at one presentation reported: “the policy document contains a chapter on Universal precautions which overstresses unduly risks regarding contamination through exposure to blood in daily life ... i.e. transfusion apart ... the dissemination phase still conveying a still somewhat frightening image of people (children!) living with HIV/AIDS ... [with further recommendations] ... consider working with a communication specialist ... avoid dramatizing the whole issue ... revise the [policy] document and try and correct the balance”.

Schools’ based feedback re workshop attendance & related factors:

- Since booklets available, not necessary to have everything on PowerPoint ...
- Should have about 1 or 2 more per term, adding HIV+ person to workshop ... would have greater impact if the person is willing, and unless in the last stages, so show they look no different ... for the students also
- Still think young people not paying enough attention, maybe could do more on TV? Then small children and their parents could hear ... too few read the newspapers
- Could be more than 1-day ... maybe 2 days?
- 1 half-day sessions instead of 1 full-day session
- Added knowledge re HIV/AIDS, especially about the different communities
- (Should have) persons from the wider community
- Need to do these sessions over a longer period
- Benefit ... increased knowledge of HIV/AIDS ... how to deal with students/staff personnel who may be HIV+
- Should have sessions like this in the schools
- Not interactive ... not enough time ... based on the response, it awakened awareness
- There should be more workshops ... and more within the institutions, on a smaller scale

- *Health persons should present on the section of HIV/AIDS*
- *Glut of valuable information re HIV/AIDS*
- *Provided information re HIV/AIDS ... and managing the outlined policies ... all the schools were at the same level discussing the HIV/AIDS issue*
- *Workshops should be longer*
- *Helps persons to be sensitized re persons living with HIV/AIDS virus ... (should be) wide scale education programme of persons living with AIDS*
- *Should invite more persons*
- *(Become) knowledgeable about HIV/AIDS ... how to deal with discrimination & how to cope with children ... since then able to deal with children differently ... impart to the school population and administration*
- *Certain important persons were not there*
- *Should have more workshops like this ... students & community & churches*
- *Do not think this information is reaching the populace ... need films (and) dramatic presentation*
- *Invite more persons in the community ... pastors, community members*
- *Well put-together new information*
- *[Nurse] Better equipped to deal with HIV/AIDS patients ... no fear of working with HIV/AIDS patients any more*
- *Discriminating factors ... learning how to deal with students who might have the virus ... became more aware re universal precautions*
- *Being able to relate to the victims of the virus, treating them as normal ... universal precautions that can be employed ... very educational (but) there should be more presenters ... reason being that one presenter presented on different issues*
- *There should be "bookmarkers" given to persons, educating them about the disease*

iii. Increased awareness re potential HIV/AIDS impact: One clear message seemed to resonate amongst female workshop participants: *married women and those in established relationships can be at increased risk for becoming HIV-infected.* This represented but one example, however, of the relative adjudged importance of the introductory workshop presentations that seemed to "bring the message home".

c. Integration of workshop information was found to vary significantly at the school-level e.g.

i. The onus for action was often (*but not always*) with the Guidance Counsellors. These latter mainly tried to integrate the

relevant data within individual class sessions, and via teaching staff (but not always in a supportive environment). Some principals had brought the new issues to the fore during school, and tried to integrate them (or supported related attempts), also raising them during PTA meetings. *Interestingly, during telephone interviews, many indicated the posters to be on notice boards for access. Observations during school visits found the main location to be the Guidance departments, where there were limited visits by a wider school population.*

- ii. In addition, some schools had effected follow-up sessions that integrated messages and materials into normative school activities and schedules e.g. inviting qualified personnel (e.g. HPSs, Ministry of Health, Jamaica Aids Support, HIV+ persons), to visit and make presentations at devotion;

Feedback re schools' based follow-up since workshop & related:

- *Sessions organized by the Guidance Department ... materials now in the library ... maybe about 30 percent know now ... challenging (to engage) teachers ... even if it is beneficial...*
- *At parents' month ... talking about HIV/AIDS ... and guidance session with students ... also AIDS persons come in and talk with students*
- *Have seminars re HIV/AIDS with students*
- *Various seminars and workshops for students re HIV/AIDS ... persons from the MOH comes in and talk with students ... consultations with students from time to time*
- *Trying to include it in the school curriculum*
- *Sessions with parents and students re HIV/AIDS and drug abuse ... now trying to structure it into the school curriculum*
- *Guidance Counsellor have discussion sessions with students ... nurse spoke with persons come in contact with HIV/AIDS*
- *Books and posters available to the staff ... past students' association come in to talk about the topic ... seminars at Women's Centre ... ongoing topic in Guidance class...*
- *Pamphlets re HIV/AIDS in Guidance office ... information re HIV/AIDS placed on notice board (posters)*
- *Normally during World AIDS week special emphasis is placed on HIV/AIDS prevention measures thus promotion of condom. During some class sessions safe sex is encouraged*
- *Sessions with older students, video sessions ... posters are displayed on the notice board and*

guidance office

- *Develop manual re HIV/AIDS in schools' curriculum ... emphasis is placed on related topic during the week of World AIDS day*
- *Since then, brought in Jamaica AIDS support ... HIV+ persons talking with students ... now there are teachers who want to be facilitators in talking with students about HIV/AIDS ... put on notice board, Universal Precautions re HIV/AIDS*
- *Presentations on the related topic by the guidance counselor*
- *Have not put up the posters yet [3 months after workshop] ... to put them up soon*
- *Peace Corps worker in the school ... HIV/AIDS posters on display ... a set (posters) in the staff-room for teachers*
- *Received posters that are placed on notice board in school ... students given research on related topic*
- *HIV/AIDS a part of the curriculum ... added info to the current HIV/AIDS programme*
- *Students taking home AIDS messages as a result of AIDS messages in schools*
- *Persons from NGO's and the Ministry come in and talk with students... time to time*
- *Talks during Family Life Education re HIV/AIDS*
- *Sensitize students, communities and parents against discrimination of students with the virus ... adopt national school policy*

iii. Other schools had taken limited follow-up actions subsequent to workshop attendance.

iv. However, almost regardless of attention to message dissemination, there were observed clear deficits in the extent to which many students had been exposed to critical themes, and **really understood** what basic HIV/ AIDS concepts meant.

d. Interestingly, recall about workshop details was found limiting for some, where substantial time had elapsed between attendance and evaluation, a few not even remembering having done so. Several attendees also noted: "*there are so many workshops*".

- e. In order to effectively prepare for and execute the workshops, HPSs have faced substantial challenges, the main barriers appearing to be logistical and/or financial, e.g.
 - i. Scheduling workshops at suitable times in consideration of e.g. other MOEYC and/or school-related and/or -based events;
 - ii. Actually issuing the invitations;
 - iii. Satisfying MOEYC pro forma invoicing requirements;
 - iv. Identifying and making suitable arrangements at potential workshop sites (*partially due to (i) & (iii) above*);
 - v. Engaging in sufficient follow-up with schools to ensure receipt of letters and subsequent attendance;

- f. Losses have accrued due to failures in the process due to non-attendance, as workshop costs incurred (and paid for) generally assume almost full attendance based on invitations issued.

HPSs working-relationships with small-community suppliers:

The procedures required to: secure and make payment to suppliers has been identified as especially difficult when working in small communities.

1. GOJ/MOEYC “pro forma invoice” requests: there are limited facilities available for suitable hosting of workshops, and HPSs repeatedly have to return to the same locations – at least two (2) of which would not have received the previous contract(s). There is therefore very little retained interest in repeatedly providing such invoices. Yet, this is now required at every workshop hosting event.

2. Where the workshop has been completed and monies become due, there is an unusually long wait time to supplier payment. This creates much frustration on the part of supplier as well as HPSs. For the latter, effective functioning is severely restricted, as the responsibility still resides with them to secure the payment. When the next workshop(s)

needs to be scheduled, the options for further hosting at that location(s) then become severely restricted.

3. The remaining option for the HPSs sometimes involve use of a much less-than-adequate facility in order to conduct the proceedings - because they dare not face suppliers' wrath.
4. The situation is made substantially worse due to other MOEYC administrative procedures that require e.g.
 - a. Disbursements to be fully accounted for;
 - b. All payments made to be collected as well as encashed and central returns made, prior to further disbursements;
 - c. The payee to collect payments on their own behalf.

3.5. General Awareness re HIV/AIDS epidemic and the education sector:

- a. Response to introduction of HIV/AIDS issues via these workshops suggests that the sessions evoked a real, initial response for some participants - especially regarding potential impact of the epidemic on workplace- and personal- environments. Guidance Counsellors and Nurses seemed to have been the most aware prior to the workshops, but still received valuable perspectives.
- b. Feedback still suggests retained reticence however, amongst (i) males; and (ii) senior public officials, to respond and/or show response to, the immediacy of HIV/AIDS messages and their own required involvement and/or action.

- c. Students represented targets of HIV/AIDS related messages, but a significant proportion were found to be insufficiently informed and/or largely unaware regarding the disease, its illness, precautionary measures and/or their own roles in preventing the spread of the epidemic. There was also little awareness found amongst students, of a MOEYC Policy as it related to HIV/AIDS in schools – even subsequent to workshop sessions that officials from their schools had attended.
- d. Over the last several years, The Ministry of Health and other agencies have been hosting HIV/AIDS Prevention Promotion campaigns at quite a high level of dissemination. The relative apparent failures to make substantial impact within this segment of the population suggest the very clear need for such an initiative as designated by the MOEYC HIV/AIDS Response Team Programme.

3.6. The MOEYC Policy:

The MOEYC Policy was the focal point of the workshops: for information dissemination vis-à-vis participatory input into content and/or strategy. The document and its contents were well received, but with a few misgivings about stated directions and limitations, as well as failure to amend the Code of Regulations.

Schools' based feedback re policy & related issues:

- *Not fully in agreement with policy ... if there is an HIV/AIDS student, the nurse, guidance counselor & principal should know, in case student happens to be involved in an accident...*
- *Seems that tertiary institutions not really considered ... mainly applies to primary and secondary levels...*
- *It is alright*
- *It is a good policy dealing with the present HIV/AIDS situation*
- *Right way forward ... (but) what is the responsibility of the person who knows that they have HIV/AIDS ... no policy protecting the non-infected persons*

- *Once the principal and Ministry accept ... more workable to the traditional high schools... inner city might object to it, based on the mentality re HIV/AIDS*
- *It is good*
- *Teachers already have their detailed syllabus so adding HIV/AIDS might be added workload ...infusing with the curriculum might be a problem*
- *The Ministry needs to have seminars and discuss and listen to the concern of teachers and develop a more well-rounded policy*
- *The whole issue of disclosure ... non-infected persons are not protected under this policy*
- *Think it was well put together*
- *They went out and covered almost all the areas possible ... good*
- *Positive ... don't have a problem with the principles outlined in the policies*
- *Alright*
- *Difficult to work with these principles ... kit should be given to school*
- *The policy was good*
- *Agree as it relates to education regulation (but) principal should be aware ... Ministry should be given gloves*
- *It was alright ... nurses and guidance counsellors now have something to work with ... have a problem with how teachers would make other students aware that one of their classmate is HIV+. Students may be unable to deal with it, but what if this student got cut, and students unknowingly rush to assistance?*
- *Very important ... think all schools should have it ... left nothing uncovered*
- *It is comprehensive*

3.7. The Programme:

The HIV/ AIDS Response Team's existence within a larger programme has been shown via the evaluation to be extremely important: for (i) short-term awareness; (ii) capacity-building, as well as for (iii) the education sector's long-term response and strategic planning. More specifically:

- a. The introductory workshops have served to engage participants in thought about the epidemic, but such increased awareness has not always resulted in their being aware of: (i) the Team's and/or workshop's place within a larger programme; or (ii) the MOEYC's active involvement in such a programme.
- b. This relative absence of perceived continuity was further evidenced in how some prospective participants were introduced to, and made

aware of the workshop (see Appendix VII): the interpretation could be that the HPSs only role and function was to introduce the Policy.

- c. Although the integrative roles have yet to be fully adopted, much work is currently being conducted towards formally incorporating HIV/AIDS related education in the Health and Family Life Education Curriculum used by schools. Importantly, its current absence (in spite of related workshops), has seemingly restrained some schools from attempting instruction.

3.8. Communication Issues:

- a. Amongst the first clear indicators of challenges faced by the Health Promotion Specialists were: (i) the relatively low level of **real** awareness and/or knowledge and/or incorporation of messages found amongst key stakeholders e.g. principals. This deficit served to justify for them, inclusion of general HIV/AIDS related information within the context of workshop sessions.
- b. Given the apparent need and further requests, for information from participants, such portions of the workshops were sometimes unexpectedly extended in order to facilitate questions.
- c. The evaluation identified clear information deficits amongst students, even those initially claiming to “know all there was to know” about

such matters. What emerged was a lack of sufficient will and/or skill, for them to ask and/or for those responsible for providing information, to supply. Amongst questions for which students wanted answers, and comments made, were:

Students' questions for which they wanted answers:

- *How much time if on medication, before you get AIDS?*
- *What if partner has HIV and you do not, can you still contract it?*
- *Can you catch HIV by kissing?*
- *Heard HIV is very small virus that can go through condom: true?*
- *How long can you have AIDS for, before you die?*
- *If someone sneezes, can they pass on HIV?*
- *Think they need to teach persons to put on condoms properly.*

- d. Not all schools and/or Guidance Counsellors had embraced the mandate to act within their school.
- e. There seemed a preference for some participants to disseminate acquired information outside of their own school environment (*but especially to fellow church members*), than to do so within. In certain ways and for whatever reasons, a number of persons seemed not to feel sufficiently adequate and/or comfortable in doing so within the schools.
- f. From those attending, workshop presentation skills and format were given "good", but not often "very good" or "excellent" ratings. In explanation, there were suggestions for a more dynamic and/or interactive offering, possibly with multiple presenters. The UN team visit supported the much-echoed call for inclusion of PLWHAs as part

of team presenters. In every citation where such persons participated, there was much stronger felt-impact from the testimonials.

- g. Another further consideration relates to adequacy of HFLE/other integration messages within the workshops. Certainly, the letters of invitation make the link between the workshop content and the HFLE. However, it appeared there was limited attention given within the sessions, to furthering such integration. *The MOEYC indicated that this was difficult to articulate in the early stages, without having completed the (current) exercise that actually seeks to strategically link HIV/AIDS education into the HFLE curriculum: the HPSs were therefore never briefed on how this integration might actually be enacted and/or presented.*

A baseline report on Family Life Education conducted by the Fertility Management Unit, UWI present some of the issues to be addressed and anticipated, major constraints being inadequate and limited variety of support materials and teaching methodologies. Based on current attempts, few teachers and guidance counsellors felt adequately equipped for the lessons to be taught. It identified the need for a specialist-approach to teaching in support of an earlier such USAID recommendation, but also to e.g. increase internal coordination within the respective MOEYC units; increase school: community interactions; increase monitoring and evaluation; increase related parent and public education programmes; institute related training in Teachers' Colleges; increase scope of Guidance Counsellor training with emphasis on skill and strategy; provide comprehensive information on infusion, training teachers and Guidance Counsellors in use; increase range of available materials to include all media; establish regional distribution

mechanisms and systems to allow parish and cluster-school access; and determine the delivery standards vis-à-vis frequency and grade-level.

These issues seem highly relevant to challenges currently (already) being faced by HPSs in the conduct of their assigned duties. They further present the question of how their own roles should / could be strategically tailored within and to enhance the larger HFLE objectives now being developed.

3.9. Monitoring and Evaluation (M&E):

This appeared one of the weakest components of the Team's activities. There was very limited attention to M&E at most levels, a seemingly inherent deficit. There were four (4) main areas in which this appeared:

- a. For a majority of workshops, participants were asked to complete post-session evaluation forms (Appendix VIII). However, these data have neither been processed nor analyzed to appropriately determine recipients' feedback and their adjudged adequacy of activities.
- b. There has been no systematic process instituted to contact workshop participants at school-level, thereby determining institutional utilization and/or impact of new information received.
- c. There has been no formal avenue developed to field related calls from schools, who have unresolved and/or emergent issues.
- d. HPSs do not regularly meet with each other and/or the Coordinator.

This lack of follow-up is unfortunate, based on the several suggestions that newly acquired information generated much discussion – impossible to adequately resolve within workshops (already fairly short and tightly woven). Hence, absence of resolution and related discussions would likely continue on taking data back to the respective schools – but without suitable problem-solving assistance. There appeared little felt urgency towards HPSs including these M&E activities within their activities. Reasons could however be related to limiting resources e.g. equipment, software, or skills-base. The evaluated call from participants for further sessions likely indicated their inability to close on key issues, hence importance of follow-up.

3.10. MOEYC Support:

The MOEYC role of implementing and supporting an HRT programme via HPSs has consistently been lauded without hesitation. The initiative has invariably been described as extremely admirable, even if late with introduction of a Policy on HIV/AIDS. This has been the consensus position from workshop participants, agencies, and other key stakeholders. There have however, almost consistently been caveats to position-statements, the summary being that more now needs to be achieved to: (i) further strengthen and validate the initiatives; (ii) ensure continued commitment; and (iii) assure sustainability. Examples include:

- a. Project Management: The MOEYC needs to put into action any and all resources towards availing themselves of donors' project funds that could be channeled towards maintaining and developing the Programme. External perceptions included:
 - i. Limiting skills-base: to prepare the several proposals, using required formats and guidelines, with the required timeframes.

- ii. Limiting interest: there was some trepidation that the MOEYC might become complacent with the existing initiative, in and of itself, not recognizing the (much) further work required e.g. *improving presentation skills and format, improving inter-presenter consistencies, increasing NGO/other-agency linkages, and effecting as well as following up on, M&E findings.*
 - iii. Insufficient initiative: although not a “preferred” thought, it presented as a distracting one, the hope being that the MOEYC was not waiting for additional funds to as it were “suddenly become available” without the work required, to access and manage the requisite process.
- b. Integration: The previously mentioned linkages seem imperative: this HIV/AIDS Response Team and their activities now needing to be recognized for accelerated integration into a larger strategic or operational framework.

In addition to the HFLE curriculum, there seemed other areas via which effective systemic changes could be made: administrative support, (other) resources' availability, formalized inter-agency linkages, rotated visits to HPSs presentations, newsletters (including on-line and with extra-HPSs content availability).

- c. Facilities: With the actual/perceptual mandate that includes providing such a large population with current information, HPSs have done admirably operating without ready and dedicated access to:
- i. ICT facilities e.g. Internet, telephone (absolutely critical in arranging workshops, following-up with schools). Some offices

are more adequately equipped and/or more facilitative with such equipment, than are others.

- ii. Administrative assistance: although not consistently identified as a drawback, much time is now taken in conduct of such duties. *If and when there is expansion and increased schools-based activities, this facility will be absolutely essential.*

d. Travel: Much of the required travel to e.g. *potential workshop sites, workshops, schools, community-based organization meetings*, has been difficult without travel allowance. This situation has apparently recently been addressed via UNICEF funding, and should remove current constraints to distance trips.

e. Support Materials: The calls have been for more support materials than currently available. Amongst the most consistent calls, has been for user-friendly, easy-to-read materials that can easily and readily be understood by less literate populations, including parents. These materials would help make Guidance Counsellors' tasks easier over time, with provision of manageable units comprising key points related to HIV/AIDS. Currently, support materials either have to be hand-produced or otherwise accessed: a challenge to most. This is one way in which Japanese creative skills have proven potentially very useful – in the Region where they exist.

The MOEYC has recognized this deficit. However, the extremely high costs through to production are restrictive. One MOEYC-recommended option for increasing support materials' development is via school-based competitions.

Such a guided initiative represents an important recommendation as it could:

- i. *Fully harness existing creative resources;*
- ii. *Increase participation and (hence) ownership in process;*
- iii. *Increase internal attention to the HIV/AIDS epidemic and concepts;*

- iv. *Increase the peer-linked and-originating authenticity that could influence students' perceptions.*
- v. *Expand the school-population based attention to and involvement in fighting the disease and understanding its determinants – efforts that could also find their way into homes and communities; and*
- vi. *(Likely) increase donor-attention, involvement and support for meeting development and production costs.*

f. Strategic Direction: *“What does the MOEYC want? What does it want to do? Seem not to be developing a clear strategy ... vision ... by (them) selves ... only waiting to see what donor agencies will provide ... to see what will be offered ... then develop a strategy according to what they are told!”*
This was voiced by one, but is a sentiment that seemingly exists within more than a single entity, and needs to be addressed, as it could influence the future of the HPSs and the overall HRT programme.

4.0. Conclusions and Recommendations:

“The programme has to continue”. These words voiced by one, seem to effectively echo the felt sentiment of many, even without recognizing “programme” descriptors. Or, at a representative from a donor organization indicated: *“it is a very good first effort ... it is a major opportunity that can be strengthened”*. What appears clear is that the HIV/AIDS Response Team represents the kernel of an idea with highly viable future once critical organizational and functional elements have been accounted for. Given the magnitude and pervasiveness of the education workforce, its student and related populations, the need is almost demanded. Because the sector retains a relatively insular profile, there is a suggestion that delivery of HIV/AIDS schools’ related messages might best be seen provided from within- rather than from outside. Further, because attendees seem to regard workshop content as “new” despite their existing within other societal realms suggests importance of closer proximity to information delivery.

The overall topic area to which workshop participants are being introduced is not an easy one to discuss, as has become highly evident not only via the workshops focusing on the “education sector as a workplace”, but in other local spheres, regionally, and globally. The often-observed reticence to incorporate such issues within the sphere is indicative of the challenges: the HRT team comprising HPSs has been charged with overcoming these barriers, and concurrently making meaning of the MOEYC HIV/AIDS Policy for schools.

Despite the level of importance attached by programme- and team-approach, evidence of the constraints and felt-barriers to receptivity could be extrapolated from incomplete attendance and a practice for many principals to send others in their stead – despite the focus on policy. The decisions that may ultimately have to be made at school-level remain those of the principal and Board, therefore

some way must be found to ensure attendance of both principal and Guidance Counsellor, the tendency within-school being to assign such responsibilities for education to the latter. Good vehicles to attract their attention seem to include: (i) ongoing Principals' Association Meetings, (ii) Jamaica Teachers' Association meetings and/or buy-in, (iii) working through Members of Parliament (MPs) who regularly meet with teachers; and (iv) via Church leaders, with whom most are in contact. The truth seems to be that, as the former Coordinator said of the workplace-oriented challenges: *"persons are just not comfortable ... the issues are so sensitive ... had to work through these"*. Unfortunately, there has been no systematic documentation of the stages towards change accomplished via the workplace-oriented introductions, but neither have the challenges in the HPSs workshop sessions been noted with the type of detail that would lend to strategic process development.

The workshops have been successful in respect of introducing the issues at a level sufficient to provide information, and facilitate some discussion: they opened the door. However, there is evidence that the presentation focal points and attention to other details were conveyed systematically via these sessions. There have also been several calls to infuse "more" – content and follow-up – for the participants. There seem several ways to achieve this e.g. via (a) additional HPSs` training; and/or (b) external assistance; and/or (c) additional presentation- and workshop- materials; and/or (d) longer workshop sessions; and/or (e) support materials for use in/with school populations and/or (f) school-based visits subsequent to workshops; and/or (g) hosting additional sessions with the same populations; and/or (h) monitoring and evaluation of management, and incorporation of issues.

Assistance exists outside of the MOEYC, sufficient to enhance and strengthen both workshop content and execution, and in a systematic and systemic way.

Such partnerships represent a direction currently being espoused by the Government of Jamaica, of which the MOEYC is an integral part and certainly not exempt. The Minister of State in the MOEYC, Dr. Donald Rhodd, has been careful to indicate that the: “... *intention is to create a culture change ... within which (the MOEYC) needs the partnerships ... for increased access and well as equity ... but implementation should not (only) be at regional level ... standardization is important.*” Monies will have to be allocated to this activity since PLWHA, as external agents, have been found to have the most resonance within sessions, bring faces to the issues with which participants were being challenged.

One of the most elucidating moments within the evaluation was when a principal – having already attended a workshop and provided suitable feedback re session and schools’ management of information received, made a parting comment that clearly represented a burning concern: “*what about protecting ourselves from them? ... dem mus’ know whey dem go go ketch it from. ... some of dem so spiteful! ... mek dem go wey and crawl ... go carry it wherever dem go go ketch it from!*” The Guidance Counsellor cringed at the words. It is doubtful that this is a rare sentiment although it might be expressed differently e.g. “*we ... don’t have that type of problem here ... never have ... the (children) are well-behaved ... some poor but ... maybe (it might apply to) other schools*” ...

The strongest impact of the initiative will evidently take some time to be realized, given the current limitations in awareness, but moreso, in knowledge. The further (proximal) development will be much related to increased, coordinated attention to communication: target groups, messages, channels, media, and the overall processes of integration: (i) considering existing institutions, programmes, offerings, skills-bases; and (ii) into the wider school-environment. There are real additional challenges to the communication conundrum: -

- Materials' content and quality are being rivaled for attention by cable-televised materials with further implications for decisions regarding e.g. *print vs. electronic media, and content/production quality.*
- Local production costs are excessively high, but final images represent what much of what is being retained by HPSs recipients, for onward usage. Ultimately, materials produced are taken to represent programme and informational quality.
- To remain current, HPSs require current data. They are now severely challenged re ICT access, and preparation time. There are other data sources that HPSs seem not to know of and/or use to great extent in support of content preparation e.g. Education and HIV/AIDS in the Caribbean
- Literacy levels -within and -outside the school environment continue to represent communication challenges, hence appropriate levels and representation are critical for adequate reception and utilization. There seems underutilization to date, of the global cartoon series booklets provided towards this end: in fact, not all HPSs seem to know of their existence.
- There exist multiple programmes facing similar challenges, and several of which related entities are producing support communication materials.

Another important area for consideration comprises potential workshop strengthening, such sessions being such an integral part of the current HPSs tasks. Firstly, it is unclear why/how some HPSs could have existed over such a

long period without attending to this core responsibility. Nevertheless, strengthening workshop delivery would necessarily include additional attention to support materials:

- Greater and/or more consistent presentation structure (*within- and between-presenters*). *It has actually been quite remarkable how often that single, "ill-fated" Montego Bay workshop with invited guests has been mentioned during the current evaluation: this being facilitated by arguably one of the best HPSs. The actual details are almost less important than are the implications: consistent attention to details. These relatively short, "one-off" sessions are what participants are being introduced to, each leaving with their own impressions on a delicate issue, the expectation being for them to craft their own way for their respective school populations. This reality creates some tension amongst donor agencies when (i) the extent of the sector, (ii) the scope and meaning of the epidemic and its management, (iii) what needs to be done about it, and (iv) the vastness of resources being uniquely and consistently assigned to the task from other quarters, are taken into account.*
- The need for workshop sessions to be more clearly articulated as being part of a "programme of activities", thereby overcoming that felt-sense amongst many that sessions were singular undertakings of the MOEYC;
- The need for follow-up advice and/or sessions, in order to increase the engagement and support to participants in programming related activities within their proximal environments;
- Determining and putting into action, any/all best methods for involving further school principals. This seems important given an observed tendency for them to send designated persons in their stead, but without their own sufficient later engagement in school-wide awareness-building.

- **Ensuring** the Guidance Counsellors' attendance (even with other representation from schools), given the tendency (and ultimate requirements) for them to be the primary vehicle via which school-based dissemination is facilitated and the messages institutionalized.

- **Ensuring** the Principal's attendance (or at least attention) based on the policy issues being communicated.

- Revisiting the stated need to include students in the workshops - only very few have been in attendance, and there is little evidence of them being invited.

- Engaging and incorporating testimonials from HIV+ persons, such presentations being found to have potent effects both within- and outside-workshop settings (e.g. *school-level*);

Additional summary recommendations include:

1. **Workshop preparation and delivery:** Accuracy, appropriateness and relative consistency to workshop content, conduct and delivery have to be addressed. There have been important flaws reported and their relative importance cannot be underestimated. In so doing the following have to be addressed: (i) access to current and relevant data; (ii) provision of appropriate support materials. Regular meetings with HPSs could provide further clarification on nebulous issues as well as encourage increased consistency of emphases.

2. **Late launch:** Although not formally introduced, it might not be too late to officially indicate the presence of the programme. This deficit could represent a deterrent (in the form of devaluation) to principals recognizing its relative importance. The current scenario is that HPSs in fact have to be responsible for the programme's introduction – several times repeatedly.

3. **Focal point:** The programme's not being assigned a "focal point" could also be responsible for limitations in external -access and -valuation. Such a presence could also help to validate the MOEYC authority to manage its own HIV/AIDS programme implementation, rather than e.g. work through another institution such as the Ministry of Health. It could also strengthen the team's potential ability to function as a unit as well as with relative independence. *There seems a latent but likely very important review process being undertaken by some donors in respect of the effectiveness with which the MOEYC will institutionalize this initial foray. One of the best indicators has been the donor meetings and their meaning(s), but amongst the least beneficial to the MOEYC have been the apparent limitations in follow-up including funds-seeking activities. There seems a dedication to the future of the programme by the management, and a willingness to assign the required resources, but these now need to be effectively and visibly translated.*

4. **Training:** HPSs would benefit from increased skills-training in:
 - a. Workshop delivery; and
 - b. Research, Monitoring & Evaluation.

5. **Administrative Assistance:** This represents a deficit that should be filled in the shortest time, the successful applicant helping to prepare materials for the HPSs under the guidance of the Coordinator and Promotion Specialist. This

would relieve the HPSs from such tasks, and facilitate more of their “health promotion” activities – including at school sites.

6. **Linkages:** There should be increased and more formalized affiliations with other agencies working with HIV/AIDS, e.g. Ministry of Health, Jamaica AIDS Support, and Red Cross. Another avenue exists in respect of established Peer Counselling entities, many of which are attached to schools and currently seeking either funds and/or avenues via which to action intent. The stated MOEYC interest in increasingly empowering youth to assist in this fight against HIV/AIDS could also be channeled via HPSs in this direction.
7. **Support materials:** Adequate supplies need to be sourced and made available for continuity. Options and considerations include:
 - a. **Existing sources:** A detailed review should be conducted of all/most existing HIV/AIDS related communication materials e.g. those produced for or by UWI/HARP and MOH. The Promotion Specialist could be designated this task.
 - b. **Reprint Permission:** Materials’ production should incorporate provisions for reprints and/or reproductions in substantial quantities of what is already available, with permission.
 - c. **New productions:** The idea of school-based competitions is a good one and should be further pursued. In addition, existing resources such as CARIMAC and Edna Manley School could be approached as partners.
 - d. **Materials’ Distribution:** Guidelines should be developed regarding appropriate materials’ distribution and dissemination. This would assist

with materials' standardization so they become "part of" or "from" the programme, reducing external distortions via inappropriate materials.

8. **HFLE Direction:** Care should be taken while incorporating the HIV/AIDS Response Team's activities into the HFLE Programme, at least over the short-term: the (albeit small) potential exists for it to become "lost" with respect to e.g. focus and messages. The single example seen of one school consistently twinning "HIV/AIDS" concept and messages with "drug abuse" issues was a little frightening. The clear perception (observed from Principal across other participants) was that these behaviours generally and almost exclusively co-exist in Jamaica, or in other words, there would be HIV/AIDS if there were no drug abuse.

Another aspect to be seriously considered in this combination of HIV/AIDS education with HFLE/Life Skills/Guidance Counselling is the relatively low priority (and even value) accorded the latter - or in the words of one of the HPSs: "*it is like teaching Religion vis-à-vis Maths and English*": the issues could become "relegated". In addition, much of Guidance Counselling involves responsiveness to issues, and several already exist: sessions therefore need to be institutionalized as per the UNGAS approach whereby students are exposed to a certain number of Life skills' education weekly. Unfortunately, without adequate and consistent attention to M&E, there will be no knowledge regarding how these data are infused into the school, as well as into any curriculum.

Appendix 1: MOEYC Programme for HIV/AIDS Prevention and Mitigation:		
<i>Programme elements & financing</i> (dated October 23, 2003)		
<u>Policy development:</u>	Japan UNESCO UNICEF WB	Add notes

<ul style="list-style-type: none"> ▪ Workplace policy for MOEYC and 18 agencies ▪ Policy for educational institutions ▪ HFLE policy ▪ Research on HIV/ AIDS in sector ▪ Policy enforcement 				√	With UWI	
<u>Policy dissemination & implementation:</u>						
<ul style="list-style-type: none"> ▪ Instructional materials for policy dissemination ▪ Training of policy disseminators ▪ Cascade training for secondary and tertiary institutions ▪ Pilot cascade training for primary / all-age institutions for 2 priority parishes ▪ Workplace training 				√		
<u>Teacher education development:</u>						
<ul style="list-style-type: none"> ▪ Instructional materials (print) for professional development of teacher educators ▪ Video materials for professional development of teacher educators ▪ Training of trainers of teacher educators ▪ Professional development of teacher educators ▪ Reform of JBTE curriculum to include health promotion/ HIV/ AIDS 	√	√				HQ
				√		
<u>Instructional materials for students:</u>						
<ul style="list-style-type: none"> ▪ Fast track evaluation of HIV/ AIDS in reading materials through selected TCs and demonstration schools ▪ Piloting Literacy and HIV/ AIDS materials for Adolescents ▪ Piloting new approaches and materials ▪ Development of HIV/ AIDS instructional materials for generalized use 	√	√			Kingston	
				√	NGOs with USAID Global Fund	
<u>MOEYC capacity development:</u>						
<ul style="list-style-type: none"> ▪ Skills training for planners, curriculum officers authors etc. 				√	Kingston / IIEP	
<ul style="list-style-type: none"> ▪ Building capacity at HQ and regional level through part-time & volunteer response team 	√	√	√		JICA	
<ul style="list-style-type: none"> ▪ Building management and quality assurance capacity vis-à-vis NGO services ▪ Building monitoring and evaluation capacity 				√	IDB	

APPENDIX II: HIV/AIDS Response Team Programmed Activities

- | |
|---|
| 1. Education Management Retreat: |
| a. <u>Target group(s):</u> Senior Management Staff, Unit Heads, Regional Directors
b. <u>Strategy:</u> One-day retreat re HIV/AIDS divisional impact, encouraging management involvement
c. <u>Funding Agency:</u> UNICEF |

<p>2. Establishment of HIV/AIDS workplace strategic plans and a policy document</p> <p>a. <u>Target group(s)</u>: MOEYC and all sector-governed agencies</p> <p>b. <u>Strategy</u>:</p> <p>c. <u>Funding Agency</u>: World Bank (IBRD)</p>
<p>3. Establishment of a HIV/AIDS Response Team</p> <p>a. <u>Target group(s)</u>: [REDACTED]</p> <p>b. <u>Strategy</u>: Team comprising Coordinator, marketing specialist, Admin assistant, & six (6) regional HPS's established to strategically address HIV/AIDS & HFLE education institutional issues</p> <p>c. <u>Funding Agency</u>: UNESCO</p>
<p>4. Japanese Volunteers to be assigned to HQ and each region</p> <p>a. <u>Target group(s)</u>:</p> <p>b. <u>Strategy</u>: Team members will assist regional Health Promotion Specialist & Guidance Officer with given assignment, but especially in respect of enhancing technical competencies of these personnel.</p> <p>c. <u>Funding Agency</u>: JICA</p>
<p>5. Dissemination of the HIV/AIDS Policy:</p> <p>a. <u>Target group(s)</u>: Board Chairpersons, Principals, PTA Presidents:</p> <p>i. <u>Phase 1</u>: Of all Secondary Schools and Tertiary Institutions, in addition to Directors, EO's, & Guidance Counsellors; to total 400 institutions & 1,428 persons nationwide.</p> <p>ii. <u>Phase 2</u>: Of all All-Age and Primary & Junior Schools nationwide; to a total of 544 institutions.</p> <p>b. <u>Strategy</u>: Six regionally assigned Health Promotion Specialists trained by Project Coordinator, which former then to provide training to their respective target groups</p> <p>c. <u>Funding Agency</u>: UNICEF</p>
<p>6. Re-evaluation of Health & Family Life Education (HFLE) in school system and production of revised HFLE policy document to include HIV/AIDS</p> <p>a. <u>Target group(s)</u>: Select schools nationwide</p> <p>b. <u>Strategy</u>:</p> <p>c. <u>Funding Agency</u>: World Bank (IBRD)</p>
<p>7. HIV/AIDS related material production</p> <p>a. <u>Target group(s)</u>: Pre-primary, Primary, and Secondary schools</p> <p>b. <u>Strategy</u>:</p> <p>c. <u>Funding Agency</u>: Global Fund</p>
<p>8. Review of the curriculum at Tertiary level to include HIV/AIDS education and production of relevant material for colleges and Library centres</p> <p>a. <u>Target group(s)</u>: All Teachers' and Community Colleges nationwide: total 17 institutions and two (2) Literacy centres</p> <p>b. <u>Strategy</u>:</p> <p>c. <u>Funding Agency</u>: UNESCO</p>
<p>9. WORLD AIDS DAY celebrations, December 1, 2003</p> <p>a. <u>Target group(s)</u>:</p> <p>b. <u>Strategy</u>:</p> <p>c. <u>Funding Agency</u>: GOJ & World Bank</p>

Appendix III. MOEYC Interview Instrument: Technical and Administrative Posts

Name of applicant: _____

Post: _____

Characteristics, Traits, Competencies	Total Possible Marks	Actual Marks Allotted
Qualification (based on minimum requirements for the job)	5	
Experience (relative to the scope and demands of the job)	12	
Knowledge (of the job/interest in and understanding of the job)	10	
Potential (capability, enthusiasm, attitude, flexibility and readiness)	8	
Communication (oral and written expressions, language and style)	10	
Personality (confidence, deportment, leadership and ability to get along with people)	5	
TOTAL SCORE	50	

INTERVIEWER'S COMMENTS

<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>

RECOMMENDATION:

Strongly recommended: _____ Considered as 2nd choice _____

Recommended with minor reservation _____ Not recommended _____

Name of interviewer _____

Signature of Interviewer _____ Date _____

<u>Appendix IV. Duties and essential requirements for Health Promotion Specialist</u>
<p>Major Duties:</p> <p>The Health Promotion Specialist will:</p> <ol style="list-style-type: none"> 1. Liaise with personnel in the institutions in establishing training schedules. 2. Liaise with counsellors in schools in the process of coordinating activities and workshops.

3. Assist in coordinating the delivering and monitoring of Health and Family Life Education (HFLE) with the HIV/AIDS component in schools.
4. Assist in evaluating the HFLE programme in the region;
5. Recommend strategies for the improvement of the delivery of HFLE in the classroom;
6. Assist the Guidance Officer in the visiting and monitoring of the school in the region.
7. Assist in ensuring the appropriate response to the HIV/AIDS reality at the regional level in collaboration with the Guidance Counsellor;
8. Liaise with the Literacy Centres in executing the material development and training activities
9. Facilitate the relationship between school personnel, parents, the Guidance Unit and the Regional office in the implementing of the proposed strategies;
10. Facilitate the training of Guidance Counsellors, Principals, PTA Presidents, Board Chairpersons and Students.
11. Advise on best practice in the filed for implementation.
12. Liaise with the Parish AIDS committee.
13. Prepare programme and status reports as required.

Qualifications and Experience:

- A graduate of a recognized University in the Social Sciences or Education
- Training and/or experience in Health and Family Life in the formal school system
- Knowledge and experience in the delivery of HIV/AIDS/STI prevention strategies
- An in-depth knowledge of the Jamaican education system
- A valid Jamaican driver's license and a serviceable vehicle
- Computer literate

The assignment is for a period of 12 months.

Appendix V. Consultant's Terms of Reference: current evaluation

Conduct a preliminary evaluation of the effectiveness of the HIV/AIDS Response Team of the Ministry of Education, Youth and Culture after one year in operation, the team comprising Government of Jamaica officers, UNESCO-funded Health Promotion Officers and JOCV volunteers.

The evaluation will be conducted through:

- (i) A review of project agreements, agreements, work-plans, Terms of References, reports and other documents related to financing and mobilization of the team;
- (ii) Focus interviews with managers, supervisors, colleagues and the team members themselves at Ministry of Education, Youth and Culture Headquarters and at least three of the six regional offices;
- (iii) Focus interviews with beneficiaries of the training and support activities of the team to determine (a) the quality and process of the training received from the HIV/AIDS response Team; and (b) the impact on schools targeted;
- (iv) Interviews with funding agencies and other organizations involved; and
- (v) Presentation of the draft report and its recommendations to stakeholders by end January 2005.

Appendix VI. Samples of distributed workshop agenda

[SAMPLE 1] Page 1 = Cover page with GOJ/MOEYC Logo & Workshop Title, Location, Date, Time							
Page 2	Page 3						
Objectives	Agenda						
<p>To:</p> <ul style="list-style-type: none"> ▪ To sensitize participants to the nature and seriousness of HIV/AIDS. ▪ Highlight the existence of the HIV/AIDS epidemic in Jamaica and in particular in the education system. 	<table border="0"> <tr> <td style="padding-right: 10px;">8.30-9.00</td> <td>Registration - Prayer - Welcome - Purpose & Clarification of Workshop</td> </tr> <tr> <td>9.00-9.15</td> <td>Ice Breaker</td> </tr> <tr> <td>9.15-10.00</td> <td>HIV/AIDS: Basic Facts</td> </tr> </table>	8.30-9.00	Registration - Prayer - Welcome - Purpose & Clarification of Workshop	9.00-9.15	Ice Breaker	9.15-10.00	HIV/AIDS: Basic Facts
8.30-9.00	Registration - Prayer - Welcome - Purpose & Clarification of Workshop						
9.00-9.15	Ice Breaker						
9.15-10.00	HIV/AIDS: Basic Facts						

<ul style="list-style-type: none"> ▪ Provide guidelines for institutions on the treatment of students and school personnel infected with HIV/AIDS. ▪ Promote the use of universal precautions in all potentially infectious situations. ▪ Develop Policy Implementation Strategies. 		Other Information Questions and Discussions
	10.00-10.15	BREAK
	10.15-11.00	Review of National Policy for HIV/AIDS Management in Schools
	11.00-11.35	Group work activity: Policy Implementation Strategies
	11.35-12.15	Group presentations and Discussion
	12.15--	LUNCH

[SAMPLE 2] Single Page with GOJ/MOEYC Logo & Workshop Title, Location, Date, Time header

8.30-9.00	Registration and Interaction
9.00-9.10	Welcome and Prayer
9.10-9.20	Purpose and Clarification
9.20-9.35	Ice Breaker
9.35-10.25	HIV/AIDS: Basic Facts and Other Information
10.25-10.45	BREAK
10.45-12.00	Review of National Policy for HIV/AIDS Management in Schools
12.00-1.15	LUNCH
1.15-2.30	Review of National Policy for HIV/AIDS Management in Schools Cont'd. Questions and Discussion

Appendix VII: Sample invitation letter(s) sent to schools' representatives

MINISTRY OF EDUCATION, YOUTH & CULTURE Letterhead

Dear _____

The escalation of the HIV epidemic especially over the last ten (10) years, continues to be a challenging reality. The Caribbean has been placed second in the world in prevalence with Sub-Saharan Africa in the lead. In Jamaica, approximately forty four percent (44%) of the cases have occurred in persons nineteen years and under, largely representative of our school population.

In January 2004 the National Policy for HIV/AIDS Management in Schools was approved by the Cabinet signifying support and response of the Ministry of Education, Youth & Culture.

The Ministry will begin the process of dissemination of the policy through a series of regional workshops with the initial target audience being **Board Chairpersons, Parent Teachers Association [Option 2: P.T.A.] Presidents, Principals, Education Officers and Guidance Counsellors.** [Option 1]: These workshops will be conducted by our newly contracted Health Promotion Specialist (HPS),_____. Her special responsibility is the dissemination of the policy for the management of HIV/AIDS and Health and Family Life Education (HFLE) in the school system. [Option 2]: These workshops will be conducted by Ministry Officers and our Health Promotion Specialist (HPS) located in the Region with special responsibility for HIV/AIDS and Health and Family Life Education (HFLE) in the school system.

You are therefore invited to a workshop scheduled for: -
(Parish ... Date ... Time ... Place)

The objective of the workshop is to share the expected approach to the management of this sensitive, yet very present reality. Copies of the policy will be distributed, along with posters for use in the programme.

[Option 1]: We look forward to meeting you. [Option 2]: We look forward to meeting with you on this very important occasion.

Sincerely

xxx
Regional Director

Appendix VIII. Policy for HIV/AIDS Management In Schools' Workshop Assessment

Questionnaire (with revisions to original)

<p>1. Using the scale "1" to "10", where "1" is "very poor" and "10" is "excellent", use any number to rate:</p> <p>a) Content_ HIV/AIDS intro: _____</p> <p>b) Content_ MOEYC Policy: _____</p> <p>c) Facilitator I (_____): _____</p> <p>d) Facilitator II (_____): _____</p>	<p>5. You felt the overall time allocated to this workshop was:</p> <p style="text-align: right;">Too short 1 Adequate 2 Too long 3</p> <p>6a Notification for attending workshop:</p> <p style="text-align: right;">Convenient 1 Inconvenient 2 Too sudden 3</p>
---	---

<p>e) Facilitator III (_____): _____</p> <p>2. Your overall opinion of workshop relative to expectations is:</p> <p style="margin-left: 40px;">Did not satisfy expectations 1</p> <p style="margin-left: 40px;">Satisfied expectations 2</p> <p style="margin-left: 40px;">Exceeded expectations 3</p> <p>3. Your attitudes were challenged towards persons infected or affected by HIV/AIDS because:</p> <p>a) _____</p> <p>_____</p> <p>b) _____</p> <p>_____</p> <p>4. Please rate the following aspects of the workshop accommodation:</p> <table style="margin-left: 40px; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;"><u>Poor</u></th> <th style="text-align: center;"><u>Adeq</u></th> <th style="text-align: center;"><u>Good</u></th> </tr> </thead> <tbody> <tr> <td>Location</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>Meals: quality</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>Meals: amount</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> </tbody> </table>		<u>Poor</u>	<u>Adeq</u>	<u>Good</u>	Location	1	2	3	Meals: quality	1	2	3	Meals: amount	1	2	3	<p>6b Notification time for attending future workshops <u>should be</u>:</p> <p style="margin-left: 40px;">Less than one (1) week 1</p> <p style="margin-left: 40px;">Two (2) weeks 2</p> <p style="margin-left: 40px;">Three (3) weeks 3</p> <p style="margin-left: 40px;">Four (4) weeks or more 4</p> <p>7. Two suggestions for improving future workshop presentations are:</p> <p>a) _____</p> <p>_____</p> <p>b) _____</p> <p>_____</p> <p>8. Your professional position based on the following, is:</p> <p style="margin-left: 40px;">Principal 1</p> <p style="margin-left: 40px;">Vice Principal 2</p> <p style="margin-left: 40px;">Guidance Counsellor 3</p> <p style="margin-left: 40px;">Board Chairman 4</p> <p style="margin-left: 40px;">PTA President 5</p> <p style="margin-left: 40px;">Education Officer 6</p> <p style="margin-left: 40px;">Nurse 7</p> <p style="margin-left: 40px;">Other 8</p>
	<u>Poor</u>	<u>Adeq</u>	<u>Good</u>														
Location	1	2	3														
Meals: quality	1	2	3														
Meals: amount	1	2	3														

Appendix IX. Schools & Workshop Participants from which feedback obtained

Region 1:	
▪ Charlie Smith High	▪ G/Counsellor
▪ Excelsior Community College	▪ G/Counsellor
▪ St. Hugh's High	▪ G/Counsellor
▪ The Queen's School	▪ G/Counsellor
▪ Vauxhall High	▪ Nurse
Region 2:	
▪ Annotto Bay High	▪ Principal
	▪ G/Counsellor
	▪ Nurse
▪ Golden Grove Primary	▪ G/Counsellor
▪ Marymount High	▪ Nurse
▪ Port Antonio High	▪ G/Counsellor

<ul style="list-style-type: none"> ▪ Seaforth Technical High ▪ St. Thomas Technical High ▪ Titchfield High 	<ul style="list-style-type: none"> ▪ Nurse ▪ G/Counsellor ▪ Principal ▪ G/Counsellor
Region 4:	
<ul style="list-style-type: none"> ▪ Albion Primary/Junior High ▪ Cambridge High ▪ Cave Valley All Age ▪ Cornwall College ▪ Friendship Primary ▪ Flankers All Age/Junior High ▪ Goodwill All-Age ▪ Harrison Memorial ▪ Johnstown Hall All Age ▪ Mt. Alvernia ▪ Mt. Salem Primary & High ▪ Sam Sharpe Teacher's College 	<ul style="list-style-type: none"> ▪ G/Counsellor ▪ Vice Principal ▪ Vice-Principal ▪ G/Counsellor ▪ Principal ▪ G/Counsellor ▪ G/Counsellor ▪ G/Counsellor ▪ Principal ▪ G/Counsellor ▪ Principal ▪ G/Counsellor ▪ Principal ▪ Nurse