



Ministry of Education

HEALTH ADVISORY COMMITTEE TOOLKIT



Kingston Office

HEALTH ADVISORY COMMITTEE TOOLKIT

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When asked what they would need to effectively carry out their jobs, Health Promotion Education Officers (HPEOs) of the Ministry of Education asked for guidance on how to establish, strengthen and expand Health Advisory Committees (HACs). They also asked for help to build the knowledge and skills needed to assure an effective response.

This “How to” guide (or ToolKit) is an attempt to respond to the request of Health Promotion Education Officers. It contains information to assist the HPEO to establish, service and sustain the HAC established in pre-primary, primary and secondary schools in Jamaica.

AIDS	Acquired Immune Deficiency Syndrome
ARV	Anti Retrovial
HAC	Health Advisory Committee
HFLE	Health and Family Life Education
HIV	Human Immunodeficiency Virus
HPEO	Health Promotion Education Officer
HPS	Health Promotion Specialist
MoE	Ministry of Education
MoH	Ministry of Health
NHP	National HIV/STI Control Programme
PCR	Polymerase chain reaction
PLHIV	Person Living with HIV
PTA	Parent Teacher Association
STI	Sexually Transmitted Infection
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNESCO	United Nations Education, Scientific and Cultural Organization

The situation of HIV and AIDS and other sexually transmitted infections in Jamaica is considered serious and requiring special focus. A look at the epidemiological data for HIV and AIDS in Jamaica¹ tell us that:

- HIV prevalence is estimated at 1.6 percent.
- Almost 20 percent of all AIDS cases in Jamaica between 1982 and 2007 occurred among young people between 10 and 29 years of age
- In 2004, HIV was the leading cause of death in young people in the 15-24 age group and in children.
- It is estimated that up to 20,000 Jamaican children have been orphaned or made vulnerable by HIV and AIDS².

National and local surveys consistently indicate that sexual debut in the early adolescent years, unprotected sex at sexual debut, inconsistent condom use, poor condom negotiation skills and low risk perception are factors that influence the sexual health of youth in Jamaica. The risk for HIV and other STI is even greater when these behaviours occur in combination with social and cultural factors like intergenerational sex, transactional sex, gender inequalities and poverty and violence, including sexual violence.

The Government is committed to providing an effective response to the HIV/AIDS epidemic. And, to this end in 2002, the National HIV/STI Control Programme expanded its response beyond the Ministry of Health to include five other key Line Ministries including the Ministry of Education (MoE).

1 Ministry of Health: National HIV/STI Program, Jamaica. HIV/AIDS Epidemic update, January to December 2007
 2 www.unicef.org/jamaica/orphans_vulnerable_children.html and UNICEF 2005. Situation Analysis of Jamaican Children-Update 2005

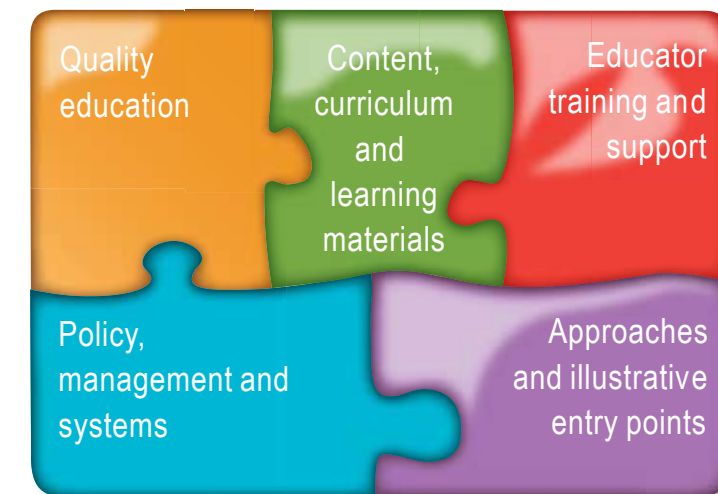
Why education and HIV?

It is not difficult to find justification for the education sector to become engaged with HIV and AIDS issues. The education sector is one of the few sectors that has the opportunity to directly influence the knowledge, attitudes, beliefs and ultimately practices of thousands of persons in their formative years to prevent the spread of HIV and reduce stigma and discrimination of persons living with HIV (PLHIV).

To be successful in carrying out that mandate, the sector is required to provide the necessary training and support for educators and administrators, provide the appropriate curriculum and learning materials, and develop effective policy and management systems to support such education.

Even as it addresses the needs of students in its care, the education sector should also pay attention to employees of the sector. The sector's responsibility is to ensure that employees have access to HIV and prevention education, and that there are appropriate policies, management and other systems to support them as individuals as well as professionals. Such an institutional response should be directed to cover all persons in the 'institution' and to give every player a role.

These areas are considered by UNESCO and UNAIDS to be 'the five essential components'³ of a comprehensive education sector response to HIV and AIDS.



3 EDUCAIDS: Towards a Comprehensive Education Sector Response. UNESCO/UNAIDS 2008

A comprehensive education sector response

The Ministry of Education is committed to changing the current HIV situation in Jamaica and has adopted a comprehensive approach to its response to HIV and AIDS. That response has five components:

- i) Quality education
- ii) Content, curriculum and learning materials
- iii) Educator training and support
- iv) Policy, management and systems
- v) Approaches and illustrative entry points.

All five components need to be in place and working well to ensure optimal success in the response to the HIV epidemic (EDUCAIDS Framework for Action, January 2008).

A comprehensive education sector response

What does a comprehensive education sector response mean?

A comprehensive education sector response to HIV means changing the way HIV programming is done. It means moving away from an ad hoc project by project approach to one that is more holistic, is supported by policies, human and technical resources and one that takes a sector-wide view of the impacts and challenges.

What steps have the MoE taken to make a comprehensive education sector response real?

There is no single approach to implementing a comprehensive response to HIV. However, the MoE has taken the following steps to make the sector's response to HIV real:

- In 2004 a National Policy for HIV/AIDS Management in Schools was approved by Cabinet. This policy emphasizes the Ministry's recognition of the seriousness of the epidemic and its commitment to minimizing the social, economic and developmental consequences of HIV and AIDS to the education system and to provide leadership in policy implementation. The policy goal is to promote effective prevention and care within the context of the educational system.
- Approval of a 2007-2012 HIV/AIDS Strategic Plan for the Education Sector. The focus of the plan is in four areas: Prevention; Treatment, Care and Support; Empowerment and Governance; and Enabling Environment and Human Rights. [see summary of the Strategic Plan, p 109]
- Recently (in 2007/8), the Ministry of Education revised its National Policy for the Management of HIV and AIDS in Schools. [see summary of the policy p 104]
- Approval of a revised Health and Family Life Curriculum (HFLE) for pre-primary (early childhood), primary and secondary schools. [see summary of the curriculum p 106]
- At the school level, the establishment of Health Advisory Committees (HACs) is one policy recommendation to effect the implementation of the revised HFLE policy and the current strategic plan on HIV & AIDS for the education sector.
- Training of teachers to deliver the new HFLE curriculum
- Production and distribution of material for use by teachers and students.
- Post of National Coordinator (for HIV programme) and the first Health Promotion team established at the MoE in 2004.
- A current Health Promotion Team that includes the National Coordinator, a HIV/AIDS Senior Programme Officer, and, more recently a Youth Coordinator.

Role of the HPEO in the Comprehensive Response

The Health Promotion Education Officer (HPEO) is critical to the success of the comprehensive education sector response to HIV. The officer is responsible for coordinating the implementation of the policy for the management of HIV and AIDS in schools and leading the school community's response to HIV and AIDS.

The HPEO has the task of encouraging and enabling the establishment and operations of a Health Advisory Committee in each school in Jamaica. Specifically, the HPEO will:

- Assist in the recruitment of new members
- Assist in the orientation of new members of the HAC
- Facilitate the development of annual work plans
- Provide technical support or direct the HAC to appropriate sources of data, information, resources, etc. in areas identified by the HAC
- Monitor the activities of the HAC (and the implementation of the action plan) and ensure that the HAC reports as required using the approved reporting forms [a copy of the reporting form is included among Tools].

REMEMBER!

The HPEO is not expected to:
chair meetings of the HAC, prepare work plans or plan activities for the HAC.



SECTION I

How can my school respond to HIV?



The focus of this section of the ToolKit is on the following:

- a. What is a Health Advisory Committee?
- b. Why have a Health Advisory Committee?
- c. What can the HAC do to effect a comprehensive response to HIV?

To implement the education sector's comprehensive response to HIV, the Ministry of Education recommends that every school in Jamaica establishes a Health Advisory Committee. In this section we provide answers to some of the questions often asked about Health Advisory Committees.

a. What is a Health Advisory Committee?

The Health Advisory Committee (HAC) is a group of representatives from the school and its immediate community who are appointed or selected to provide comments and advice on HIV and related issues and coordinate the management of the school's response to HIV and AIDS.

Members of the HAC are volunteers who share their expert knowledge and skills about HIV, HFLE and related matters.

Generally, Health Advisory Committees, where they have been formed, are expected to carry out several functions. These include advisory functions, offering assistance to school boards and administrations, and supporting and advocating for HFLE/ HIV education.

The Health Advisory Committees in the Ministry of Education will have similar functions.

Advise – assess specific areas of the HFLE programme. Give suggestions designed to improve specific content areas. Such suggestions could include standards, the updating of curriculum, purchase of new instructional materials or equipment to modernize the classroom and to adopt safety policies.

Assist – help the school and school administration to carry out specific activities in the response to HIV and AIDS in the school community. These activities could include judging competitive skills events, setting up a psychosocial support programme or obtaining media coverage for special events.

Support and Advocate – promote HFLE/HIV programmes throughout the community. Promotion or marketing could include identifying industry and community resources, talking to political and civic leaders, speaking out/ advocating.

Each HAC will be responsible for:

- strengthening and assuring implementation of the HIV and HFLE programmes of the Ministry of Education; and
- advising, assisting, supporting and advocating for HIV education and HFLE.

The Health Advisory Committee is not independent of the school. It should work cooperatively with school officials in planning and carrying out its work.

b. Why have a HAC?

Why have a Health Advisory Committee? This is a question many principals, teachers, board members and community members ask when they first hear about the HAC. What is the value added?

Here are the reasons

First, the Ministry of Education requires that each school establishes a HAC.

Second, the HAC is the approved mechanism for implementing the HIV/AIDS policy for schools and promoting the implementation of the revised HFLE curriculum.

Third, the HAC gives the school and the wider community specific opportunity to support the response to HIV and AIDS and ownership of that response in their community and school.

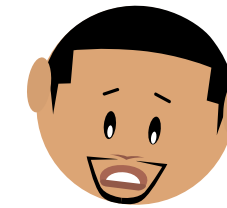
How does this happen?

- The HAC can contribute to public education about HIV prevention
- The HAC can contribute to the prevention of HIV through behaviour change interventions that target different groups in the school, for example, students, staff, community members, parents, etc.
- The HAC can be mobilised to address myths about HIV and AIDS
- HACs can tackle the problem of stigma and discrimination of persons living with and affected by HIV in the school and wider community
- Through involvement on the HAC, members will become better informed about HIV and AIDS and the needs of persons living with and affected by HIV
- Members of the HAC can become involved in community outreach and advocacy for and on behalf of persons living with HIV (PLHIV)

c. What can a HAC do to effect a comprehensive response to HIV?

I can hear you wondering and asking ...

Now that we have formed a HAC, what on earth can the HAC do to effect the comprehensive response to HIV?



Here are some tips.

We have organized the suggestions for action by the five themes we discussed earlier.

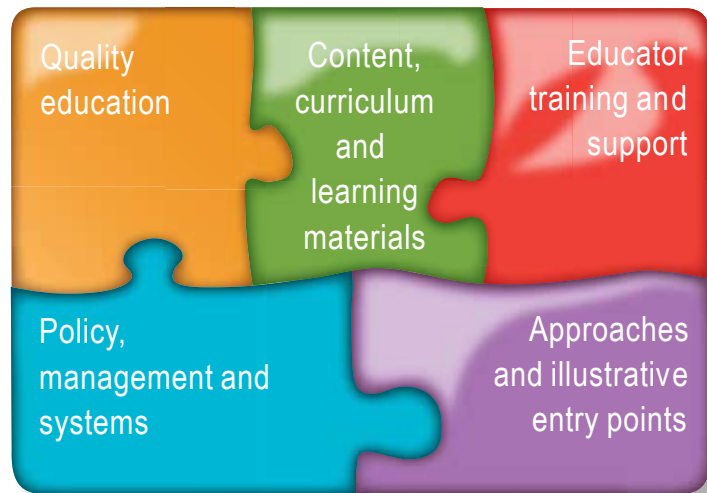
1. Quality Education: Activities and actions that:
 - Promote the involvement of PLHIV
 - Provide education that is tailored to groups, including vulnerable populations.
2. Content, curriculum and learning materials: Activities and actions that:
 - Address stigma and discrimination issues
 - Build knowledge and skills of community members to reduce risk behaviours
3. Educator training and support: Activities and actions that:
 - Involve community members in knowledge sharing
 - Deepen the technical knowledge of educators about HIV and AIDS, and participatory learning methodologies.
4. Policy, management systems: Activities and actions that:
 - Help to ensure implementation of the policy on the management of HIV in schools

SECTION I: How can my school respond to HIV?

c. What can a HAC do to effect a comprehensive response to HIV?

5. Approaches and illustrative entry points: Activities and actions that help to establish:

- peer education programmes
- community outreach to special and vulnerable groups
- programmes for education about HIV and AIDS treatment



SECTION II

Making It Happen



a. Getting Started: How Do I Set Up A HAC In My School?

Now that we know what a Health Advisory Committee is, here is some guidance on how to set one up and make it function effectively.

Whether you have set up a Health Advisory Committee before or this is your first time doing it, you probably have questions. In this section we will answer some of the more commonly asked questions about setting up a Health Advisory Committee.

Question: How do I set up a HAC in my school?

Answer: There are several things to think about when you set up a HAC in your school. Among the most important is Membership:

- who should be on the committee?
- how to select the members?
- how to make the committee function? etc.

Membership**Question: Who should be on the committee?**

Answer: The structure of the committee should be guided by the directive from the Ministry of Education and the expected functions of the committee.

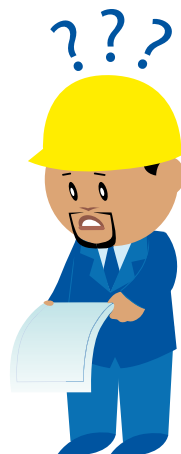
Structure: The MoE requires that each school has a Health Advisory Committee. Try to get gender balance, and representation from special populations, for example, persons living with and affected by HIV. Include representatives from the following groups:

Wider Community

- Local public health department
- PTA
- Business sector

School Community

- Nursing Staff
- Administrative staff
- School board
- Guidance Counselling Staff
- HFLE resource teaching staff
- Student body [select more than one so they can alternate]



a. Getting Started: How Do I Set Up A HAC In My School?

Selecting Committee Members

To provide effective communication between the HAC and the community, Advisory Committee Membership should be representative of the total school community. As indicated above, members should include the following:

- Citizens within the geographical area served by the school
- Parents
- Current and former students
- Representatives of special populations in the school (e.g. students with special needs)
- Representatives of local business and industry, including both labour and management

Select persons who:

- Are interested – Appoint motivated persons who express sincere interest in the programme. Members must be willing to devote the energy and attention required to do a good job. This means being dedicated both to their service and to the training process.
- Are available – Members are expected to attend meetings, work on projects and work in the community on behalf of the educational programme.
- Are credible – Appoint members who have earned the confidence of others in the community. Their good reputation will enhance the programme's standing within the community.
- Have skills/experience – Appoint members who are knowledgeable about the issues (HFLE and HIV/ AIDS) and programmes that have been successful. Usually this means selecting members who have work experience.

Question: What is the best process for identifying members?

Answer: Committee members can be identified in various ways. For example:

- Put out a call for volunteers
- Through an impartial third party
- Personal invitation to persons who are known to the HAC Chair
- Named by the Principal
- Advertise that you need members using a formal process (local or regional newspapers, flyers or radio) or informal (word of mouth), at staff meetings, and PTA meetings, etc.

a. Getting Started: How Do I Set Up A HAC In My School?

Whichever method you use to find members to serve on the HAC, the goal should be to get a cross-section of interests and areas of expertise.

This means that first you need to think about the skills and competencies you need for a successful HAC. You make that decision based on what you plan to do. Some of the important skills needed are noted in the box below. If you do not get the right combination of skills the first time, you can always change or expand the membership later on.

SKILLS NEEDED
Fundraising/ Grant writing
Interpersonal communication
Technical writing
Organizing
Training/ Group facilitation
Planning
Computing (word processing or spreadsheet application)
Accounting/Bookkeeping

Don't forget to try for gender balance as well.



REMEMBER!

When you have pulled your list together, consult with your HPEO to review the list.

a. Getting Started: How Do I Set Up A HAC In My School?

Question: How do I recruit members for the HAC?

Answer: The principal or her/his designate (or whichever person or department is charged with the responsibility of establishing and supporting the process), with support from the HPEO will:

Step 1: Come up with selection criteria

Step 2: Let people know that you are looking for members – using the methods mentioned above.

Step 3: Make a list of persons who volunteer or are recommended or are identified

Step 4: Apply the selection criteria to each person on your list

Step 5: Notify members. Each member selected to participate as a member of the Advisory Committee should be notified – by letter, email or telephone. The Advisory Committee Chairperson should contact the new members to welcome them to the committee and to provide them with appropriate material.

Question: How large should the committee be?

Answer: Effective advisory committees are large enough to reflect the diversity of the community, yet small enough to manage effectively. A minimum of five members is suggested – maximum of 9. Committees with fewer than 5 members may have limited perspective, inadequate information on the issues and too little diversity.

Question: What are the terms of membership?

Answer: The length of membership on the committee can vary. However, a minimum of 2 years commitment is suggested. Include the option to renew. This approach should enable and encourage continuity and enhance committee functioning. Another strategy that is used to enhance committee functioning is to stagger terms so that rotation occurs for only half the committee each year.

Question: Should all members of the committee have the same duties?

Answer: No. The committee should nominate Officers. Officers include the Chairperson, Vice Chairperson and Secretary.

Chairperson - The Chairperson's leadership is the key to the committee's success. Committees should be chaired by a member other than the school principal. The Chairperson should possess the following skills and characteristics:

- Experience in conducting meetings
- Able to manage meetings, plan and adhere to schedules, involve members in ongoing

a. Getting Started: How Do I Set Up A HAC In My School?

activities and reach closure and consensus on issues

- Skill in oral and written communications as well as willingness to make appearances before school and community representatives to present, explain and justify recommendations
- Able to delegate responsibility as well as willingness to accept responsibility for the committee's actions
- Personal characteristics such as empathy, fairness, tolerance, sound judgment, and attentiveness

Responsibilities of the Chairperson

- Work with committee members to develop and carry out the committee's plan of action
- Prepare meeting agenda and assist in handling details regarding meetings
- Preside at meetings
- Provide accurate information to all committee members
- Keep committee focused and involve all members in tasks
- Delegate tasks and follow-up work
- Arrange for presenting background information and reports to the committee
- Appoint standing committees and subcommittees
- Represent the committee at official meetings and functions
- Submit recommendations of the committee to appropriate outside groups and organisations
- Follow-up on committee recommendations or actions

Vice Chairperson – The responsibilities of the Vice Chairperson are identical to those of the Chairperson, since the Vice Chairperson takes charge when the Chairperson is absent or cannot serve.

Secretary – The secretary records meeting minutes and performs clerical duties. The Secretary's responsibilities include:

- Taking minutes at meetings
- Distributing agenda, announcements, minutes of meetings and other information to members
- Helping assemble and distribute necessary background information to members
- Corresponding with representatives of school and community as needed
- Other duties as necessary

a. Getting Started: How Do I Set Up A HAC In My School?

Question: Why are officers necessary?

Answer: The success of the committee depends in part on the leadership ability of the officers.

Election of officers should take place once each year. Elections held during the last meeting of the school year are preferred. In this way, officers are in place before the new year begins and can use the summer break to plan for the next year. The first meeting of the new year, then, can be reserved for orienting new members and for establishing the plan of action.

Question: Can we use an existing school committee to do the work of the HAC?

Answer: YES. Where the school population is small or the pool from which you would recruit members for the HAC is small, consider using an existing school committee to function as the HAC. Some schools are using the Guidance Committee as the HAC. If you use an existing school committee to do the work of the HAC, just be sure the Terms of Reference for the group is clear.

Establishing your Health Advisory Committee**Question: How do we ensure effective functioning of the committee?**

Answer: Effective committees generally have the same characteristics. They

- Know the needs of the group they are established to serve
- Develop a plan of action
- Set priorities for action, rather than trying to do everything
- Target specific activities that will have the greatest impact on the problem they are established to address
- Make sure they have the right expertise on the committee to work on the issues that have been identified for the year
- Know where to find the required expertise if it is not available in the committee

Guidelines for effectiveness:

Ensure that the full range of interests and values is represented on the committee. Clarify the role of each committee member in decision making. Provide ample time for members to maintain communication with their 'constituencies'. Establish procedures, decision-making processes, attendance requirements (alternates), guidelines for i) the participation of members, observers or alternates, ii) confidentiality and iii) reimbursement of expenses. These guidelines are referred to as Terms of Reference.

a. Getting Started: How Do I Set Up A HAC In My School?

What are Terms of Reference?⁴ They are:

A set of guidelines within which a group, committee, etc, functions. Or if you prefer, the terms which the group refers to in order to ensure it carries out its duties for the purpose that it was established.

Establishing the terms of reference for the Health Advisory Committee is important.

A sample Terms of Reference is included at the end of this section of the ToolKit.

Question: How should the HAC operate?

Answer: An 'inaugural' meeting of the HAC is recommended. The inaugural meeting should include an orientation for committee members. The principal should be in attendance at this meeting. The HPEO can serve as the principal facilitator at the inaugural meeting.

Orientation for all HAC members should include:

- Basic facts on HIV and AIDS
- Review of the HIV and HFLE policies
- Agreeing on the Terms of Reference for the group

To cover these topics adequately, your inaugural meeting may need to be lengthy. If there is not enough time at one meeting to cover the orientation process you may need to conduct a second meeting.

Following the orientation of members, other meetings of the HAC should be called in order to:

- a. Develop and approve an annual work plan/ plan of action
- b. Build capacity and skills of members of the HAC and enhance group functioning

⁴ uk.answers.yahoo.com/question/index?qid=20060706101651AAIXDa3

a. Getting Started: How Do I Set Up A HAC In My School?

Operational Guidelines**Question: How often should the committee meet?**

Answer: The HAC meeting schedule should be agreed on by members of the committee. But, try to:

- Schedule regular meetings at established dates 2 or 3 times per term
- Schedule additional committee or subcommittee meetings as necessary
- Schedule meetings at a convenient hour such as evening or early morning to encourage active participation
- Locate meetings at a central location to enhance attendance
- Limit the duration of meetings to 2 hours to optimize productivity

Question: What preparations need to be made to hold meetings?

Answer: To prepare for the meeting, the Chairperson or Secretary should:

- Schedule meetings well in advance
- Establish and publicize time, date and location of each meeting
- Arrange for comfortable meeting room and any equipment
- Notify committee members and appropriate school officials in writing of meeting date and agenda. Unless sent previously, include minutes of the last meeting with the agenda
- Arrange for refreshments, meals, special presentations, etc. if appropriate
- Confirm all arrangements several days before the meeting
- Call committee members and staff to remind them of the meeting
- Prepare materials on the issues that are on the agenda

Question: Who conducts the meeting?

Answer: The Chairperson conducts the meeting. If the chairperson can not attend, the vice chairperson or a member designated by the chairperson conducts the meeting.

Question: Do we need to have an agenda for every committee meeting?

Answer: YES. Regardless of how informal the meeting may be, an agenda should be agreed.

a. Getting Started: How Do I Set Up A HAC In My School?

Question: Why is an agenda important?**Answer:**

- A written agenda identifies the direction and purpose of meeting
- The agenda specifies the person responsible for each agenda item and the amount of time allotted for discussion
- The agenda should allow time for new items to be introduced
- A sample agenda is included in this Tool Kit (p 35)

Question: Should we take minutes of meetings?

Answer: Yes. Minutes should be filed at the school by the assigned officer (a secretary or other as designated). These should be distributed to members as soon as possible following the meeting – some people suggest within 3 weeks. A copy of the minutes should be kept on file. Sample meeting minutes is included in the ToolKit (p 36).

Meeting minutes should include:

- Decisions, recommendations or motions made by the advisory committee
- Responses to questions or recommendations made at previous meetings
- Assignments to be carried out following the meeting (include what is to be done, who is in charge and the completion or reporting date)
- Items to be addressed at the next meeting (both new items and tabled items from the current meeting)
- List of persons present

Question: Are there rules for conducting meetings?

Answer: Yes.

- Call the meeting to order
- State the purpose of the meeting and review the agenda
- Encourage open and informal discussion
- Distribute and explain work assignments throughout the committee
- Set a date for the next meeting prior to terminating the present meeting
- Record the minutes of the meeting
- Keep members informed of activities and progress
- Close the meeting

a. Getting Started: How Do I Set Up A HAC In My School?

Question: How can I build an effective Health Advisory Committee?

Answer: Building an effective Health Advisory Committee may require team building activities. In addition to orientation and training on the HAC, the role of the HAC and the responsibility to develop an annual plan of action, the Committee's Chair should seek additional team building opportunities to maximize the group's effectiveness. Before a group of individuals can evolve into working effectively as a team, the Chair of the group must promote partnerships grounded in trust and mutual respect. Both are powerful forces that can substantially influence how the general public will view the Committee's actions - essential to forming the alliances required to support change.

Team building activities may be similar to those available to other committees of the MoE. In addition to the resources made available by the region and central MoE, committees, with the approval of their regional office, might also explore using local expertise to develop team skills. Where funds are limited, committees could negotiate attendance at related training forums hosted by other departments of MoE, the MoH or community agencies. HPEOs should keep their eyes open for such opportunities.

Some guidance on building and maintaining a team is included at the end of this section.

a. Getting Started (Tools)

- A. Sample Terms of Reference
- B. Sample Agenda
- C. Sample Meeting Minutes
- D. Team/Group building



a. Getting Started (Tools)

A. Sample Terms of Reference for HAC

1. TITLE

The name of the Committee shall be _____

2. PURPOSE

To provide a forum that can effectively address the HFLE/HIV and AIDS matters arising in _____ School as required in the MoE National Policy for HIV/AIDS Management in Schools, 2001 and support the comprehensive response to HIV and AIDS. In the process, the HAC, through the Chairperson will be responsible for:

- Assessing the situation with respect to HIV and related issues (needs assessment) in the school and wider community
- Prioritising the problems/ issues and selecting one for special attention
- Planning the approach to address the problem/ issue
- Coordinating the activities
- Executing the planned activities
- Monitoring and evaluating the activities
- Reporting back through the principal to the HPEO

3. MEMBERSHIP

3.1 Members must have equal or greater representation than the MoE. The composition of the HAC shall be:

[Insert areas or nominate positions]

- Employee representatives shall be nominated and elected from the following areas:

[Insert area / department]

The HPEO attends meetings as an advisor to committee members and has no voting rights.

3.2 A quorum of members must be present before a meeting can proceed. At least 5 of members must be present for the meeting to proceed. If the HAC is 5 persons, the quorum is 3.

3.3 Non-members may be invited to attend the meetings at the request of the Chairperson, on behalf of the committee to provide advice and assistance where necessary. These persons have no voting rights and may be requested to leave the meeting at any time by the chairperson.

a. Getting Started (Tools)

3.4 Decisions will be made by:

[nominate how the committee will make decisions. For example, by consensus, voting, etc.]

3.5 Committee members will cease to be members of the HAC if they:

- resign from the committee
- fail to attend 3 consecutive meetings without providing apologies to the chairperson
- breach confidentiality
- resign from their employment with the MoE

4. VACANT POSITIONS

Any vacant positions will be filled on a casual basis until the term of office has expired.

5. CHAIRPERSON

The Chairperson will be elected by the committee for a period of 24 months.

6. CONFLICT OF INTEREST

A conflict of interest may arise for committee members when their personal or business interests clash with the duties and decisions of the committee. A conflict of interest as defined by public lifestyle, employment, others, etc.

7. DISCIPLINARY ACTION

Simple infractions will be settled internally. More complex issues that can not be handled internally by the HAC will be referred to the MoE.

8. DELIVERABLES:

The HAC will develop a Plan of Action that reflects activities to be completed during a period of 12 months (one school year).

a. Getting Started (Tools)

B. Sample Agenda

Health Advisory Committee
Sunnybrook High School , Room 7
October 19, 2010
3:00 pm

1. Call to Order
 2. Devotion
 3. Apologies for absence, congratulations, sympathies, etc.
 4. Correction and approval of Minutes
 5. Matters arising
 6. Special Reports (Recommendations, Committee Update on Programme of Work, etc.)
 7. New Business
 8. Next meeting date, time and location
 9. Termination
-

a. Getting Started (Tools)

C1. Sample Meeting Minutes

Health Advisory Committee Meeting Minutes
Sunnybrook High School , Room 7
October 7, 2010

Members Present: Helen Chen, Charles Dunn, William Johnson, Karen Smith and Matthew Warren

Members Absent: Elizabeth Alexander, Brandon Lofters

Others Present: Rodney Beckman, True Value Manager

Call to Order: Chairperson William Johnson called the meeting to order and expressed appreciation for attendance and participation. He stressed the importance of the committee's continuing support and assistance. Introductions were made.

Minutes: Minutes of the last meeting were approved as submitted.

Old Business: The committee discussed the plans for AIDS Awareness week scheduled to take place during the week of February 12-16. The committee feels that students should be reminded about HIV and AIDS and how it affects the community. Helen Chen volunteered to do some research on the cost of tents and to bring the findings to the next meeting.

New Business: Chairperson Johnson asked that the committee discuss and make a suggestion regarding adding a booth on Stigma and Discrimination. After a lengthy discussion, it was agreed to have a sub-committee make the final decision.

The next meeting will be November 10, 2010 at the Sunnybrook High School, Room 7 at 3 pm.

Termination: The meeting ended at 5 pm.

Karen Smith, Secretary
date

a. Getting Started (Tools)

C2. Sample Meeting Minutes

Health Advisory Committee Meeting Minutes
Sunnybrook High School , Room B
October 7, 2010

Members Present: Helen Chen, Charles Dunn, William Johnson, Karen Smith and Matthew Warren

Members Absent: Elizabeth Alexander, Brandon Lofters

Others Present: Rodney Beckman, True Value Manager

Call to Order: Chairperson William Johnson called the meeting to order and expressed appreciation for attendance and participation. He stressed the importance of the committee's continuing support and assistance. Introductions were made.

Minutes: Minutes of the last meeting were approved as submitted.

Topics discussed	Action items	Responsible person/time
AIDS Awareness week	Get permission from principal to use the school grounds	Mr. Dunn
	Get information on rental of tents	Mrs Chen
	Form sub-committee to decide on the content of the programme to be offered, including adding Stigma and Discrimination	Ms Smith. Sub-committee to feedback information by November 30
Work plan (Sep 2009- Jul 2010)	Poll students, parents and wider community to identify the priority for HAC for the next academic year	Mr. Warren with Mr. Johnson and Ms. Alexander

The next meeting of the Committee will be November 10, 2010 at the Sunnybrook High School, Room 7 at 3 pm.

Termination: The meeting ended at 5 pm.

Karen Smith, Secretary
date

a. Getting Started (Tools)

D. The Team/ Group Development Process⁵

The HAC is an organization – a group of individuals attempting to achieve a goal. Like every organisation, the HAC will go through stages of change. Knowing this helps you to be prepared for the changes and associated issues. Generally, the stages of group development are:



FORMING



At this stage in the group process everyone is excited and full of energy. Be aware that at this stage members of the group may be unrealistic about what can be achieved and how much time they can really give to serving on the committee. The task of the group leader at this stage is to encourage activities that are achievable. Remind members that they have other responsibilities.

STORMING



At the “storming” stage, the group starts to take shape. Different people may have different ideas about what should happen and how those things should happen. Arguments may occur. This storming may occur during the process of putting together the plan of action. Be prepared that some members of the group may leave. A strong group leader, who has an enabling leadership style, helps this group at this stage of its formation. Don’t be afraid to get outside help if you are unable to manage the conflicts.

NORMING



In this stage of the development of a group, members have to reestablish how to work together. Members take on the tasks that are assigned by the chairman or other designated member of the group. The task of the group leader in this stage is to keep the group focused on the group’s purpose and whose interest the group is working for. Members’ tasks should be associated with the plan of action or the development of the group.

⁵ This section of the ToolKit is adapted from the Jamaica Social Investment Fund Handbook Series for Community Based Organisations (CBOs)

a. Getting Started (Tools)

PERFORMING



The products of the plan of action provide evidence of the work of the committee. Committee members see the results of their individual and collective work and begin to experience the benefits of working together. One of the tasks of the group leader in this stage of the process is to publicly recognize the involvement and commitment of members of the group and help to celebrate the group’s successes. A word of caution: Don’t overdo the recognition and celebration!!

DORMING



The tasks of the group leader here are (i) to watch out for signs of boredom and ‘inactivity’ of group members; and (ii) take action early. All groups go through this stage – the reasons each member of the group becomes bored or inactive may be different. In some cases, the same person gets elected to the committee year after year. Others get tired of having the same issues discussed repeatedly. No new ideas are brought to the committee. In the most extreme state, members of the committee stop attending meetings. The group will ‘die’ if no action is taken.

Possible actions for reviving the group include:

- Bringing new people into the group
- Changing the activities in which the group engages
- Inviting outside resource persons to speak to the group
- Considering capacity development for members of the committee

b. Taking Action: The HAC At Work

This section of the ToolKit gives you tips on making your HAC work: Specifically, it provides guidance on:

- (i) **Developing an action plan**
- (ii) **Organising an event**
- (iii) **Fund raising**
- (iv) **Keeping track of the response: monitoring**
- (v) **Reporting**

b. Taking Action: The HAC At Work

DEVELOPING AN ACTION PLAN

An action plan (or plan of action) is a guide – a guide to what you will do, how you will do it and in what time frame it will be done. Each HAC will be expected to develop an action plan each year to show what the HAC plans to do during that year.

In this section of the Tool Kit we will remind you of the steps you should go through to develop your plan of action.

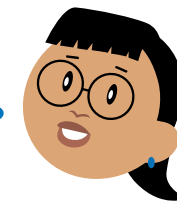
Steps 1: Examine or assess the situation and needs (SWOT)

Conduct a SWOT analysis of the environment – your school and the community it serves. This way you are able to identify the Strengths, Weaknesses, Opportunities and Threats in your school and school community. This information should be used to help identify the priority areas for the annual plan of action.

The SWOT should also identify Community Resources like:

- community resource people
- speakers
- other skills that can be mobilised by the HAC

I can hear you asking,
i) where can I get this information? and
ii) How do I collect this information?



Sources of information: The information you need to complete your SWOT resides in members of the community, reports and newspapers. Students, teachers and officers in the MoE are important repositories of information you may need to complete your SWOT.

Information collection methods: There are several methods available to you for collecting the information you need to assess the situation in your community and your school. They include: observation, interviews, focus group discussions, surveys and reviewing documents.

Your choice of method or methods depends on the information you need and the technical and financial resources to which you have access. A list of some of the more common methods and the advantages and limitations of each method are included in the Tools section at the end of the section.

b. Taking Action: The HAC At Work

Once the SWOT is completed, take the following actions

Step A: Share information with committee members

Arrange to share the information from the SWOT with other members of the committee.

Step B: Form a working committee

Identify a group of individuals to be responsible for planning the activities of the HAC. Include individuals who have expertise that you need, represent the various interests, and those who will “pull their weight”.

Step 2: Assess the needs/ Identify the problem

Identify the need or problem that is most important and that you can do something about.

Example: Discrimination against students (Grade 4) living with HIV who attend Sunnyside primary school.

The SWOT may generate more than one problem. Establish Priorities. As you establish priorities keep in mind the priority areas of the comprehensive response to HIV

Let me remind you what they are

- Quality education
- Content curriculum and learning materials
- Educator training and support
- Policy, management and systems
- Approaches and illustrative entry points

These areas of HAC involvement are not meant to be all-inclusive, but are starting points for discussion to determine the overall needs of the programme. Four factors should be considered as the committee discusses the priorities:

- Past accomplishments
- Current and future needs of the programme
- Current and future needs of the community
- School and community achievements

Step 3: Identify the group of interest (sometimes referred to as the Target group).

You need to be very clear about the group or groups you wish to focus on in your programme.

b. Taking Action: The HAC At Work

In each school and school community, more than one group of interest can be identified. Your group of interest or target group may be:

- i) A specific grade/ class
- ii) Teachers at the school
- iii) Parents of students in a specific grade/ class
- iv) Taxi and bus operators
- v) Vendors on or near a school compound

Step 4: Determine the goal and objective(s)

Be clear about what you want to achieve in the long term (the Goal), and in the short term (Objectives).

Goal:

A broad expectation

Can be broad and vague

It is the end product you want to achieve

May not be directly measurable

An example of a programme goal would be: “Reduce HIV stigma and discrimination at Mount James All Age School.”

Objective:

Statement of what will change as a result of some action (the programme/project/ intervention) eg:

Remember objectives:

- are derived from the needs identified
- are not things you do, but are the results of the things you do
- may be written as behavioural objectives, outcome objectives, programme/ project objectives or learning objectives, depending on the context

Whichever you write, try to make the objective S.M.A.R.T. that is -

Specific
Measureable
Achievable
Realistic
Time bound

b. Taking Action: The HAC At Work

Type of Objective	Example
Behavioural	<p>Increase by 20% the number of students in Grade 11 at Seaton Hall School who at the end of the each school term:</p> <p><u>Cognitive</u> - are able to identify and list two discriminatory terms their peers use to describe someone/ a student living with HIV.</p> <p><u>Affective</u> - are able to choose 2 of the most discriminatory terms from a list developed by the entire class.</p> <p><u>Physical</u> - are able to demonstrate using role play or art how a classmate who is living with HIV might respond if discriminatory language is used to describe them.</p>
Programme/ project	<ol style="list-style-type: none"> 1. The HIV programme at the Sunny Brook primary school will train all members of the teaching staff to apply approved universal precautions during the new school year. 2. The HAC at the Sunny Brook primary school will organise a 2-day fair and seminar on stigma and discrimination for students and their parents/ care givers to take place before the end of the next school. 3. The HAC will train and graduate 20 HIV peer educators each term.
Learning	At the end of the training session, participants will be able to demonstrate, through role play, their ability to apply the three elements of universal precautions taught in the seminar.

Step 5: Decide on the Actions or Activities

Identify the set of actions or activities that you will need to carry out in order to achieve the objective and affect the problem or need identified as a result of your SWOT.

Step 6: Resources

Identify the resources (material, financial, human) needed. What resources do you currently have? What additional resources will be needed to carry out the activities and actions?

b. Taking Action: The HAC At Work

Don't forget to use or integrate the information on resources that was collected during the SWOT analysis.

Step 7: Put the plan together

The plan should show the following:

- Persons involved and their responsibilities
- What each person or partner will do
- When each project activity will start and when it will end
- What are the proposed activities and their sequence
- The measure(s) of success. How will we measure success of the activities?

Develop Planning Tasks: Once the committee's activities have been selected, identify steps to carry out the activities. Several factors need to be considered, including time, cost, people power, and community/school support. Some of these factors may influence how the committee carries out a given activity. It may be necessary to develop alternative planning tasks to accomplish the same end. List these planning tasks in the order in which they are to be carried out. Depending on the complexity of the task, there may be several steps under each task.

Assign Responsibilities: Committee members will be assigned specific tasks. The committee chairperson should review and discuss each planning task with the entire committee so that there is a clear understanding of each task. Individuals assigned should have a clear understanding of what is expected.

Establish Timelines: Time lines allow the person(s) assigned to a given task to plan for its completion. Each person assigned to a specific planning task should know when the task is to be completed. Status reports should be presented at advisory committee meetings.

b. Taking Action: The HAC At Work

Here are two examples of simple action plans

Example 1:

Action	When will it start	What is the objective	How will we measure success	Who will be in charge
Workshop for parents	May 25	Component 3: Educator training and support: Increase parents' support for activities. Get more youth involved	Workshop takes place At least 25 parents attend Parents sign pledge of support	Mr. Smith
Car wash to raise funds	June 12	Increase the financial resources of the HAC; make group more visible; increase number of new members.	\$6000 raised; two new members join in June; committee publicized throughout the community	Ms. Jackson
HAC meeting	May 15	Get approval of Action Plan	HAC members give go ahead to implement the plan	Ms. Marks and Mr. Edwards

Example 2:

EDUCAIDS Component(s): 1. Quality education, including cross-cutting principles and 3. Educator training and support

Objective: Reduce the number of parents who are misinformed about HIV and AIDS [Indicator: % of parents who at end of workshop (compared to start of workshop) know that HIV is not transmitted by mosquitoes]

Increase the number of persons in the community who know their HIV status [Indicator: # of persons who request a test and return for the test results]

b. Taking Action: The HAC At Work

Example 2: (cont'd)

Planned Activities	Proposed Start Date	Deadline Date	Resources on Hand	Resources Required	Remarks	Person responsible
1. Initial Sensitisation Programme Forum on 'Basic Facts on HIV and AIDS'	January 28, 2008	February 11, 2008	Venue Participants Refreshments	Presenters Material Visual aids		Ms. Davis and Education sub-committee
2. Community Awareness Stage a health fair targeting 130 persons from the school and wider community	May 27, 2008	June 10, 2008	Venue Doctor Volunteer workers	Doctors and other health personnel Booths Test kits Educational material Sound system	Letter to the Medical officer of Health must be sent 'Attention Ms. Jones'	Mr. Leach and the community outreach sub-committee

Step 8: Implement the Action Plan

Put your plan in motion. Someone should be named "Coordinator". The Coordinator is the person who holds the plan together. That person should know everything about the project and ensures that persons with specific responsibilities carry them out as planned.

Step 9: Monitor and Evaluate the activity (See Sections on Monitoring and Evaluation)

Your plan should show what you will use to prove your project was successful. These are called Indicators. The plan could also show when the evaluation will take place and who will do the evaluation.

Progress Review

A Programme of Work review should be completed periodically to determine:

- The extent to which the committee is accomplishing the programme of Work

b. Taking Action: The HAC At Work

- The extent to which the recommendations and actions have strengthened and improved the career and technical education programme
- Future direction, functions and activities for the committee

The evaluation and tentative direction for next year should be part of the agenda for the Advisory Committee's final meeting of the school year.

Programme and Progress Review

- Review programme goals and objectives
- Participate on programme evaluation teams
- Compare programme accomplishments with programme objectives
- Make suggestions for programme improvement
- Give periodic reports to administration or school board

This list of activities is not all-inclusive, but should give the advisory committee some ideas to consider. The functions and activities chosen for the Action Plan should match the needs of the school and the community.

Step 10: Share the findings or experiences. (See Section on Dissemination)

We often forget this step in our planning. No one will know about your project and what it has achieved unless you share it with them. This sharing is called "Dissemination" and may be done orally (presentations and interviews), or in written format (report or press release or newsletter).

You can plan a special seminar to share the experiences or identify existing opportunities for sharing about the project. These opportunities include:

- Meetings of the various community groups/ organisations.
- PTA meetings
- Meetings of the regional MoE
- Interview on a radio or TV show (e.g. Morning Time)
- Insert in local/ regional newspaper

If you received special funds to implement your plan, you should also discuss dissemination with your donor as the donor may have specific requirements about how the support is acknowledged and how they want you to share experiences.

b. Taking Action: The HAC At Work

Organising an event

You've been selected to plan an event. Whether it's the school's 50th anniversary, an annual picnic, an annual PTA meeting for 200 people, or students' graduation, you have work to do.

Each event is different, but there are some similarities in the way you can approach the planning process. Follow these tips to help you plan and organize the event.

1. Get a clear understanding of the purpose of your event. Make sure you know why there will be an event and the anticipated outcome.
2. Set the goals for your event. How many people do you expect? If this is a repeat event are you trying to get a larger turnout than last year? Determine what you wish your attendees to gain from the event.
3. Set your event budget. This should be a top priority. How much can you or how much are you willing to spend? Will the event produce revenue from games, other activities? Or are you paying for the event by yourself?

4. Select your date and location. This could be as simple as planning to clean the school yard or may involve a visit to the city to view hotel and conference space. Plan accordingly. If you need to plan a site visit, will you need to take committee members along with you?

When you are considering location you will want to keep in mind the following:

- a) Room capacity. Is it too large or too small? Remember that if you're having a luncheon for 200 people you need to consider serving space, space for a dais for your honored guests and whether you will need any audiovisual equipment.
- b) Lighting. Subtle lighting is nice for a meal and social functions. But if you are planning an all day workshop on accounting methods, you will want to make sure there is adequate lighting in the room.
- c) Parking. Is there adequate parking? Will participants have to pay for parking? How far will they have to walk from the parking area to the event?
- d) Electrical supply. If you are planning a large convention, you need to consider what equipment will be in use that needs electricity. For example if you have exhibits, you need to know what access your presenters will require for their displays.
- e) Phone hook-ups. Will you need phone/internet access during the event? Will your exhibitors need access? Are there any restrictions or limitations on wireless phone service in your event location?

b. Taking Action: The HAC At Work

5. Set up a project timeline. Work backward from your selected date(s) to set up a project timeline with specific tasks that must be accomplished by specific dates. Some of the things you may want to make sure that are on your timeline are:

- a) When to make your first announcement of the event
- b) Prepare and print promotional materials (brochures, invitations, etc.)
- c) Select caterer/menu
- d) Select entertainment
- e) Select decorations/florist
- f) Determine audio-visual needs
- g) Select overnight accommodations, if needed
- h) Secure transportation if necessary
- i) Review and sign necessary contracts
- j) Select and confirm speakers
- k) Finalize your agenda/programme
- l) Confirm attendees
- m) Prepare materials for event
- n) Prepare name badges
- o) Prepare any necessary signs
- p) Prepare materials to be shipped to event location
- q) Set up on site
- r) Re-confirm details
- s) Enjoy the event

6. Determine if you need any special licenses or permits to host your event. This could be anything from arranging fees and permission for using recorded music to arranging to have sections of a major street blocked off for traffic control.

7. Public Relations. How do you plan to publicize your event? Are you using printed invitations? Or do you need to develop a promotional brochure to be distributed to attendees or are you using spots on the radio?

Ask yourself if you are planning to notify the media. Is your event something that would be of interest to the general public? Or do you prefer for the event to remain localised to your school and community?

b. Taking Action: The HAC At Work

Finally, not all of these suggestions will apply to every event. But by using these tips you can develop a check list of your own.

[SEE SAMPLE CHECK LIST AT THE END OF THIS SECTION]

A word of Caution

Be flexible. Realize from the start that not everything will go as planned. At almost every event, there comes a time when you can no longer control what happens. You've done all the planning, made all the preparations. The event will happen, one way or another.

Relax and enjoy the event.

b. Taking Action: The HAC At Work

Fund raising

The HAC may need to raise funds to support the activities in the Action Plan. Funds can be raised through:

Cake/Bake sales
Car washes
Raffles
Dutch auctions
Fish Fries
Barbeques
Walk-a-thons
Etc.

You can be a creative in your fundraising as you need to be, but remember, funds generated must be submitted to the principal or bursar who will follow the MoE guidelines for managing school funds.

b. Taking Action: The HAC At Work

Monitoring the Implementation of the Action Plan:

Definition of Monitoring: Monitoring is the continuous follow-up of programme or project activities to ensure that they are proceeding according to plan.

These activities would have been detailed in the action plan.

Activities in the project/programme timeline of activities should be closely examined to see what kinds of monitoring activities might be used to assess progress. The monitoring system and its associated activities should be integrated into the project timeline. These activities would have been detailed in the implementation plan or Gantt chart attached to your action plan.

Here are some commonly asked questions:

Q: Why should I monitor?

A: The value of monitoring the implementation of the plan of action is to enable you to:

1. Measure how well the programme/intervention is going.
2. Answer the following questions:
 - Are we implementing the activities according to plan?
 - What is the quality of the educational material produced?
 - What are the training events/activities?
 - How are persons trained by the programme performing in relation to the training objectives?
 - How are the resources (money, personnel, equipment) being used?
3. Pinpoint barriers that may delay achievement of objectives of the plan. You are then in a better position to take action to correct deficiencies.
4. Identify those aspects of the plan that are working well and that could be accelerated either in the current plan's period or in the future.

b. Taking Action: The HAC At Work

Q: How does the plan manager assure successful monitoring of the implementation of the plan?

A: First, develop a monitoring plan. The plan should indicate:

- What specifically is to be monitored?
- The indicators of progress and respective targets
- The respective source(s) of information
- How often the required information is to be collected
- Who has responsibility for collecting the information
- How the information will be used to change/improve the programme or intervention

Q: What do I monitor?

A: It is impossible to monitor everything. Select a few key areas. Focus on the areas that are likely to influence achievement of objectives of the plan. Keep the number of elements/areas to be monitored small.

Decide what to monitor based on:

- How the information will be used; and
- What resources (people, money, etc.) are available for the task?

For example, you could choose to monitor the following:

1. The implementation process

- Are planned activities actually taking place: For Example: Were the 100 brochures distributed to members of the target audience? Why not?
- Were the two planning meetings with key community members held?
- Are planned activities on schedule: For example: Was the two-day health fair held twice in last quarter of the year as scheduled? Why not?

2. Performance of the team members

- Are team members working together well?
- Which members are completing assigned tasks, which ones not? Why/Why not?

b. Taking Action: The HAC At Work

Q: How do I monitor the programme/intervention?

- For each component of the plan to be monitored, put a system in place for collecting and reporting the information
- Develop a special record/report form that allows you to record:
 - Area to be monitored
 - Source of information
 - Responsibility
 - Frequency

The sample monitoring form provided below shows that your monitoring form should be designed to focus on the priorities. In this example, the plan manager is interested in monitoring some general activities as well as selected activities intended for the target group or beneficiaries.

Participatory Monitoring

Participatory monitoring— this is a process of evidence-based learning for action in which stakeholders participate. It aims to improve our understanding of results while also strengthening local capacity, and institutional development. Participatory monitoring activities put the power to define and measure success in the hands of the people that programmes are intended to benefit.

The premise is that understanding what works in programmes should not be the exclusive responsibility of evaluation experts, donors, and international programme planners. Rather, the people on the ground, those most affected by a programme, should also understand.

Monitoring may be quantitative or qualitative:

Quantitative monitoring measures quantity and tends to document numbers associated with a programme, such as:

How many parents were reached by the programme?

How many education sessions were held?

How many peer educators were trained in the school year?

As a result, quantitative monitoring tends to involve record-keeping and numerical counts. It focuses on **which** and **how often** programme elements are carried out.

Qualitative monitoring (measuring quality) asks questions about how well the elements are being carried out. Questions such as:

b. Taking Action: The HAC At Work

How are students' attitudes changing toward abstinence, fidelity, or condoms?
How effective is a video/ VCR in conveying intended safer sexual messages to target populations?

This type of information and feedback often uses such qualitative methods as in-depth interviews and focus group discussions.

Monitoring Methods and Tools

As discussed above, monitoring may be *quantitative* or *qualitative*.

**Quantitative Methods and Tools for Data Collection
 (To Assess Implementation [e.g., Reach])**

Quantitative monitoring tends to document numbers associated with the programme and tends to involve record keeping and numerical counts. This type of information is often obtained by using such quantitative methods as service statistics and distribution records.

Quantitative Methods	Quantitative Tools
Reviewing materials distribution	Distribution logbook
Periodic site visits	Check-list or questionnaire
Periodic review of implementation reports (e.g., peer educators reports, supervisor's report, training reports)	Checklist, questionnaire, peer educator activity sheet, client/patient referral form
Periodic compilation of service statistics	Tally sheet

b. Taking Action: The HAC At Work

**Qualitative Methods and Tools for Data Collection
 (To Assess Quality and Qualitative Effectiveness)**

Qualitative monitoring (measuring quality) asks questions about how well the elements are being carried out. This type of information and feedback is often obtained by using such qualitative methods as in-depth interviews and focus group discussions.

Quantitative Methods	Qualitative Tools
Focus group discussion	Focus group discussion guide
Direct observation	Observation checklist
In-depth interviews	Interview guides
Content analysis of materials	Content analysis checklist
Pre-testing of materials with target population	Pre-test checklist
Mystery clients (e.g., in peer education)	Checklist

b. Taking Action (Tools)

- i) Template Plan of Action Activity Chart
- ii) Data collection methods
- iii) Event Checklist
- iv) Reporting



b. Taking Action (Tools)

i. Template Plan of Action Activity Chart [Using both colour bars and 'x' to indicate

Activity	Time Months (School Year 2009 - 2010)											
	1	2	3	4	5	6	7	8	9	10	11	12
1. HAC Meetings												
a. Orientation	x	x										
b. Regular meetings			x		x							
c. AGM - Election of Officers for new year											x	
2. Conduct SWOT analysis												
3. Develop Action Plan												
4. Health Fair												
a. Planning for health fair												
b. Health Fair						x						
5. Training for HAC members	x	x						x			x	
6. Student poster competition												
a. Planning												
b. Write proposal to local businesses for funding												
c. Identify judges									x			
d. Prepare competition rules									x			
e. Outline plans for competition at staff meeting										x		
f. Book the room for display and judging									x			
g. Award ceremony											x	

b. Taking Action (Tools)

ii. Data collection methods: Selected Advantages and Limitations

Method	Advantage	Limitation
Survey	Can collect information from a representative sample of a population of interest	Costly in terms of money and time to prepare for data collection, collect and analyse the data Requires good/ adequate sampling frames
	Data collection can be standardized – a standard data collection instrument is used to collect the same information from all respondents	
	Very useful for evaluation planning – quantitative data serves as baseline against which to measure change	
Interviews	Similar to survey	Similar to survey
Focus group discussion	Provide opportunity to explore qualitative issues – to answer the “Why” question Not very costly – compared to the survey Can provide data in a short time	Used with small samples Data collected may not be representative of the population of interest
Document review	Helps set the stage Provides understanding of the situation	Only provides a retrospective look at the issue - data not amount Challenges associated with locating documents

b. Taking Action (Tools)

iii. Sample Event Checklist

Action/ Activity	Yes [Check] Comment if needed
Committee formed	
Goals/objectives established	
Decide on activities	
Assign responsibilities	
List resources needed	
Prepare budget	
Prepare timeline	
Set times for monitoring meetings (virtual or face-to-face)	
ONE WEEK BEFORE THE EVENT	
Venue confirmed	
Equipment reserved/ rented	
Equipment checked/ operational	
All approvals received	
Contracts signed	
Persons to assist briefed	
Speakers confirmed	
Transportation arrangements in place	
Clean up team identified and briefed (if necessary)	
Caterer confirmed	
Print material identified / copied	
Evaluation tools prepared	
ONE DAY BEFORE	
Final team meeting (virtual or face-to-face) – final briefing	
DAY AFTER	
Review meeting (what went well/ did not go well)	

b. Taking Action (Tools)

iv. HAC Monthly Reporting Form

Name of HAC: _____

Address: _____

Parish: _____

GOAL (FROM WORKPLAN)	OBJECTIVE (FROM WORKPLAN)	ACTIVITY	STATUS Completed On-going Suspended	COMMENTS

Chairperson’s signature: _____

Date: _____

c. Doing It Together: The Importance Of Partnership

The Ministry of Education cannot tackle all the challenges or issues of HIV and AIDS alone. Partners are important and each partner has a role to play in the sector’s response. Some partners give you access to special groups, others can lead you to resources, still others can actively help to conduct prevention, and other programmes.

Remember, the specific partnership may be different depending on the task or programme that you are undertaking and the community in which you are working.

Question: Who are the potential partners in the HIV/AIDS response?

Answer: The list of potential partners may include the following:

- Families and Communities
Just as families and communities are important in the provision of education, they are also critical partners in the HIV response. Families and communities can contribute by protecting themselves and offering support to persons living with HIV and AIDS.
- Other Government ministries and agencies
For example: National Centre for Youth Development, Rural Agricultural Development Agency, Child Development Agency, Social Development Commission, Office of Children’s Advocate.
- The National HIV/STI Control Programme
The National HIV/STI Programme (NHP) within the Ministry of Health coordinates and leads the implementation of the national HIV and AIDS response. The NHP also provides technical and financial assistance to its partners – including the Ministry of Education. They are listed in the Resource list below.
- The National AIDS Committee (NAC)
The NAC is responsible for attracting and sustaining the participation of the non-health sector in the national HIV response.
- Persons Living with HIV (PLHIV)
PLHIV can be actively involved in all areas of the strategic planning process and implementation of activities. PLHIV also have a critical role to play in advocacy and the reduction of stigma and discrimination.
- Non Governmental Organizations (NGOs)
The NGO sector has a long history of involvement in Jamaica’s response to HIV and AIDS. A few of the key ones are included in the resource list below.

c. Doing It Together: The Importance Of Partnership

- Civil Society**
 Civil society is an equal and important partner in the response. Leaders from civil society have influence. They can help you reach those groups and individuals within their purview.
- Key Populations**
 In Jamaica, key populations vulnerable to HIV infection include adolescents and youth, orphans and marginalized children, street and working children. Include them as much as you can in your planning. They can provide valuable insights about how to reach people effectively with prevention messages and guidance on treatment, care and support.
- Faith Based Organisations (FBOs)**
 Do not underestimate the role of churches and other FBOs. Remember, too, that many schools are faith based organisations.
- Organised Labour**
 Teacher Unions, associations and professional labour organizations have an important role to play to support the implementation of the education sector's strategies. Organized labour have a specific part to play in workplace programmes and supporting school based interventions involving their members.
- Business Sector**
 This sector can be important in helping mobilise resources for activities and programmes you plan to do.
- Development Partners and Agencies**
 The response to HIV&AIDS depends largely on grants and loans from development partners and agencies. The Ministry of Education is grateful for the support received to date and appeals to these partners to continue their support in order to ensure the implementation of the strategic plan.
- Media**
 The media play an important part in advocacy and increasing the visibility of HIV issues. Include them as much as you can in your efforts.

Building Partnerships

As a leader in your committee you have a commitment to accomplish the **Action Plan** you have developed.

c. Doing It Together: The Importance Of Partnership

You may find, that some of the activities you have planned are similar to those of another group or that if you pool the resources (money, material and people) you have in your group with those from another group that want to do the same things, you all will be able to achieve more.

You are always encouraged to work together if possible and necessary. If you do work together to achieve a common objective (that is an objective that both groups have in their Action Plan), you are forming what we call a **NETWORK** and what you are doing is called **NETWORKING**.

Networking is not always the best way to go. Working together with another group may require even more commitment and patience than you already need for your group. You will need to think about this before you decide to collaborate with another group to implement your Action Plan.

Below are some questions you may have about Networking, and the benefits, and the challenges of forming a Network.

QUESTION	ANSWER
What is Networking?	<p>Networking is a process by which two or more groups or organizations or individuals work together to achieve a common objective or goal.</p> <p>The set of groups or organisations or individuals who join together in this way are called a NETWORK.</p>
Are there benefits to forming a Network?	<p>Yes. Remember that a Network is one form of collaboration. Working together can create what we call "synergy" – that is "more" - more than each part of the network by itself can contribute.</p> <p>The benefits are:</p> <ol style="list-style-type: none"> 1. Accomplish something together which you could not do alone 2. Share the work load 3. Reduce possibility of duplicating effort and wasting money 4. Provide a sense of solidarity.

c. Doing It Together: The Importance Of Partnership

QUESTION	ANSWER
What are the problems of a Network?	A Network will have problems and will fail if or when: <ol style="list-style-type: none"> 1. there is competition between the entities that make up the Network 2. the persons in the Network have differing visions 3. the entities in the Network feel that they are left out of the decision-making process 4. communication between the entities of the Network and within the Network itself is poor 5. there is no agreed way of dealing with conflicts that may arise 6. specific roles are not clearly defined (who is to do what)
Are all Networks the same?	No. Networks differ in terms of their structure. A Network can be informal or formal. The difference is that the formal Network has a formal structure for coordinating and managing the Network and its activities.

Adapted from: HIV/AIDS Networking Guide: A comprehensive resource from individuals and organizations who wish to build, strengthen or sustain a network, International Council of AIDS Service Organizations.

c. Doing It Together: The Importance Of Partnership

Advocacy

Advocacy has many meanings. In general, it is a process of trying to bring about change in policies, attitudes, beliefs or actions by influencing powerful people and/ or organizations⁶.

<p>Advocacy is:</p> <ul style="list-style-type: none"> • Working with everyone to create a better environment for others • About collaboration • About empowering people • Getting the truth out responsibly 	<p>Advocacy is not:</p> <ul style="list-style-type: none"> • A publicity stunt • Just about confrontation and demonstrations • Distorting the facts to suit your agenda
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Advocates take on varying roles. The role is determined by what you hope to achieve or changes you want to make. The table below shows some possible roles and related actions of the advocate.

Role	Action
Represent	Speak for and on behalf of people
Mediate	Facilitate communication between people
Model	Demonstrate the practice to people
Negotiate	Bargain for something
Accompany	Stand with people (support)
Network	Build partnerships / coalitions

⁶ Making Commitments Matter: A Toolkit for Young People to Evaluate National Youth Policy, April 2004, United Nations, Department of Economics and Social Affairs. <http://www.un.org/esa/socdev/unyin/untoolkit.htm>

c. Doing It Together: The Importance Of Partnership

HACs can become important advocates for HIV and HFLE in their schools, communities and parishes. The HPEO can:

1. Assist the HAC to identify areas in which advocacy is needed;
2. Prepare the HAC to do the advocacy identified.

To be effective in either of these roles, the HPEO needs to be prepared.

- Read and learn as much as you can about advocacy
- Become familiar with the policies and guidelines, as well as the issues associated with HIV and HFLE in your school

Several resources are provided in this ToolKit to enable you in these areas.

d. Planning A Training Session

Scenario: the Action Plan developed by the Committee includes an education session with members of the HAC and the Guidance Committee. You have approval to conduct the session. How would you proceed?

1. Plan a first meeting with your team to discuss and agree on the following:
 - a. Who will be responsible for conducting the session? Do we need outside assistance? Where is the assistance to come from? Ministry of Education, Guidance and Counselling Unit, National AIDS Committee or other group?
 - b. Whether the resource person is from within your group or outside your group, that person needs to know:
 - i) Topic(s) to be covered.
 - ii) Purpose of the session (Objectives help to focus the presentation)
 - iii) What will be covered in the session (Content) and how the material will be covered (Method).
If you are using resource persons from outside your group you will not have to make decisions about content and methodology. You will inform the resource person(s) about the topic and objectives. It is the responsibility of the resource person(s) to decide on the content and methodology and support material.
If you are the resource person, these decisions about Content, Method, and Support Material are yours.
 - iv) Age group being targeted (this information helps to determine language and content of the presentation as well as guides choice of learning activities)
 - v) Gender mix of the group, that is how many females and males (helps to determine content and activities)
 - vi) Length of the session (how much time is available for the session)
 - vii) Time of day of the session (the start time and closing time)
 - viii) Venue for the session
Space – choose the space for the session with the physical and social needs of the group mind. Do participants have special needs, for example, unable to walk up steps or wheelchair bound? Will participants feel comfortable in the space? Pay attention to lighting and ventilation.

Accessibility – choose a location that participants can get to easily, without having to spend too much money, and that is safe.

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⁷ Information for this section is adapted from the Bethel HIV and AIDS Education Committee's "HIV/AIDS Training, Education and Community Outreach: A Guide for Church Representatives" (pp 16-17)

d. Planning A Training Session

- c. Who will:
 - a. write the letter(s) of invitation to the resource person(s)
 - b. notify persons being invited
 - c. make arrangements for the venue
 - d. arrange for food (if refreshments are to be served)
 - e. photocopy handouts
 - f. get the other stationery and equipment required
2. Arrange a second meeting closer to the time of the session to see how plans are progressing.

d. Planning A Training Session (Tools)

Sample Letter

(requesting Technical Assistance)
April 10, 2007

Dear___:

The Health Advisory Committee of the xx Primary School would like your assistance in finding a suitable resource person to conduct two education sessions on Stigma and Discrimination for members of the xx community. The sessions are scheduled to take place on February 3-4, 2009.

The purpose of the sessions is to increase the knowledge of youth fellowship members about stigma and what it is, how we discriminate against persons who are living with HIV (PLHIV), how discrimination affects the lives of PLHIV, and what each person can do to prevent discrimination

We expect 25 persons, mostly youth between the ages of 14 and 23 years to attend each session. The sessions will be held in the xx Primary School starting at 3:30 pm.

Please let us know if you can assist. You can fax or email your response to me, Jane Doe, at (fax #) or (email address) or (P.O. Box #).

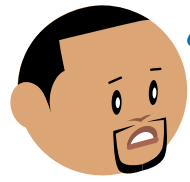
Thank you for considering the request. We look forward to your reply.

Yours truly

Jane Doe
Chairman
Xxx Health Advisory Committee

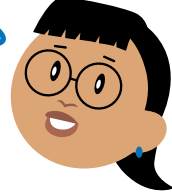
Cc: HPEO, Region x

e. Conducting A Training Session



How do I conduct a training or education session?

There is no need to be anxious. We will help you put the pieces together.



There are many things you can do to help your training or education session run smoothly. Here are some which are detailed in this chapter:

- Prepare ahead
- Plan the agenda keeping in mind the purpose or objectives of the session. It is always better to cover just a few topics well than to try to cover several topics and only do a superficial job.
- Choose a location/ room that is comfortable and accessible
- Greet and welcome everyone.
- Come prepared with a list of icebreakers that can be used throughout the sessions
- Set guidelines
- Explain the purpose and the roles to the participants
- Decide as a group what you will do together
- Keep your eye on the clock
- Schedule breaks
- Do an evaluation
- End the session

Prepare ahead

Prepare your presentation and outline the process you want to follow. You may need to do some background reading, finding appropriate activities and preparing handouts. As you plan, keep in mind the session objectives and the amount of time available.

You may need help to conduct the sessions. Do not wait for the last minute to look for Resource Persons. Act quickly and in a timely manner. The person(s) you have in mind may not be available. You need enough time to activate your 'Plan B' and even 'Plan C'.

Plan the agenda

Plan the agenda keeping in mind the purpose or objectives of the session. Keep it simple. It is always better to cover just a few topics well than to try to cover several topics and only do a superficial job.

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8 Information for this section is adapted from the Bethel HIV and AIDS Education Committee's "HIV/AIDS

e. Conducting A Training Session

Remember that people learn in different ways. Vary your methods. Use presentation with discussion, include activities and games that are linked to the topic, try using role plays where participants act out scenarios related to the topic, get participants to create rap or other poetry. Have participants work in small groups, pairs or large groups, depending on the topic. Variety is helpful. Too much variety, however, can be distracting. Try to find the balance.

Choose an accessible and comfortable room or location

Try to meet in a location that every one can get to easily. Remember some of the people you invite to the session may have difficulty walking or walking up stairs. Some may be in wheelchairs. Choose the location with these facts in mind.

Greet and welcome everyone

Greet each person cordially. Welcome everyone. Introduce yourself. Start with an activity or an icebreaker to put participants at ease. There are a number of activities that can be used to help participants to get to know each other.

Seating: Arrange the seating to enhance the group dynamic. For example, a circular seating arrangement works well. If the room has a large table, have participants sit around it. The idea is to have participants facing each other.



Training, Education and Community Outreach: A Guide for Church Representatives" (pp 18-23)

e. Conducting A Training Session

Set guidelines

It is almost impossible to talk about HIV without talking about sex and sexuality or people's attitudes and values in this area. Some people may be uncomfortable talking about personal matters like these in a group. If you have guidelines and rules for the session, people in the group may feel more comfortable and safe to speak.

Some facilitators get the group to come up with the guidelines. Other facilitators come prepared with a set of guidelines; the former approach is preferred. Whatever the case, go through the list and get participants to agree on the items. You can have a system of rewards/ incentives or penalties for persons who keep or break the rules. Keep the items that everyone can agree on. Put them up in the room where everyone can see them. Keep the guidelines (in full view) for the entire seminar or education session and refer to them during the session.

Seminar Rules/ Guidelines

Be respectful to each other:
 Speak one at a time
 No shouting
 Listen - everybody's contribution is important

Turn off cell phones
 No leaving the room to take calls

Keep information confidential
 Anything personal that is shared will not leave the room

Explain the purpose and the roles

A good facilitator always explains the purpose of the session/ workshop and how s(he) expects participants to behave. Can participants ask questions at any time or should they hold questions for the end of a presentation?

Do participants have the option to volunteer to do specific tasks at the workshop or session: for example, opening the session, closing the session, doing energizers when the group energy is waning, leading a session, acting as recorder for a session, or summarizing the day's activities.

e. Conducting A Training Session

Decide as a group what you will do together

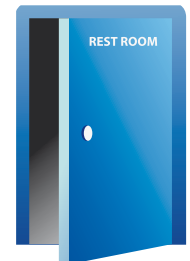
Tell the group what you have planned for the session at the beginning of the session. Ask the group if there is anything they would like to change or add. Sometimes the timing of activities will need to be changed to accommodate special needs of the participants – e.g. bus schedules, health needs for diabetics, PLHIV, and others on strict medication schedules.

Keep your eye on the clock

Keeping track of time is a sign of a good facilitator. This is a skill that you will develop with time and practice. Make sure that one part of the agenda does not take too long and so leave very little time for the other parts. When this happens, however, ask the group to make suggestions about how to use the remaining time.

Schedule breaks

If the meeting or group session will run longer than one and a half hours, it is very important to schedule a break mid-way through the session. The 'break' may be a 5 minute stretch break, or a break to visit the rest rooms or a longer break for refreshments. Some facilitators use the time to do a fun activity that reinforces learning or builds self confidence or group cohesion.

**Evaluate the session**

A good facilitator always knows what s(he) wants participants to leave the session knowing or believing or desiring to do (Objectives). These would have been written ahead of time. It is very important to assess if you have met the objectives set for the session. In addition to assessing if the objectives have been achieved, you may want to get participants' opinions about the session: how it was organized, what worked well or what did not work well, etc. Below are examples of how you can simply evaluate whether or not you have achieved the objectives or assess participants' opinions.

This information should be included in any report on your project that you have to submit to your supervisor, the MoE, the HAC, or the organisation which provided the financial resources for the project.

e. Conducting A Training Session

SAMPLE EVALUATION ACTIVITIES

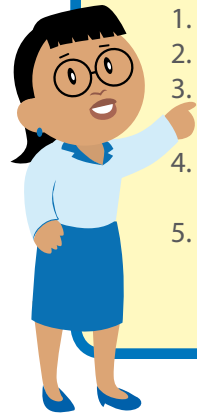
A. Evaluating the success of a session to achieve desired objectives:

If the objective of the session was to improve participants' knowledge on a specific topic:

1. Go around the room asking everyone, randomly, to tell one new thing they learnt from the session.
(OR)
2. Go around the room asking everyone a specific question about the topic covered in the session/ workshop, e.g.
 - a. Tell me two ways one can prevent getting HIV?
 - b. What is the difference between HIV and AIDS?
 - c. What do we mean by values?
 - d. Two ways in which we stigmatise PLHIV.
3. When a participant gives an incorrect answer, throw the question to the group. Discuss the answer. When the correct answer is given, review that information with the group.

B. Assessing participants' opinions about the session/ meeting/ workshop

1. Prepare a sheet of paper or the chalk board with two columns
2. Label the columns (+) and (-)
3. Go around the room asking participants what they liked/ did not like about the session. How could the session be improved?
4. Have someone write the comments on the chalk board or paper either in the (+)- like column or (-) – dislike column
5. Discuss each item on the list(s) to get reasons or basis for participants' opinions.



e. Conducting A Training Session

End the session

Ending the group session is as important starting it. Here are some ways you can end your sessions or workshops.

Appreciations:

1. Take time for group members to express to other group members appreciation for things that they said/did in the group.
2. Do something special like:
 - singing a song
 - saying a prayer
 - having a moment of quiet reflection

Thank participants for coming. If there are take-home assignments, remind participants of assignments given. If there is to be another session, make sure that everyone knows the date and time of the next session. Collect any material (markers, activity sheets, games, books, etc.) that was provided for activities.

Return the room to the order in which you found it. Pick up all scrap paper, remove posters or other material that was placed on walls or the chalk boards, clean the chalk boards, and arrange the furniture the way you found it.

e. Conducting A Training Session

TIPS ON GOOD FACILITATION

1. **Manage Time Carefully**
Drawn-out and unproductive conversations frustrate everyone.
2. **Draw People Out and Encourage Creativity**
Group members are often fearful of introducing ideas that are not well developed, or that run counter to current wisdom. But it is important to draw those ideas out, to encourage innovation and creativity. To do this, you can: ask questions that solicit new ideas; make an explicit appeal to suspend judgement for a specified portion of discussion; use a discussion format that encourages creative thinking; and change group structure (e.g. break into small groups to create a less threatening environment for expressing new ideas).
3. **Paraphrase**
After hearing someone speak, it is often helpful to sum up what they have said. Paraphrasing reassures speakers that they have been heard, and helps them know whether they have communicated clearly.
4. **Clarify and Probe (with caution)**
This technique can help the speaker to be clearer as they articulate their idea. Tools for clarifying include: gently revealing apparent ambiguity in the speaker's comments; asking for examples or elaboration; and gently checking out what you think you hear people implying.
5. **Summarize Key Points**
This can be challenging. Try to strike a good balance between completeness and clarity. Be careful not to open up the discussion again once it has been closed.
6. **Use Graphics to summarize Ideas**
7. **Use the Flipchart**
This can fulfill several functions: it signals to the speaker that their ideas have been acknowledged; it helps to ensure that ideas are communicated and received clearly; it helps group members follow the thread of the conversation and frees them to concentrate on the present; it can help moderate the pace of discussion; and it serves as a record of the group's discussion.
8. **Ensure everyone Participates**
The facilitator's role is to make sure that there are opportunities for all to participate, while acknowledging that different group members generally need different amounts of air time.
9. **Manage the Sequence of Speakers**
Do not allow the same person or small group of persons to monopolise the conversation.

e. Conducting A Training Session (Tools)

ICEBREAKERS

1. **Pea Activity**

Objective: To encourage conversation as a means of getting to know each other.

Instructions:

1. Each participant is given three (3) pea grains.
2. Participants are asked to mingle; speak with someone they are meeting for the first time.
3. Participants can not respond to questions by using the words: Yes or No, neither can they nod or shake their heads in response.
4. Each time a rule is broken, the person who breaks the rule hands over a pea to the person asking the question.

The Winner: The person who has the most grains of peas at the end of the exercise

Discuss the process. What did we learn about ourselves?

2. **Occupation (aka Charades)**

When participants first arrive, divide them into two groups. While one group remains seated, each member of the other group must act out in a pantomime (without words) his occupation. At the outset, this will make quite a hilarious confusion. One by one, however, those seated will be able to guess what each one's occupation is. As soon as someone's occupation is guessed, and the information is conveyed to him through all the confusion, he then sits down. After the occupation of everyone in the first group has been guessed, then that group sits down. It is now the turn for the second group to act out their occupations.

3. **Laugh Maker**

Seat participants in a circle. The first one begins by saying 'Ha.' The one next to him says 'Ha. Ha.' The third one says, 'Ha. Ha. Ha.' This continues through five Ha's. Then begins again with one 'Ha'. The point is that each one must pronounce his word without cracking a smile. If he fails, he is out of the game.

e. Conducting A Training Session (Tools)

4. Glumheads

Line up all the male participants against the wall. The female participants are to try and make them laugh. As each person laughs, he is disqualified. This continues until everyone has been ruled out – or someone is found to be able to withstand all attempts to make him laugh.

If you wish, and you have time, you may reverse the order and have the male participants try to make the female participants laugh.

MATCHING GAME**Purpose**

This “Matching Game” can be used in three ways:

- i) as a fun way to begin a session on the specific topic (e.g. HIV and AIDS)
- ii) to test participants’ knowledge after a session on the specific topic (e.g. HIV and AIDS); and
- iii) To teach participants about a specific topic (e.g. HIV and AIDS)

Material

Bristol board, markers, push pins or tacks or tape.

Method

Prepare two separate lists, one with the names of organs of the reproductive system, the other with a description of the function of the organ.

(OR)

Prepare two lists, one with words associated with HIV and AIDS, the other with the description or definition of the word on the first list.

Distribute the cards to participants. Have the first participant pin her/his card on the chalk board. The participant with the card with the matching word or definition pins his/hers next to it. Keep going until all the cards are pinned on the board.

Alternate suggestion: Use pictures only or pictures and words.

e. Conducting A Training Session (Tools)

**What is your position?
(A Values Clarification/ Peer Influence Exercise)**

This activity is designed to help participants identify and clarify their feelings about particular values. This is called values clarification – a process of separating one’s personal beliefs from the beliefs of others.

INSTRUCTIONS

- Read the statement. Select the one(s) that are appropriate for your group.
- Ask participants to express their opinions on each statement by moving to specific locations in the room labeled - AGREE or DISAGREE.
- Create a NOT SURE corner for participants who neither AGREE nor DISAGREE
- Reassure participants that there is no right or wrong answer and that all participants are entitled to their views.
- Ask a sample of participants from each cluster/ group to explain/ justify their positions.
- How easy or difficult was it to decide each of your positions? Why?
- Did you feel peer pressure during this exercise? On which statements did you feel most peer pressure?
- Does peer pressure influence your decisions in other situations?

VALUE STATEMENTS

- Persons who have a positive HIV test should be placed in a special home.
- Persons with HIV should not be allowed to have children.
- It is okay to have a child before marriage.
- Having a baby will hold a relationship together.
- Persons with a physical disability should not be allowed to have sex.
- Men and women are equal.
- Waiting until you are an adult to have sex is a good idea.
- People with HIV should not be allowed to marry.
- Having a job you enjoy is more important than earning a lot of money.
- A 15 year old girl who wants contraceptives should be able to get it without difficulty.
- It is okay for a man to have premarital sex.

e. Conducting A Training Session (Tools)

Scenarios

Situation: You receive a call from the Principal of Johnson Town Primary School. She is interested in organising a HAC but needs answers to some important questions before she commits.

Activity: In small groups:

- Discuss how you would respond
- Dramatise your response

Situation: In May 2009, six schools in Region 4 completed situation assessments (SWOTS). The HPEO is overwhelmed and asks for help to work with these schools to develop their work plans.

Activity: In small groups:

- Discuss the guidance you would give the HPEO
- Develop a plan for helping the HPEO
- Share with the large group how you would implement the plan

Situation: Stigma and discrimination was the priority issue identified in the six schools in Region 4 (Assignment #2). You have decided to conduct a workshop for each school.

Activity: In small groups

- Outline the issues you would include/ cover in the workshop
- Write one objective for the workshop
- Write related activities and measures of success
- Outline a plan for subsequent monitoring of this issue

Situation: In 2007, the Parke Primary school HAC was very vibrant. However, in the past year, the HAC did not submit a work plan or conduct HIV-related activities. The Chairman of the School Board has called on you for help.

Activity: Working in small groups

- Outline your response to the Chairman
- Demonstrate how you would proceed

e. Conducting A Training Session (Tools)

Increasing awareness of the impact of HIV on education

Situation: Most of the society is unaware of the impact of HIV and AIDS on the education sector. Consequently, there exists a lack of interest and commitment to the government's policy on the management of HIV in schools and its implementation.

Activity: Outline a programme for increasing awareness of the impact of HIV on the education sector.

Reducing barriers to serving on HACs

Situation: School X has a problem getting the members of its HAC to meet. Time constraints are the reasons cited by most persons. The principal calls the HPEO to help identify ways to address the situation successfully.

Activity: Role Play With Discussion

The following issues may emerge from the discussion:

1. Composition of the committee
2. Availability of member
3. Members' tenure
4. Motivation techniques
5. Possibility of dissolving and re-convening the committee

Lack of commitment and pledge to serve

Situation: Ms. Johnson is the nurse at the health centre. The Principal has asked her to be a member of the HAC. For the 1st term she was very involved and participated in all the activities but she has not attended any HAC meeting for the past 2 terms.

Activity: Role play with discussion

Brainstorming topics

- How can we get persons to volunteer to be members of HAC? List strategies that have been tried successfully.
- How do we enhance sustainability of HAC in the schools? List some of the

e. Conducting A Training Session (Tools)

- meaningful activities that can be done.
- What are the challenges for getting stakeholders to attend the first meeting of the HAC? How do we get members to attend meetings?
- What argument would you present to a principal or teacher who feels that the HAC is extra work?
- What arguments would you present to a principal who leaves the establishment of the HAC to the Guidance Counsellor?
- How do you get persons to serve on the HAC?
- How do you get members who are not performing effectively to relinquish their positions?

SECTION III

Additional Resources



- a. Basic Facts on HIV and STIs
- b. HIV stigma and discrimination
- c. Summary of:
 - National Policy for the Management of HIV in Schools
 - Health and Family Life Education policy
 - Focus areas and activities of the HIV and AIDS Strategic Plan for the Education Sector of Jamaica 2007 – 2012
- d. Sources of Technical and Financial resources for HIV prevention, care and support

a. Basic Facts On HIV

AIDS cases and deaths: [Figures to be updated annually as sourced from the NHP.]

- The total number of reported cases of AIDS in Jamaica between January 1982 and December 2007 is 12,520.
- The total number of reported AIDS deaths in Jamaica between January 1982 and December 2007 is 6,993.

In July 2005, the national HIV/STI programme began monitoring cases of advanced HIV to reflect the need for treatment at an earlier stage of disease. Persons with advanced HIV include persons with CD4 count < 350. Figures reported for AIDS cases between July 2005 and December 2007 include persons with advanced HIV.

- In 2007, 1,104 persons with advanced HIV (595 males and 509 females) were reported compared to 1,186 in 2006. Of these 1104 persons, 781 persons were diagnosed with AIDS compared to 1,112 persons in 2004. This represents a 30% decline in AIDS cases and is largely due to an increased access to treatment.
- The number of AIDS deaths has also decreased with 320 AIDS deaths (201 males and 119 females) reported in 2007 compared to 514 in 2005 (Figure 1).

A decrease in AIDS deaths and cases is attributed to the introduction of public access to antiretroviral treatment in 2004, prophylaxis against opportunistic infections and improved laboratory capacity to conduct investigations such as CD4 counts, viral load and PCRs. These factors have resulted in a general improved quality of care. For the latest statistics on HIV, AIDS, and other STI in Jamaica visit the Ministry of Health, National AIDS Programme website: www.jamaica-nap.org

See also presentation: The Basics – Facts about HIV Power Point.

What is HIV?⁹

HIV is short for Human Immunodeficiency Virus. HIV is the virus that causes AIDS. HIV is present in the blood and other body fluids such as semen (man) and vaginal fluids (woman) of an infected person.

⁹ Adapted from presentations prepared for Business and professional Women's project for providers of care in Children's homes.

a. Basic Facts On HIV

What is AIDS?

Acquired Immune Deficiency syndrome, a wide range of different diseases, conditions and opportunistic infections someone may experience because the immune system malfunctions and becomes deficient due to HIV infection.

How is the virus spread or transmitted?

The virus can be passed from one person to another by:

- Having unprotected sexual intercourse with someone who has the virus
- Sharing drug needles with someone who is carrying the virus
- Transfusion of blood and blood products from an infected source
- During pregnancy, childbirth or feeding from an infected mother to her baby

In Jamaica, all blood entering the blood bank is thoroughly screened for HIV. The chance of getting HIV from blood from the blood bank is extremely low.

Who is at risk of getting HIV?

- Persons who have sexual intercourse without a condom (or in the case of oral sex – a dental dam).

The type of sexual intercourse may be vaginal, anal or oral.

Yes, HIV can be transmitted during oral sex. If the person performing oral sex has HIV, blood from their mouth may enter the body of the person receiving oral sex. If the person receiving oral sex has HIV, cells lining the mouth of the person performing oral sex may allow HIV to enter their body.

Although we do not know the exact level of risk associated with oral sex, the evidence suggests that the risk is less than that of unprotected vaginal or anal sex. As with any other sexual activity, there is also a risk of getting other STIs like herpes, syphilis, gonorrhoea, genital warts (HPV), and hepatitis A. These risks of transmission increase

- if the person performing oral sex has cuts or sores around or in their mouth or throat;
- if the person receiving oral sex ejaculates in the mouth of the person performing oral sex; or
- if the person receiving oral sex has another sexually transmitted disease (STD).

a. Basic Facts On HIV

If you choose to perform oral sex, be sure to use a recommended barrier, between the mouth and the sex organ.

- Persons who are having or used to have sexual intercourse with more than one person.
This group would include males and females who sell sex (called sex workers) as well as any other persons who have more than one sexual partner.
- Persons who have had sexually transmitted infections more than once.
Repeated sexually transmitted infection is usually a sign that the person is having unprotected sexual intercourse.
- Persons who have unprotected sexual intercourse with a person living with HIV (PLHIV).
- Persons who get tattoos or body piercing with needles that are not properly sterilised or disinfected.
- Persons who are former users, or who continue to use, needles to inject illicit drugs e.g. heroin.
- Babies who are born to mothers with HIV.

The Ministry of Health has a programme to reduce this risk by:

- treating the pregnant woman during pregnancy;
- delivering the baby by C-section rather than vaginally; and
- asking the mother not to breastfeed the baby.

a. Basic Facts On HIV

How do I know if I have HIV?

The only way to know if you have HIV is to test your blood.

How can I protect myself?

If we remember how HIV is spread, it will be easy for us to remember how to protect ourselves from becoming infected. The main goal is to prevent exposing yourself to body fluids (blood, semen, vaginal fluids) that may be infected.

The best way for young people to protect themselves is to wait to have sex – wait until you find a partner who shares your values, aspirations, who loves you and whom you love. We call this Delaying or Abstaining.

If you already have had sex, you can still protect yourself from HIV infection. You need to:

1. Get tested for HIV
2. Make changes to your sexual behaviour. For example:
 - a. Reduce the number of sex partners that you have. Stick to one faithful partner; and
 - b. Always use a condom when you have sexual intercourse.
3. Keep monitoring your HIV status

Remember!

You cannot get infected with HIV through casual contact like shaking hands, using the same toilet, telephones, cups or clothing as someone with HIV.

a. Basic Facts On HIV

People Living With HIV/AIDS AS OF END 2007 - Total 33.2 million**HIV/AIDS in the Caribbean**

- The Caribbean has the second highest HIV prevalence rate in the world after sub-Saharan Africa.
- HIV prevalence – 1.1% (range 1.0% - 1.2%)
- The leading cause of death among persons aged 15–44 years.
- An estimated 230,000 persons living with HIV/AIDS

Source: UNAIDS 2008 (Keeping Score I I)

National HIV/STI Prevention: Jamaica 2007 Report (1982-December 2007)

- 12,520 reported AIDS cases
- 52% in the 20-39 year old age group
- 85% in 20 and 60 years old
- 24 new RAC in children under ten years (compared to 40 children in the previous year)
- 10 pediatric AIDS death (compared to 18 Pediatric AIDS deaths in the previous year).

HIV/AIDS – What is HIV?

Human Immuno Deficiency Virus

HUMAN

- Found only in humans
- Transmitted between humans
- Preventable by humans

IMMUNE DEFICIENCY

- Body lacks ability to fight off infections

VIRUS

- Type of germ
- Lives and reproduces in body cells

a. Basic Facts On HIV

We can't 'catch' HIV:

- By mixing in a crowd ... even if someone with HIV is in the crowd
- By living in the same house with an HIV infected person
- By shaking hands with an HIV infected person
- By caring for someone living with HIV or who has AIDS

We Can Get HIV:

- During unprotected vaginal, anal or oral sex (flesh to flesh)
- From HIV positive pregnant mother to child during pregnancy, child birth or breast feeding
- Through contact with HIV infected blood
- By sharing IV drug needles

What happens when a person is infected with HIV?

There are 3 stages of HIV infection:

1. A healthy person is infected with HIV (HIV positive).
2. A person begins to suffer frequent bouts of illness. This indicates that the body's ability to fight off diseases is becoming impaired.
3. AIDS – The immune system deteriorates to the point where the person is more often ill.

When a person is HIV positive (HIV+)

- There is no set time period within which a person will begin to feel ill. This will depend on a number of factors, including that person's physical condition.
- Some people can show AIDS symptoms within months of getting HIV. Others can be healthy for many years.
- You can become infected from only one exposure
- Once you are infected you can infect others, but if you are HIV positive, you can continue to live a healthy life

a. Basic Facts On HIV

What is AIDS?

Acquired Immune Deficiency Syndrome

Acquired - received, not inherited (does not run in families)

Immune – protected from (in this case the system protects the body from disease)

Deficiency - a lack of

Syndrome – a group of symptoms or diseases

AIDS is the medical name for a combination of illnesses which result when the immune system – that part of the body which protects it from infections and diseases, is weakened or destroyed

IMPORTANT!!

Not every blood test will detect HIV! The HIV test is a SPECIAL BLOOD TEST.

Possible Early Symptoms

- Fever
- Fatigue
- Night Sweats
- Loss of Appetite
- Diarrhoea
- Swollen Lymph Glands

Remember these are symptoms of many other illnesses. Some early symptoms of the HIV infection can be treated. Many of the factors that affect how quickly HIV infection can develop into AIDS, can be managed by the infected person. Obtaining early treatment and choosing healthy behaviours can lengthen life span.

Controlling Factors

- Age
- General health
- Other infections
- Life style
- Treatment
- Sexual practices

a. Basic Facts On HIV

The Immune System - THE BODY'S RESPONSE TO HIV

When HIV enters the body, it attacks the immune system and destroys the cells which would normally produce antibodies to fight against germs and infections. The immune system will produce some antibodies but they will not be enough to fight off HIV or other infections. As a result, the person's "constitution" becomes weak and he/she will be easily attacked by a variety of diseases.

The HIV Antibody Test

- Indicates the presence of HIV antibodies only
- Is accurate, especially when done at the right time
- Helps to protect the blood supply
- Can encourage follow-up treatment
- Can lead to behavioural change

What Testing Negative Means:

- Truly Negative OR...
- Antibodies not yet produced (may be in the window period)

IT DOES NOT MEAN:

- You can continue to practice unsafe sex
- that you may not get infected in the future
- that your partner shares the same result

What Testing Positive Means:

- You have the antibodies for HIV
- You are infected with HIV
- You can infect others

IT DOES NOT MEAN:

- that you have AIDS. Only your doctor can confirm whether you already have AIDS.
- that you are going to die soon.
- you have to deal with this by yourself. (Call the AIDS/STI helpline to see how you can get confidential help: 1-888-991-4444).

a. Basic Facts On HIV

Accuracy of Test Results

- Q.** How reliable are the results we receive after doing a Rapid test for HIV?
- A.** The HIV "window period" is one factor which determines whether a result will be accurate or not.

The Window Period

- The window period is a period of roughly up to three months after a person becomes infected with HIV, when it may not be possible to detect the infection with a test.
- This is how long it could take for the body to produce enough antibodies which can be picked up by a test.
- A test done before there are enough antibodies to be picked up by the test will give a result that is FALSE NEGATIVE.
- Any person who receives a negative test result should do a second test three months later to be absolutely sure of his/her HIV status.
- During the 3 month waiting period (s)he should either abstain from sex or use a condom properly at all times so as not to risk exposure to the virus.

HIV Counselling and Testing

- VCT – voluntary counselling and testing, provides opportunities for pre and post-test counselling to individuals who request a HIV test
- PITC –provider initiated counselling and testing, provides opportunities for counselling and testing to individuals who may come to the health facility for some other service but use the opportunity, based on provider suggestion, to get a test.

Goals of Pre-Test Counselling

- To establish rapport
- Explain issues of confidentiality
- Explain the meaning of the test
- Help the client assess risk
- Identify and negotiate safer behaviours
- Assess/reinforce client's coping skills (waiting period/for positive test outcome)
- Reinforce need for a return visit

Goals of Post-Test Counselling When the Test is Negative

- Provide results and explain meaning
- Reinforce safe behaviours
- Discuss need for retest in 3-6 months
- Answer questions
- Refer client to support services

a. Basic Facts On HIV

Goals of Post-Test Counselling When the Test is Positive

- Provide results and explain meaning
- Clarify difference between HIV & AIDS
- Discuss medical follow-up
- Discuss partner notification
- Reinforce safe behaviours
- Emphasize that HIV is not a death sentence
- Counsellor's availability for future contact

Protect Yourself The RIGHT Way

- Abstinence
- Using a condom - either male or female condom
- Not having sexual intercourse with anyone - this includes vaginal, anal and oral sexual contact or intercourse
- Male & Female Condoms

Why Condoms?

If a MAN is infected, the condom keeps his semen and any blood which can come from tiny, sometimes invisible, bruises on his penis, away from the uninfected woman's vagina.

If a WOMAN is infected, the condom keeps her vaginal secretions and any blood away from the man's penis.

Types of Condoms

- Latex – made of rubber
- With Spermicide – spermicides are substances which destroy sperm on contact
- With virucide – virucides offer additional protection by killing any viruses present in sperm
- Natural Condoms – such as lambskin are not widely available but may be found in some pharmacies. They allow users to have greater pleasure than latex condoms, but they DO NOT protect against HIV as the virus can pass through the small pores in these condoms.
- Polyurethane Condoms - Female condoms available in Jamaica are made from this material. They protect by providing a lining for the vagina. Polyurethane is less likely to cause an allergic reaction than latex.

LATEX CONDOMS PROVIDE THE BEST PROTECTION AGAINST HIV!

a. Basic Facts On HIV

Concerns about Condoms

- Slippage – If put on properly, condoms will not slip off while the penis is erect. When withdrawing, always hold the top of the condom to prevent slippage.
- Tearing – Make sure your partner is lubricated and do not use condoms that are older than 5 years.
- Allergies – Some people are allergic to rubber. In this case, sex with one faithful uninfected partner is their only option.
- Storage – condoms should be stored at room temperature or lower.

DO NOT...

- Use vaseline or any kind of oil to lubricate condoms. This can cause breakage
- Tear the condom package with your teeth, or cut with scissors

NB. A condom can be used for only one sex act.

Q. Can I get AIDS from a mosquito bite?

A. NO! Mosquitoes do not transmit HIV

Q. Can I get HIV from a tattoo or body-piercing needle?

A. The risk of getting HIV from tattoo or body piercing needles exists if the needles are not properly sterilized or disinfected. Instruments that are intended to pierce the skin should only be used once and then disposed of or thoroughly cleaned and disinfected. If you are considering getting a tattoo or piercing done, ask the staff at the establishment what precautions they take to prevent the spread of HIV.

Q. Can I get HIV from Kissing?

A. You cannot get HIV from kissing an infected person on the cheek. Where saliva is exchanged, it is unlikely that the virus will be transmitted. This is because one would have to swallow one gallon of the saliva from an infected person in order to contract the disease. However, the risk increases if an infected person has a sore or cut in the mouth.

a. Basic Facts On STIs

What is an STI (Sexually Transmitted Disease)?

- Any infection which can be contracted through sexual intercourse
- Includes those diseases traditionally classified as common Sexually Transmitted Infections and also includes AIDS
- STIs do not always show symptoms in an infected person.
- If you are sexually active, you need to do an STI check-up.

STIs – The Danger

Many Jamaicans do not regard STIs seriously because they think most can be easily treated. The following are some of the effects of the casual response to STIs.

- Frequent infection and re-infection among some people
- The tendency to:
 - diagnose one's own STI
 - treat oneself with antibiotics purchased without a prescription
 - share antibiotics with friends

STIs – Consequences

- One consequence of these behaviours is that some STIs such as gonorrhoea have become resistant to the drugs normally used to treat them. As a result, they can no longer be cured by these affordable drugs
- Persons who treat themselves may not take the full dosage of antibiotics needed to cure their STI. Many just take enough medication to clear up the symptoms.
- If the full course of treatment is not taken, some of the bacteria remains in the body and will often cause the patient to have a relapse at a later date.

STI and HIV – The Link

- Persons with a history of STIs, especially those accompanied by sores or lesions or small breaks in the lining of their genitals or mouth, are more likely to be infected with HIV, because HIV can more easily enter the body through these breaks in the tissue.
- You can get an STI by having unprotected sex with an infected person.
- It is therefore possible that, at the same time, you could be getting HIV which is also contracted by having unprotected sex.

The STI/HIV Link

a. Basic Facts On STIs

Common STI Signs/Symptoms

- Discharge/pus
- Sores on private parts
- Rash on body
- Pain while urinating
- Pain in lower belly

SOME STIs HAVE NO IMMEDIATE SIGNS!**STI Treatment**

- Go to a doctor. Do not treat STIs yourself
- Take all prescribed medication
- Take it at the required times
- DO NOT share medication with others
- Make sure partners also see a doctor for treatment

Prevent STI Re-infection

- Make sure partners are fully treated
- Avoid sex until you and your partner are cured
- Use a CONDOM EVERYTIME you have sex

Many STIs are treatable but some are drug resistant and HIV CANNOT BE CURED!**Prevention and Control of HIV/STI Transmission**

- Avoid sex with partners who have genital redness, sores or discharges.
- Go for regular check-ups if you do not practise safe sex, or as soon as you notice any signs of an STI. Women in particular, should have STI checks when they have medical exams, perhaps during a family planning visit. This is because women often have no obvious signs of STIs.
- Inform all your partners that you have an STI. They must go to a doctor for treatment. Otherwise, partners will go on spreading the disease, and they can give it to you again.

Remember! HIV is a Sexually Transmitted Infection!

a. Basic Facts On STIs

Prevention and Control of the Spread of STIs

- No sex if you have: Genital redness, sores or discharges
- Seek treatment
- Take all medicines
- Tell Partners
- Use Condoms

Factors driving the epidemic locally

- Social, Cultural, Behavioural factors
- Early initiation of sexual activity
- Limited life-skills and sex education
- Insufficient condom use
- Multiple sex partners
- Stigma and Discrimination toward PLHIV
- Commercial and transactional sex
- Substance abuse: crack/cocaine, alcohol
- Men having sex with men & homophobia
- Gender inequity and gender roles

a. Basic Facts On STIs

HIV Testing

The standard HIV test looks for antibodies in a person's blood. When HIV (which is a virus) enters a person's body, special proteins are produced. These are called antibodies. Antibodies are the body's response to an infection. So if a person has antibodies to HIV in his/her blood, it means he/she has been infected with HIV.

A rapid HIV test is also an antibody test. The advantage of a rapid test is that you do not have to return to get your test result. The test results from a rapid test are usually available in approximately 30 minutes.

The time between infection and the development of antibodies is called the window period. In the window period, people infected with HIV have no antibodies in their blood that can be detected by an HIV test. However, there is the possibility of infecting another person should there be antibodies present.

Why take an HIV Test?

It is important to know your HIV status. If your test result is Negative for HIV you can make changes in your lifestyle to be sure you maintain that status. If your test result is Positive for HIV, you and your health care provider can keep an eye on your health. Many people who test positive stay healthy for several years

- If you do fall ill, the doctor is going to take your symptoms more seriously if they know that you are living with HIV.
- If you know that you are living with HIV, you can take steps to protect other people. For example, by practising safer sex and informing your past sexual partners.
- Knowing that you have HIV may affect some of your future decisions and plans.

Voluntary Counselling and Testing -VCT

- Voluntary Counselling and Testing is being seen as the entry point to preventive care for HIV and AIDS.
- Counselling prior to testing is intended to provide the opportunity for a person to discuss concerns and anxieties in a safe environment.
- Post-test counselling is valuable whether the person gets a positive or negative HIV test result as there are issues to be addressed.
- For the person who gets a negative HIV test result there is the need to understand what that means and how to remain that way.
- For the person who gets a positive HIV test result, that person needs to get information concerning treatment and management of life and choices.

a. Basic Facts On STIs

Provider Initiated Testing and Counselling (PITC)

- Very similar to VCT with one main difference
- Testing may not be the primary reason for the client's visit to the health facility. While in the facility for a service, a provider may suggest that the client also test for HIV.

Treatment

- Persons who test positive for HIV are counselled and encouraged to adopt healthy living. This includes proper nutrition, exercise and safer sexual behaviours. They are counselled about the appropriate time to treatment.
- ARV (Anti Retroviral) therapy is available through private doctors and the Ministry of Health (MoH) treatment sites.
- Treatment locations are found in every parish. Call the health department for information.
- Treatment is highly subsidised by the government. A small fee is charged. However, the individual who is unable to pay will not be denied treatment.

Persons taking the ARV therapy must take the medication as directed. Failure to adhere to the exact routine will result in severe consequences.

Providing a Safe Environment

- A safe environment is essential in the management of HIV to protect the caregiver as well as the client from harm. When we talk about the 'Environment' we include both the Physical as well as the Psychosocial environment.

Physical environment

- A safe physical environment is one that is free from hazards and harmful material or opportunities for an individual to become infected. One way of assuring a safe physical environment is to adhere to what is called the 'universal precaution' recommendations.

Universal Precautions – What is the basic assumption?

- All persons are potential sources of HIV infection and all blood should be treated as such. We therefore treat all blood, open wounds, sores, breaks in the skin, grazes and open skin lesions, and body fluids and excretions which could be stained or contaminated with blood (e.g. saliva, mucus, tears, urine, vomit, faeces and pus) as if they are infectious.

a. Basic Facts On STIs

How should blood and body fluids be handled?

- Blood should be handled with extreme caution.
- Wear latex gloves (or unbroken plastic bags) when attending to body fluids.
- Skin exposed accidentally to blood should be washed immediately with soap and water.
- Bleeding wounds should be cleaned immediately with running water or antiseptic.
- Always clean and wash wounds with running water, not in a container with water.
- Cover open wounds.
- Dispose of blood-contaminated material appropriately – material should be sealed in a plastic bag and be burnt.
- Soiled tissue and toilet paper can be flushed down the toilet.

What is needed to assure a safe physical environment?

- A stocked First Aid Kit – kits should include the following basic items (latex gloves, household rubber gloves, cotton wool, bleach, gauze, plastic bags, band aids, pair of scissors, resuscitation mouth piece).
- First Aid training for all individuals who provide care.
- Practice of universal precautions.
- Safe play and sport areas and activities.

Psycho-social Environment

- A safe psychosocial environment is one that provides for the psychosocial needs of the person living with HIV (PLHIV). That can be assured by providing training for staff to counsel, educate and provide for the other psycho-social needs of children or care givers/ staff with HIV or AIDS.
- Create an environment at school and the community that is free from discrimination.

b. HIV Stigma and Discrimination and How To Address It

Stigma and Discrimination

Stigma and discrimination are major obstacles to effective HIV prevention and care

What is Stigma?

Stigma has been defined as an “undesireable or discrediting attribute that an individual possesses, thus reducing that individual’s status in the eyes of the society” . It is an attitude of depriving one of basic support. This may result in feelings of shame, depression, withdrawal, worthlessness, guilt. It silences, it saps strenght, and it isolates people and deprives them of care and support.

What is Discrimination?

Discrimination is the behaviour accompanying stigma. It results in unfair treatment of the individual.

“Stigma is the attitude - Discrimination is the behaviour”

Reducing Stigma and Discrimination

The research suggests that stigma derives from ignorance - a lack of knowledge about how HIV can be transmitted as well as beliefs and attitudes about sexual behaviours and sexuality. We can begin to change these attitudes through:

- Public education about HIV
- Public education about how stigma affects persons living with and affected by HIV.

Simple solutions to changing attitudes

- Partner with a PLHIV in conducting training
- Have a PLHIV serve on the HAC.

c. The National Policy for HIV/AIDS Management In Schools

This policy was:

- first adopted in 2001.
- revised in 2007/8. The revised policy is expected to be approved xxxx.

The objectives of the revised policy are to:

- provide guidelines for the delivery of age-appropriate life skills education in schools;
- provide guidelines for institutions on the treatment of students and school personnel living with HIV and AIDS;
- reduce the spread of HIV infection by increasing access to prevention strategies and interventions which promote abstinence and /or consistent condom use;
- instill non-discriminatory attitudes towards persons living with and affected by HIV;
- Ensure the provision of systematic and consistent information and educational material on HIV and AIDS to students and school personnel throughout the system;
- promote the use of universal precaution in all potentially infectious situations;
- reduce the vulnerability of children at risk, gender stereotypes and abused and street children;
- highlight the existence of the HIV and AIDS epidemic in Jamaica and in particular the education system.

The policy addresses the following areas.

- I. Non-discrimination and equality
- II. HIV testing, admission and appointment
- III. Attendance at institutions by students with HIV or AIDS
- IV. Disclosure and confidentiality
- V. Prevention education on HIV and AIDS
- VI. A safe institutional environment
- VII. Refusal to study with or teach a student living with HIV, or to work with or be taught by an educator living with HIV.
- VIII. Gender sensitivity in HIV prevention

c. The National Policy for HIV/AIDS Management In Schools

TIP FOR THE HPEO:

- Get a copy of the policy documents - the original and revised for your files.
- Familiarise yourself with the policies.
- Understand the changes made and why they were made



Can you justify the need for the policy? If not, speak with your supervisor.

d. The HFLE Policy

Health and Family Life Education is a comprehensive life skills based programme which focuses on the development of the whole person. Its purpose is to:

- Enhance the potential of young persons to become productive and contributing adults/citizens;
- Foster the development of knowledge, skills and attitudes that make for healthy family life;
- Promote an understanding of the principles that underlie personal and social well being;
- Provide opportunities to demonstrate sound health-related knowledge, attitudes and practices;
- Increase the ability to practice responsible decision making about social and sexual behaviour;

The HFLE and HIV/AIDS policies, together, are intended to provide a general framework to:

- ensure consistent and sustained exposure to HFLE for Jamaican children,
- increase the knowledge, skills, attitudes and behaviours of these groups and
- facilitate the adoption of healthy and productive life styles and
- enable them to contribute to a healthy society and prosperous economy.

HFLE is the vehicle for HIV and AIDS prevention education including both knowledge and skills acquisition.

Even though HFLE has been 20 years in development, it has not enjoyed much success. The revision of the HFLE curricula scope and sequences for early childhood, primary and junior high levels of education should make for better inclusion of HIV and AIDS and achieve improved success.

The HFLE policy is in place. The capacity to implement HFLE is being developed. Areas being addressed include materials development for teaching and learning, teacher training, orientation for school principals, parents and community leaders, linkages with youth friendly services and monitoring and evaluation of the process and the outcomes.

In 2005, a CARICOM model framework was used to revise Jamaica's HFLE curriculum for grades 1-6 and 7 to 11. Complimentary age appropriate resource material has been developed, especially using participatory techniques to foster the development of life skills.

In 2006 the pilot testing of the revised curricula and new resource materials took place in 24 schools in Region 1, 3, and 6. The ensuing programme roll out will be monitored and evaluated for lessons learned.

e. Focus Areas And Activities Of The National HIV and AIDS Strategic Plan for the Education Sector 2007-2012

FYI: Educational Profile

Below are some basic statistics on the education sector and the challenges it faces. This information is taken from the 2007-2012 Strategic Plan.

- Universal Primary Education (UPE) was achieved in Jamaica more than a decade ago.
- Adult literacy rate is 80%.
- A four-tier education system is in place - early childhood, primary, secondary and tertiary education.
- Primary education is six (6) years and secondary levels seven (7) years.
- Compulsory schooling is six (6) years.
- Average length of enrollment is 11.6 years.
- Enrolment at primary level is approximately 95%; at secondary level 85%; and at tertiary levels 19%.

Completion statistics

- The primary level completion-rate is 85%
- 2.8% primary students repeat primary level
- 98% of primary students transition to secondary level
- 1.9% secondary students repeat that level



e. Focus Areas And Activities Of The National HIV and AIDS Strategic Plan for the Education Sector 2007-2012

Challenges

'Education system performance is uneven. The quality of schools is variable. The number of classroom hours is low by regional standards, partly because crime and civil disturbances force schools to close. Poor students have less educational opportunity. They enroll into lower quality schools and difficult home circumstances can undermine their education. Generally, children of the poor end up with less education and this perpetuates a vicious cycle of poverty. This is likely a contributing factor to the HIV epidemic and needs to be addressed through a more pro-poor approach to education.'

Having recognized these shortcomings, the ministry has engaged a process of transformation and restructuring that will address:

- Institutional arrangements;
- Accountability for performance;
- Terms and conditions of Principals and Teachers;
- Chronic underachievement of the education system;
- Anti-social behaviour;
- Curriculum development and implementation;
- Student assessment;
- Management of Teaching Staff;
- Access to Schools;
- School capacity and physical plant;
- Special Needs Education;
- Role of students; and
- Stakeholder partnerships.

Response

In 2007, the Ministry of Education developed a 5-year strategic plan.

The 2007 - 2012 HIV/AIDS Strategic Plan for the Education Sector was developed through a process of consultation and 'inclusive workshoping'. The process involved meeting with key stakeholders, reviewing available data, reports and documents, and developing a framework that mirrored the four Focus Areas identified by the National HIV&AIDS Strategic Plan.

The Plan applies to learners, employees, managers, employers and other providers of education and training in all public and private, formal and non-formal learning institutions at all levels of the education system.

The focus of the plan is in four areas, in keeping with the National Strategic Plan on HIV

e. Focus Areas And Activities Of The National HIV and AIDS Strategic Plan for the Education Sector 2007-2012

and AIDS (2007-2012): Prevention; Treatment, Care and Support; Empowerment and Governance; and Enabling Environment and Human Rights.

Prevention: The emphasis of this area is on learners. The goal is the prevention of new HIV infections among children and youth (0-24 years).

Care, Support and Treatment: The emphasis of this area is on the needs of affected learners, including those with special needs, as well as orphans and vulnerable children (OVC). The goal is to foster an enabling environment in which all users have access to non-judgmental and age-appropriate care and support.

Enabling Environment and Human Rights: The emphasis in this area is on establishing the conditions which enable and empower a comprehensive and sustained response to HIV&AIDS. The goal is an education sector in which all stakeholders and beneficiaries participate in creating a suitable and supportive environment to respond effectively to HIV&AIDS.

Empowerment and Governance: The emphasis here is on broad management issues including: the capacity of the sector to understand the nature and extent of the impact of the epidemic; effective planning and decentralized implementation; assessing, measuring and reporting impact and response; and facilitating partnerships. Its goal is that policies, programmes and management structures are in place across the sector to ensure sustainability of quality education to mitigate the impact of HIV&AIDS.

f. Sources of Technical And Financial Support

1. Material worth having

HIV/AIDS Training Manual for Peer Educators. The National HIV/STI Control Programme, Ministry of Health.

PAR Guide. Promoting Participation, Learning and Action of Young People. UNICEF.

“Community Conversations”. Peer Counselors Field Brochure. A Guide to Conduct Communication Activities to Support Safe Sex Behaviour. The National HIV/STI Control Programme, Ministry of Health.

Empowering Women to Protect Themselves from HIV: A Manual for Community Activists. Neshia Haniff. 2006. Inter-American Development Bank/ Jamaica AIDS Support.

Jamaica Guidelines for Comprehensive Sexuality Education. Pre-school through age 24. The Jamaican Task Force Committee for Comprehensive Sexuality Education. 2008. FAMPLAN and SIECUS.

Jamaica Social Investment Fund. Series of source handbooks for Community Based Organisations (CBOs). JSIF, 2000.

Teaching about HIV and AIDS in the Caribbean. Diane Browne, Gisela Winkler and Maren Bodenstein. 2006. Macmillan Caribbean.

Together We Can. Peer Educator’s Handbook. Red Cross HIV/STI Peer Education Project. Jamaica Red Cross.

2. Websites

<http://www.unaids.org>

<http://www.fhi.org>

<http://www.ccc-caribe.org/eng/hivaids.htm>

<http://www.jamaica-nap.org>

<http://www.unicef.org/jamaica>

f. Sources of Technical And Financial Support

3. Videos/ CD/ DVD

Agency	Contact Information
Ministry of Education (Guidance and Counselling Unit)	37 Arnold Road, Kingston 5 876-922-9370-9 924-9309/ 967-0146
National Family Planning Board (Marge Roper)	5 Sylvan Avenue, Kingston 5 968-1634
3D Projects	14 Monk Street, Spanish Town 984-2840 or 943-8528 threedprojects@hotmail.com www.3dprojects.com.jm
Jamaica Association for the Deaf	9 Marescaux Road, Kingston 5 926-7709 or Human Resource Department Hope Gardens Kingston 6. 970-1779
Jamaican Association on Intellectual Disabilities (JAID) formerly <i>Jamaica Association for Persons with Mental Retardation (JAMR)</i>	7 Golding Avenue, Kingston 7 997-1118 Fax: 970-3182, jamr@cwjamaica.com

f. Sources of Technical And Financial Support

4. Pamphlets and Posters

Agency	Contact Information
Ministry of Health The National HIV/STI Prevention and Control Programme Ministry of Health	
Health Promotion and Protection Unit Ministry of Health	
3D Projects Ltd.	Head Office 14 Monk Street, Spanish Town; 943-8528 1 Rodney Hall Road, Linstead; 985-7863 12 Miramar Dr, Montego Bay; 734-2583 1B Grove Lane, Mandeville; 625-3016 Main Street, Highgate; 992-9073 Francis Drive, Buff Bay; 913-6569
Jamaica Council for Persons with Disabilities	18 Ripon Road, Kingston 5 968-8373; 926-9374
Women's Centre of Jamaica Foundation	42 Trafalgar Road, Kingston 10. 929-7608; 929-0977
Ministry of Education (Guidance and Counselling Unit)	37 Arnold Road, Kingston 5.

5. Funding Support

Here is a short list of some of the organisations from which you may be able to access financial support for HIV prevention interventions. Requests for funding from these organisations should be directed through the Health Promotion Team and the National Coordinator in the Guidance and Counselling Unit of the Ministry of Education.

- Scotiabank Jamaica Foundation
- Ministry of Health (MoH), Global Fund Programme
2-4 King St., Kingston, 9671100, 9671101
- Jamaica Social Investment Fund (JSIF)
- National Health Fund
- United Nations Children Fund (UNICEF)
- Embassies and High Commissions (US, Britain, Canada, etc.)
- UNESCO

Local businesses should also be contacted for support for your interventions.

g. NGO's And Partners

5. Resource Persons: Trainers and Speakers

Centre for HIV/AIDS Research Education Services (CHARES)
University of the West Indies Hospital
Mona, Kingston 7
977-6921

Centre for Investigation of Sexual Offences and Child Abuse Headquarters
3 Ruthven Road, Kingston 10
926-6538

Six centres across the island:
Spanish Town, Portmore, Morant Bay, Montego Bay, May Pen, St. Ann's Bay.

Child Development Agency
2-4 King Street, Kingston
948-6678; info@cda.gov.jm
CDA has an office in each parish capital

Children First
9 Monk Street, Spanish Town
kidz@cwjamaica.com

Coalition for Better Parenting
1 National Heroes Circle
Kingston 4
948-1886
co_lition@yahoo.com

Health Promotion and Protection Unit
Ministry of Health
2-4 King St., Kingston
9671100, 9671101

Jamaica AIDS Support
4 Upper Musgrave Avenue
Kingston 10
978-4668
www.jamaicaaidssupport.com

Jamaica Network of Seropositives
3 Trevenion Park Road
Kingston 10.
927-7340

Jamaica Red Cross
Headquarters
Central Village
984-7860, 984-7861/ 7862
jracs@infochan.com;
secretariat@jamaicaredcorss.org
www.jamaicaredcross.org

Marge Roper Counselling Service
5 Sylvan Avenue
Kingston 5
968-1634
Toll Free Hotline: 1-888-225-5327

National AIDS Committee
967-1101, 967-4077
www.nacjamaica.com
National HIV/STI Control Programme
Ministry of Health
2-4 King St., Kingston
9671100; 9671101
www.jamaica-nap.org

National Family Planning Board
5 Sylvan Avenue
Kingston 5.
968-1627

UWI HIV/AIDS Response Programme (UWI HARP)
UWI, Mona
977-2645
uwiharp@uwimona.edu.jm

g. NGO's And Partners

Women's Centre of Jamaica Foundation
42 Trafalgar Road
Kingston 10
929-7608, 929-0977
www.adminwomen@cwjamaica.com

Youth at the Cross Roads
c/o Campus Crusade for Christ – Jamaica
Earls Court, Kingston 8
931-4269
cccj@cwjamaica.com
www.crossroadslink.org

ADVANCED HIV: also referred to as “AIDS. Defined by the National HIV/STI Prevention and Control Programme in the Ministry of Health as i) a person with a positive HIV test and a CD4 count of less than 350 (<350) or ii) person with a positive HIV test who exhibits opportunistic infections that do not normally affect healthy people.

ANTIBODIES: proteins produced by the immune system in response to the presence in the body of foreign organisms (referred to as antigens) such as bacteria and viruses like HIV.

Antibodies are important in resistance against disease and can be used in laboratory tests to detect antigens (or the estimation of immune status). Certain antibodies appear in response to environmental antigens or through immunization with vaccines or following natural infections.

ANTIGEN: foreign organism such as bacteria and virus. These antigens inflict damage by combining with natural substances in the body and disrupting the body’s processes.

BASELINE (DATA): basic information gathered before a programme or project begins. These data are used later as a benchmark - to provide a comparison for assessing programme impact.

CD4 CELLS: CD4 cells are special type of T-cells. They are also called T4 lymphocytes. They are the most importance cells in the immune system.

CD4 COUNT: the CD4 count ascertained through a blood test tells you how many CD4 cells there are in a drop of blood. The more there are the better.

Low CD4 count and high viral load is not the preferred state for a person living with HIV. The better situation is where the CD4 count is high and the viral load is low. Treatment should be started for a person living with HIV whose CD4 count falls to 350 or lower.

DISCRIMINATION: actions or omissions that harm or deny services or entitlements to stigmatised individuals or groups.

GANTT CHART: is a type of horizontal bar chart that illustrates a project schedule. When constructing the chart, the horizontal axis represents the total time span of the project, broken down into smaller increments (for example, days, weeks, or months) and the vertical axis represents the tasks that are to be completed over the life of the project. You may create your own chart manually or use project management applications such as Microsoft Project or Excel.[see example on pg. 59 of this toolkit]

The Gantt chart was developed in 1917 by Henry L. Gantt. It is frequently used in project management – to plan, coordinate and track (monitor) specific tasks. The chart works well for tracking tasks but is not ideal for predicting (telling) how one task falling behind affects another task.

GENDER: Using guidance from the World Health Organization, gender, refers to the socially constructed roles, behaviors, activities, and attributes that a given society considers appropriate for men and women.

Gender is different to “sex” which refers to the biological and physiological characteristics that define men and women. So that, “male” and “female” are sex categories, while “masculine” and “feminine” are gender categories.

GUIDANCE COMMITTEES: Committees established in schools to implement the guidance curriculum.

IMMUNE SYSTEM: the body’s system for fighting off infections and disease. The immune system of a human uses white blood cells to defend itself against germs. The T-cells (a special type of white blood cells) protect the body from infections.

LIFE SKILLS: There are many different understandings of life skills but no definition is universally accepted. A general definition would be - a mix of knowledge, behaviour, attitudes and values and the possession of some skill and know-how to do something, or reach an aim. Life skills include competencies such as critical thinking, creativity, ability to organise, social and communication skills, adaptability, problem solving, ability to co-operate on a democratic basis that are needed for actively shaping a peaceful future. Life skills may be directed toward personal actions and actions toward others, as well as actions to change the surrounding environment to make it conducive to health.

The current Ministry of Education Guidance and Counselling curriculum and the Health and Family Life Education curriculum both have a life skills focus.

NON-PROBABILITY SAMPLING: In non-probability sampling, cases/members are selected from the population in some nonrandom manner. These include convenience sampling, judgment sampling, quota sampling, and snowball sampling. In non-probability sampling, the degree to which the sample differs from the population remains unknown. If these sampling methods are used, one should be very cautious about making inferences to the population.

OPPORTUNISTIC INFECTION (OI): an infection that occurs only when a person's defense systems (ie, the immune system) are weakened. The common characteristic of all agents that cause opportunistic infections is that they rarely affect individuals with healthy immune systems.

For example, the disease AIDS (acquired immunodeficiency syndrome) is a classic cause of immune system depression and is associated with many opportunistic infections, including toxoplasmosis and pneumocystis pneumonia (PCP).

PCR: A PCR (Polymerase Chain Reaction) test, also known as a “viral load,” is used to measure the amount of HIV in an HIV-positive person's blood. Because this test looks for HIV directly in a person's blood instead of detecting antibodies (the body's reaction to HIV), it may detect an HIV infection about a week after an exposure. Therefore the PCR test is used to identify infections during the window period. Source: www.hivinfosource.org/hisis/hisbasics/results

POPULATION OF INTEREST: refers to the group of persons (population) in which the planner or researcher has special interest. The population of interest, in some instances, may also be the ‘target group’.

PROBABILITY SAMPLING: each member of the population has a known non-zero probability (chance) of being selected. Probability methods include simple random sampling, systematic sampling, and stratified sampling. The advantage of probability sampling is that the sampling error can be calculated. Sampling error is the degree to which a sample might differ from the population. When inferring from your sample (data) to the population, results are reported plus or minus the sampling error.

PROPHYLAXIS: any medical or public health procedure whose purpose is to prevent, rather than treat or cure. Use of condoms would be considered prophylaxis for HIV and other STIs as well as pregnancy.

REGION/REGIONAL OFFICE: The Ministry of Health has decentralized its operations to six regions. Each region has a regional office staffed by technical, administrative and support staff responsible for providing services and guidance to schools and their staffs in the respective region. The technical team at regional level includes a guidance education officer and health promotion education officer.

REPRESENTATIVE SAMPLE: a small sub-set of a population [for example, students, community groups, persons living with HIV, HACs] whose characteristics represent the entire population. Techniques used to select a representative sample include those that are classified as probability and non-probability methods.

STIGMA: All unfavourable attitudes, beliefs and policies directed to persons perceived to be different (for example, living with HIV or AIDS) as well as toward their significant others, and loved ones, close relative and communities. The patterns of prejudice include devaluing, discounting, discrediting, and discriminating against these groups of people. The stigma may manifest as physical (hitting, etc.), verbal (name calling, cursing, mocking, etc.), social (ostracism) or institutional (policies and procedures that exclude or set the person apart).

TESTING: It is important for all sexually active individuals to know their HIV status. The only way to know is by testing. The HIV test is available from most health centres and hospitals island-wide and from private doctors.

It's important for all people with HIV to take regular blood tests. The two most important blood tests are for CD4 and viral load.

TRANSACTIONAL SEX: arrangement or relationship in which sexual intercourse is exchanged for money, other material things/ gifts. Some people define this barter arrangement as “sex work”. The exchange may be formal or informal. Women and girls are the largest group involved in sex work, but the numbers of boys and men involved is growing.

UNIVERSAL PRECAUTIONS: a set of precautions designed to prevent transmission of HIV, hepatitis B virus (HBV), and other blood borne pathogens when providing first aid or health care. Under universal precautions, blood and certain body fluids of all persons in the school setting are considered potentially infectious for HIV, HBV and other blood borne pathogens. The precautions to be taken by persons handling injuries or situations

where they can be exposed to blood or other body fluids are laid out in the Management of HIV in Schools policy document.

VIRAL LOAD: the concentration of a virus in the blood. It is a measure of the severity of a viral infection. Measures how much antigen (e.g. HIV) there is in a drop of blood. You want to have as little HIV as possible.

Persons with HIV are most contagious during the earliest stages of infection, when an antibody test would produce a negative result. Viral load testing is important, therefore, for giving an earlier HIV diagnosis.

Determination of viral load is part of the therapy for PLHIV. When the CD4 count is low and the viral load is high this is not a good situation. When the CD4 count is high and the viral load is usually low, this is a much better situation. Treatment is thought to be effective if the CD4 count of the PLHIV increases and the viral load decreases.

VULNERABLE POPULATIONS: groups of persons whose range of options is severely limited, who are frequently subjected to coercion in their decision making, or who are unable to give informed consent. Vulnerability may derive from age (young or old), social class, place of residence (rural or 'inner city'), ability status (person with a disability) or some other attribute or characteristic.

Other terms used to describe vulnerable groups are – 'marginalised', and 'at risk'. In the matter of HIV and AIDS, 'youth' is among the groups defined as 'vulnerable' by the national HIV/STI Prevention and Control Programme in Jamaica.

WINDOW PERIOD: the period of time between infection with HIV and the when the HIV will show in the blood. The period may be as long as three months. Some public health specialists, therefore, advise people to have an HIV test twice – each test being separated by three or four months.

