

The National HIV & AIDS Strategic Plan for the Education Sector 2007-2012



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Table of Contents

Acronyms and Abbreviations

Foreword

Executive Summary

1.0 Introduction and Background

2.0 Partners in the Response

3.0 Methodology and Approach

3.1 2007 Strategic Planning Workshop

4.0 Legal and Regulatory Framework

4.1 Universal Declaration of Human Rights

4.2 International Labour Organization (ILO) Guidelines

4.3 UNGASS

4.4 Education for All (EFA)

4.5 The United Nations Millennium Development Goals

4.6 Declaration of the Rights of the Child

4.7 Local Laws

5.0 Situation Analysis

5.1 Epidemiological Profile of HIV in Jamaica

5.2 Risk Factors and Key Populations

5.3 Factors Driving the Epidemic

5.4 The Relationship between HIV&AIDS and Education

5.5 Educational Profile

5.6 HIV&AIDS Responses across the Education Sector

6.0 Vision, Goal Statement, Guiding Principles & Values

6.1 Vision

6.2 Goal Statement

6.3 Guiding Principles & Values

7.0 Sector Definition and Scope of Application

8.0 Alignment to the National HIV&AIDS Strategic Plan

9.0 Focus Areas for the HIV&AIDS Strategic Plan for the Education Sector

9.1 Prevention

9.2 Care, Support and Treatment



- 9.3 Enabling Environment and Human Rights
- 9.4 Empowerment and Governance
- 10.0 Managing the Process - The Institutional Framework
 - 10.1 Management and Implementation Arrangements
 - 10.2 Coordinating Arrangements
- 11.0 Monitoring and Evaluation
- 12.0 Operationalizing the Strategic Plan - Next Steps
 - 12.1 Further Consultation and Comment
 - 12.2 Preliminary Costing of Action Plans
 - 12.3 Ministerial Review, Acceptance and Adoption
 - 12.4 Operational Systems and Procedures
 - 12.5 National and Decentralized Implementation Planning
 - 12.6 Resource Mobilization
- 13.0 Regular Review of the Strategic Plan
- 14.0 Reporting
- 15.0 Annexures

Matrix of Activities: Detailed workplans by Focus Area

Prevention

Care, Support and Treatment

Enabling Environment and Human Rights

Empowerment and Governance



Acronyms and Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
ART	Anti-Retroviral Therapy
ARV	Anti-Retroviral
BCC	Behaviour Change Communication
CBO	Community Based Organization
CDA	Child Development Agency
CFNI	Caribbean Food and Nutrition Institute
CRC	Convention on the Rights of the Child
ECC	Early Childhood Commission
EDUCAIDS	UNESCO-led, UNAIDS Global initiative on education and HIV&AIDS
EFA	Education for All by 2015 (Jomtien Conference)
ETT	Education Transformation Team
EMIS	Education Management Information System
FBO	Faith Based Organization
G&C	Guidance and Counselling
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GIPA	Greater involvement of People Living with HIV and AIDS
GoJ	Government of Jamaica
HAC	Health Advisory Committee
HFLE	Health and Family Life Education
HIV	Human Immunodeficiency Virus
HR	Human Resources
IDP	International Development Partner
IEC	Information Education Communication
ILO	International Labour Organization
JBTE	Joint Board of Teacher Education
JEF	Jamaica Employers Federation
JLS	Jamaica Library Service
JN+	Jamaica Network of Sero-positives
KABP	Knowledge, Attitudes, Beliefs and Practices
KAP	Knowledge, Attitudes and Practices
M&E	Monitoring and Evaluation



MDG	Millennium Development Goal
MIS	Management Information Systems
MLSS	Ministry of Labour and Social Services
MoE	Ministry of Education
MoF	Ministry of Finance
MoH	Ministry of Health
MSM	Men who have sex with men
MTCT	Mother- to- Child Transmission
NAC	National AIDS Committee
NCE	National Council on Education
NDRRS	National HIV-related Discrimination Reporting and Redress System
NESHAC	National Education Sector HIV&AIDS Coordination Committee
NGO	Non-Governmental Organization
NHP	National HIV/STI Control Programme
NPL	Nutrition Products Ltd
NPTAJ	National Parent Teachers Association of Jamaica
NCYD	National Centre for Youth Development
NYS	National Youth Service
OVC	Orphans and other Vulnerable Children
PATH	Programme of Advancement through Health and Education
PIOJ	Planning Institute of Jamaica
PLWHA	Persons living with HIV and AIDS
PLHIV	Persons living with HIV
PR	Public Relations
PS	Permanent Secretary
PTA	Parent-Teachers' Association
R&D	Research and Development
SDC	Social Development Commission
SRH	Sexual and Reproductive Health
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection(s)
SWOT	Strengths, Weaknesses, Opportunities, Threats (a management tool)
TB	Tuberculosis
TCI	Targeted Community Interventions
UN	United Nations



UNAIDS	Joint United Nations Programme on HIV/AIDS
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNGASS	United Nations General Assembly Special Session on HIV/AIDS
UNICEF	United Nations Children's Fund
UPE	Universal Primary Education
UWIHARP	University of the West Indies HIV/AIDS Response Programme
VCT	Voluntary Counselling and HIV Testing
WHO	World Health Organization



Andrew Holness
Hon. Minister of Education

Foreword

Evidence shows that education contributes to building the knowledge and personal skills essential for the prevention of HIV, and lessens the impact of AIDS on individuals, families, communities, institutions and nations. Education not only helps to overcome the circumstances that facilitate the spread of HIV, but can create the understanding and tolerance that bring about reduced stigma and discrimination against vulnerable and marginalized communities and people living with and affected by the virus. Epidemiological surveys tell us that globally and locally, children and young people are disproportionately affected by the epidemic, with levels of infection peaking in the 15 – 24 age group.

HIV/AIDS is a development issue and one of the most critical management challenges facing the education sector. It has created a greater sense of urgency in efforts to attain the Education-For-All (EFA) goals, adopted by the international education community in the Dakar Framework for Action (Dakar, Senegal – April, 2000). Those gains we have made in terms of access, quality and retention are in jeopardy as a result of the HIV epidemic and its impact on the demand for, and supply of, education. HIV and AIDS impact on the education sector to not only create new challenges but expose and potentially explode the scale of existing problems and under provisioning in the education system. Since the epidemic is a threat to the system and its capacity, the response must be located within the system – at all levels – if it is to be effective and sustainable.

In the response to the HIV epidemic, our nation of Jamaica has been a leader in the Caribbean and internationally. Since 2002, we in the education sector have made great strides in mounting our own systematic and comprehensive response to HIV and AIDS. The Ministry of Education, Jamaica is credited for being the first in the region for developing and implementing a National Policy for the Management of HIV and AIDS in schools, for appointing a full-time coordinator for HIV/AIDS Education – supported from the Ministry's budget, and for establishing a team of Health Promotion Education Officers who operate in each of the Ministry's six administrative regions. Working closely with the National HIV/STI Control Programme, local and international development partners, other line ministries, private sector and non-governmental organizations, the Ministry of Education has revitalized its Health and Family Life Education curriculum to focus on the development of life skills in our nation's youth. It has also brought to the attention of our students, school managers and personnel, the reality of HIV/AIDS as a workplace issue.

This HIV&AIDS Strategic Plan for the Education Sector of Jamaica (2007 – 2012) is the product of many months of intensive consultation with and debate among a wide cross-section of stakeholders. The plan is intended to chart our course of action over the next five years and to give guidance to everyone involved in the education sector's response to HIV and AIDS. It is our hope as well, that the plan's priorities and approaches, developed in close collaboration with our partners and stakeholders, will be implemented in the coming months and years in the same spirit of collaboration that will ensure its relevance and success.



In the implementation of the sector plan, the Ministry of Education reaffirms the guiding principles for the national response to HIV and AIDS articulated in both the National HIV/AIDS Policy and the National Strategic Plan (2007-2012). Users of this document are encouraged to seek more detailed advice on HIV/AIDS related matters from the National Coordinator for HIV and AIDS, located in the Ministry's Guidance and Counselling Unit, or the Health Promotion Education Officer in your regional education office.

A handwritten signature in black ink, which appears to read 'Andrew Holness', is positioned above a horizontal dotted line.

**Hon. Andrew Holness
Minister of Education
Kingston
November 2008**



Executive Summary

- 1 Strategic Planning Development: Through a process of consultation and inclusive work shopping, the Ministry of Education has developed and costed a five-year strategic plan, (2007 - 2012) to provide a framework for the entire Education Sector, to guide its accelerated response, mitigate the impact of AIDS and strengthen HIV prevention education.
- 2 Partnership Approach: The Ministry of Education recognizes that existing and potential partners play a critical part in the national response to HIV&AIDS, and that ensuring and encouraging their involvement in the planning and implementation process is key to achieving true multi-sectoral participation.
- 3 Methodology and Approach: In developing the Strategic HIV&AIDS Plan for the Education Sector, the Ministry of Education adopted a consultative and evidence-based approach. The process involved meeting with key stakeholders and a review of available data, reports and documents. A detailed discussion document highlighting issues, priorities and possible strategies was prepared and provided to guide the workshop process.
- 4 2007 Strategic Planning Workshop: The workshop developed a framework for the strategic planning process which mirrored the four Focus Areas identified by the National HIV&AIDS Strategic Plan. These included: Prevention; Treatment, Care and Support; Empowerment and Governance; and Enabling Environment and Human Rights.
- 5 Legal and Regulatory Framework: It was agreed that for the strategic planning process to achieve its goals and objectives, a supportive legislative framework is required within which all decisions can be taken, which takes account of all current and relevant local and international laws and guidelines. The document includes reference to a number of these.
- 6 Situation Analysis: In the section on the epidemiological profile of HIV and AIDS in Jamaica, risk factors and most vulnerable groups are discussed - including children and adolescents - and provides key statistics and analysis to guide response. Other sections in the Situation Analysis include the following:
 - 7 Factors Driving the Epidemic: Behavioural, economic and socio-cultural factors are considered, with particular attention to stigma, discrimination and the gender dimension. Issues of slow economic growth, rampant stigma and gender disparity in respect of male school completion and representation in the teaching force, are highlighted.
 - 8 HIV&AIDS and Education: The two-way interaction between education and HIV&AIDS is discussed, noting that two key principles are simultaneously required to guide the sectoral response. These are: a) the need to minimize the impact of HIV&AIDS on education, and b), the need to maximize the impact of education on HIV&AIDS in the areas of prevention, care and support and the management and alleviation of impact.



- 9 Educational Profile: This statistical summary confirms that HIV&AIDS are adding to and exacerbating wider pedagogical and socio-cultural problems in education. However it is confirmed that the Ministry of Education recognizes these problems and is committed to an ambitious programme of restructuring and transformation.
- 10 HIV&AIDS Responses across the Education Sector: The Ministry of Education has recognized the important role it has to play to curb the effects of HIV&AIDS on the children and people of Jamaica and has initiated several important programmes and processes. These include Health and Family Life Education (HFLE), the National Schools Policy and Health Advisory Committees.
- 11 Vision: The document quotes the Vision Statement of the National HIV&AIDS Policy and Strategic Plan, noting that the Education Sector has a major role to play in its achievement. It also suggests that this vision can and should be adapted for the Education Sector to guide its response, and sets out elements of what might constitute an equivalent Vision Statement for this sector.
- 12 Goal Statement: The document suggests that a Goal Statement could be developed for the Education Sector, to mirror that of the National Policy and Plan. On this assumption, a Goal Statement for the Education Sector is provided, drawing on the goals identified for each of the four Focus Areas, by the commissions working on each of these at the Strategic Planning workshop.
- 13 Guiding Principles and Values: The guiding principles underpinning the HIV&AIDS Strategic plan for the Education Sector are aligned to the principles and values of the National HIV&AIDS Strategic Plan, and include additional principles and values drawn from an analysis of the group inputs at the strategic planning workshop; they reflect a high degree of consensus on the generic principled positions required to guide implementation and action.
- 14 Sector Definition and Scope of Application: The National HIV&AIDS Strategic Plan for the Education Sector 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.
- 15 Alignment to the National HIV&AIDS Strategic Plan: It is of the highest importance that national and sectoral plans are synergized and linked, within the context of international conventions and agreements. A conceptual model is provided which shows that the Education Sector HIV&AIDS Strategic Plan correlates almost exactly with the National HIV&AIDS Strategic Plan.
- 16 Strategic Planning Focus Areas: Flowing from the conceptual model for the Education Sector HIV&AIDS Strategic Plan (adapted from the National model), the Plan addresses the four Focus Areas identified in this model. They are as follows:
 - 16.1 Prevention: The emphasis of this Focus Area is on learners, and its goal is the prevention of new HIV infections among children and youth (0-24 years).



- 16.2 Care, Support and Treatment: The emphasis of this Focus Area is on the needs of affected learners, including those with special needs, as well as orphans and vulnerable children (OVC). While there is no specific reference to this Education Sector Focus Area in the National HIV&AIDS Strategic Plan, its goal is an education sector that fosters an enabling environment in which all users have access to non-judgmental and age-appropriate care and support.
- 16.3 Enabling Environment and Human Rights: The emphasis of this Focus Area is on the establishment of optimum conditions in which to enable and empower a comprehensive and sustained response to HIV&AIDS. Critically, this should include a focus on HIV&AIDS programmes and activities within the workplace - including schools and other learning institutions. 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.
- 16.4 Empowerment and Governance: The emphasis of this Focus Area 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.
- 17 Process Management, Implementation and Coordination: The implementation of the Strategic Plan will be at all levels (i.e. national, regional, parish and community) and will be the responsibility of existing sections within the Ministry of Education, together with government agencies, statutory bodies, and partners. The Guidance and Counselling Unit will take the lead and a National Education Sector HIV&AIDS Coordinating Committee (NESHAC) will be convened to provide oversight and guidance.
- 18 Monitoring and Evaluation: Monitoring and Evaluation is required to understand whether the strategic plan is being implemented as planned and whether the planned activities are yielding the results or outcomes expected. A monitoring and evaluation framework for the HIV&AIDS strategic plan is provided under a separate and detailed document.
- 19 Operationalizing the Strategic Plan - Next Steps: Detailed workplans for each of the four Focus Areas have been generated and provide clear indicators goals, objectives, responsible entities and likely partners; they also describe each specific activity, link it to a time-frame, outcomes and verifiable indicators, and resources and technical assistance required. Key next steps include the following:
 - 19.1 Costing of Action Plans: This step requires specialist knowledge of the system and its procedures and budget processes. The Working Group responsible for consultation and comment will develop cost assumptions for every planned activity and put estimates to these, in collaboration with Ministry and other experts.



- 19.2 Systems and Procedures: Following Ministerial Review and acceptance of the Strategic Plan and the determination of costs, the approved operational systems and procedures must be put in place. This will require a competent structure within the Ministry of Education to manage and coordinate the process, and facilitate the sustained cooperation of all identified partners in implementation and funding. The role of the proposed National Education Sector HIV&AIDS Coordinating Committee (NESHAC) is of the utmost importance in this regard.
- 19.3 Implementation Planning: Implementation will take place at both national, regional and local levels, and will require coordinated planning and briefing at every level of the sector. This will fall within the NESHAC mandate and will also involve the Working Group.
- 19.4 Resource Mobilization: Resourcing of the Education Sector HIV&AIDS Strategic Plan is expected to be obtained from the Government of Jamaica (the Ministry of Education and the National HIV/STI Control Programme); existing and specific NGO programmes; bilateral and multilateral agencies; and private sector organizations and individuals.
- 20 Regular Review: In the AIDS era it is no longer appropriate or desirable to allow plans to roll-out over without regular review and revision. It is necessary to monitor progress and delivery carefully, revising the substance of the plan as often as is necessary.
- 21 Reporting: In addition to the outputs of the Monitoring and Evaluation system, it will be necessary to institutionalize and schedule a process of regular reporting of factual information about implementation progress and outcomes. This would be a responsibility of NESHAC and should identify target groups, their specific information needs, reporting frequency and content.





1.0 Introduction and Background

The HIV&AIDS Response Programme of the Ministry of Education, Jamaica, in support of the National HIV&AIDS Strategic Plan, has in the last five years, adopted a multi-faceted approach in its prevention education response. Critical areas that continue to be addressed include:

- Policy design;
- Regulation and implementation;
- Sensitization and training of educators and other sector personnel in HIV&AIDS workplace issues, as well as prevention education;
- Design, review and production of age-appropriate curricula, teaching and learning materials, and methodologies;
- Implementation of strategies to effect behaviour change as well as positive attitudes towards persons living with or affected by HIV and AIDS.

With support from international development partners and donor agencies, the approach has focused on both programme implementation and capacity building of the sector in mounting a coordinated and sustained response. In recognition of the Education Sector's progressive work in HIV&AIDS prevention and management, UNESCO's Management Team for the Global Initiative on Education, HIV&AIDS (EDUCAIDS) has identified Jamaica as a model worthy of regional replication, and initiated a follow-up project to consolidate and strengthen sectoral mechanisms:

- to reduce the transmission of new HIV infections
- to mitigate the impact of HIV&AIDS on the people of Jamaica, and
- to achieve a sustained, effective multi-sectoral infrastructure and commitment to support the national response to HIV&AIDS

Through a consultative and participatory process, the Ministry of Education has developed a five-year costed strategic plan (2007 - 2012), to provide a framework for the entire Education Sector, to guide its accelerated response, mitigate the impact of AIDS and strengthen HIV prevention education. The Strategic Plan seeks to:

- integrate priorities for a comprehensive HIV&AIDS education sector response, as identified by the sector's key stakeholders;
- produce a comprehensive framework which gives consideration to, and expands upon the essential components of quality education that is rights-based, gender and culturally sensitive, age specific and scientifically accurate; culturally appropriate education content, through curriculum and learning materials tailored to and inclusive of diverse learning populations; educator training and support; HIV&AIDS Education Sector policy, management and systems, and education approaches and illustrative entry points to enhance student learning;
- contribute to a stronger presence of the Education Sector in the Government of Jamaica's multi-sectoral, national response to HIV&AIDS through the implementation of a comprehensive, scaled up education programme on HIV &AIDS, as outlined in the National HIV&AIDS Strategic Plan (2007-2012); and
- protect the core functions of the education system from the worst effects of the epidemic.



2.0 Partners in the Response

The Ministry of Education recognizes that existing and potential partners play a critical part in the national response to HIV&AIDS, and that ensuring and encouraging their involvement in the planning and implementation process is key to achieving true multi-sectoral participation. This National HIV&AIDS Strategic Plan places the responsibility for ensuring coherence and coordination of the national response with Government, given effect through its parliamentarians and cadre of civil servants. Specifically, within the National Strategy, the Education Sector is identified as a key partner.

Education as a Partner in the National Response

"The Education Sector reaches every school-age child absorbed into the formal education system. It is therefore a critical partner in ensuring the adoption of risk reduction behaviours and life skills. Many young people are sexually active at an early age without the knowledge and skills to abstain or practice safe sex. This sector has an important role in the nurturing and development of young people that includes equipping them with life skills for when they become sexually active. In keeping with the national commitment of education for all, the sector needs to develop and implement a comprehensive strategy for sex education that covers support for abstinence and provides risk reduction education and skills. It is also necessary for the sector as a partner in the national HIV/AIDS response to support anti-discrimination principles. Sex education therefore must be included in the Health and Family Life (HFLE) curriculum and its implementation to students at all levels of the education system from early childhood to tertiary. This sector has been involved in the national response and has made considerable progress in institutionalizing HIV and AIDS prevention, particularly through the revision of HFLE. In undertaking its unique role the Education Sector should address the following: (1) a comprehensive response that engages the sector at all levels (2) capacity-building to implement life skills-based HFLE curriculum that deals with cultural resistance to the topic of sexuality (3) implementation of policies that support an enabling environment for the reduction of stigma and discrimination (4) and full ownership of the response through budgetary allocation for required staff cadre to implement HFLE"

National HIV&AIDS Strategic Plan (2007 - 2012)

In the Education Sector, while the Ministry of Education has both the mandate and responsibility to manage the delivery of quality teaching and learning in an accessible environment, including responsibility for systemic HIV&AIDS response, it also recognizes that there are many other interest groups in the sector with real capacity, responsibility and power.

The Ministry of Education acknowledges that each partner is important and has a role to play in the development and implementation of the national Education Sector response, and has specific rights and responsibilities. Such partners range across the spectrum of interest groups and stakeholders and might include a representative cross-section of the following:

- **Civil Society**

Civil society is an equal and important partner in the response. Leaders from civil society must use their influence to guide those within their purview to promote and fulfill what is provided for in the plan. Civil society also has a watchdog role to ensure that government fulfills its role and responsibilities, while civil society too has to accept their specific responsibility in the combined action required to reduce the impact of HIV.



- **Other Government Ministries:**
The Ministry of Education recognizes that it has to act collaboratively with fellow government ministries to fulfill the mandate of the national response.
- **The National HIV/STI Control Programme (NHP):**
The NHP, situated within the Ministry of Health, is mandated to coordinate and lead the implementation of the national HIV&AIDS response. The NHP is also available to provide technical and financial assistance to the Ministry of Education.
- **The National AIDS Committee (NAC):**
The NAC continues to be strengthened to expand the multisectoral support. This committee has a specific function to attract and sustain the participation of non-health entities in the national response.
- **Persons Living with HIV (PLHIV):**
PLHIV are called on to 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.
- **Key Populations:**
Key populations vulnerable to HIV infection, which may include adolescents and youth, orphans and educationally marginalized children, street and working children and others, have a part to play and the Ministry of Education will call on them for participation. Key populations provide valuable insights about how to reach people effectively with prevention messages and guidance on treatment, care and support.
- **Non Governmental Organizations (NGOs):**
Generally the NGO sector has a long and proud history of involvement in the HIV&AIDS response. The Ministry of Education acknowledges the significant response made by this sector and looks forward to strengthening the partnership and drawing on the vast experience of this group.
- **Faith Based Organizations (FBOs):**
The role of churches and other FBOs cannot be understated. Since many of the schools are faith based, the Ministry of Education considers this grouping as a critical partner and will encourage their active participation in the sector's response.
- **Organized 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. They too have a responsibility to ensure that their members are well informed and aware of the HIV&AIDS facts.
- **Business Sector:**
The Ministry of Education has over time developed a relationship with the business and private sector, and regard them as critical partners. The Ministry will continue to forge and strengthen this partnership and will call on the business sector to collaborate with them in their HIV efforts.



- **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 for HIV issues. The Ministry of Education considers the media as a partner in the response to HIV&AIDS.

- **Families and Communities:**

Families and communities play a critical part in protecting themselves, offering support to persons living with HIV&AIDS and therefore in supporting the education sector in the achievement of its goals. Within the provision of education, families and communities are considered to be critical partners and this is no different in the HIV response.

It is clear that these interest groups would be invaluable in helping plan the HIV&AIDS response and its implementation and the Ministry of Education will endeavor to facilitate the fullest involvement of these partners in the response to HIV&AIDS impact on the nation.

3.0 Methodology and Approach

In developing the Strategic HIV&AIDS Plan for the Education Sector, the Ministry of Education adopted a consultative and evidence-based approach. Initially a process was undertaken to meet with key stakeholders to gain an understanding of existing initiatives; discuss challenges; seek possible solutions; and identify proposed roles and possible areas of involvement in a comprehensive and integrated national response. Following on from this was a review of data, material, reports and documents, including external evaluations that had been conducted on the Ministry of Education's response to date. Careful analysis and consideration of all the information and inputs collected and gleaned from documentation reviewed was used to consider an appropriate format for the Strategic Plan and a framework to be proposed at a consultative national strategic planning workshop. A discussion document that highlighted issues, priorities and possible strategies was provided as background reading for the planned strategic planning workshop and was further scrutinized at this workshop.

3.1 2007 Strategic Planning Workshop

In May 2007, a national strategic planning workshop on HIV&AIDS and Education for the Ministry of Education and the wider Education Sector was convened in Ocho Rios and supported by the UNESCO Kingston Cluster Office for the Caribbean. A wide range of Ministry representatives, partners and stakeholders were invited to participate, including affected units and divisions of the Ministry of Education, at both national and regional levels; statutory bodies; commissions; agencies; key NGO partners already working in the field of HIV&AIDS and representatives of national programmes and projects; as well as representatives of the teacher association and student body. The Ministry of Health participated, and the head of the National HIV/STI Control Programme made an informative presentation on the national programme, highlighting the challenges that the Education Sector faces in responding to HIV&AIDS. Several UN agencies and development partners also participated and expressed their willingness to continue to support the Education Sector in their efforts.



The workshop was convened to examine comparative country experience; consider the national HIV&AIDS focus areas; gain a better understanding of the Jamaican education context and HIV&AIDS response to date; and in commissions, work on outlining the content of the Strategic HIV&AIDS Plan for the Education Sector. The framework for the education sector strategic plan subsequently adopted and detailed below, mirrored the four focus areas identified by the National HIV&AIDS Strategic Plan; these included: Prevention; Treatment, Care and Support; Empowerment and Governance; and, Enabling Environment and Human Rights. At the close of the workshop a draft of the strategic plan provided a goal for each of these focus areas; a range of objectives for each goal; and identified key activities which must be implemented in order to achieve the individual focus area objectives.

Following from this inclusive national consultation, the Working Group tasked with conducting further consultations among those interest groups that had participated in the national workshop, continued the work. A further round of consultation refined the draft of the plan by incorporating further suggestions, changes and additions. The Working Group, supported by a consultant, was also tasked with the costing of all these activities. The revised document was widely distributed for feedback, and final comments consolidated and integrated into this final document, the HIV&AIDS Strategic Plan for the Education Sector.

4.0 Legal and Regulatory Framework

For the strategic planning process to work and achieve its goals and objectives, a supportive legislative framework is required within which all decisions can be taken. Current and relevant (local and international) laws and guidelines include the following:

4.1 Universal Declaration of Human Rights:

The Universal Declaration of Human Rights by the United Nations General Assembly is relevant to the HIV&AIDS challenges the strategic planning process will face over the next five years. Relevant Articles speak to: human dignity and rights [Article 1]; cruel, degrading and inhumane treatment [Article 5]; equality before the law [Article 7]; the right to privacy [Article 12]; the right to social security [Article 22]; the right to work and fair remuneration [Article 25]; education [Article 26]; and participation in the cultural and social life of the community of which he or she is a part [Article 27].

4.2 International Labour Organization (ILO) Guidelines:

These focus on HIV&AIDS as a workplace issue and area, and provide a ten (10) point document which covers:

- Recognition of HIV&AIDS as a workplace issue;
- Non-discrimination;
- Gender equality;
- Healthy work environment;
- Social dialogue;
- Non-screening for purpose of exclusion from employment or work;
- Confidentiality;
- Continuation of employment relationship as HIV is not a cause of termination of employment;
- Prevention; and
- Care and support.



4.3 UNGASS:

This United Nations General Assembly Special Session on HIV&AIDS was convened in June 2001, and confirmed the 'urgent need to review and address the problem of HIV&AIDS in all its aspects as well as to secure a global commitment to enhancing coordination and intensification of national, regional and international efforts to combat it in a comprehensive manner. This Declaration of Commitment provides 103 points of agreement under the following focus area headings: Leadership; Prevention; Care, Support and Treatment; HIV& AIDS and Human Rights; Reducing vulnerability; Children orphaned and made vulnerable by HIV&AIDS; Alleviating social and economic impact; Research and development; HIV&AIDS in conflict and disaster affected regions; Resources; and Follow-up.

4.4 Education for All (EFA):

The Education for All movement is a global commitment, launched in 1990, to provide quality basic education for all children, youths and adults. Led by UNESCO, the movement has 6 goals, which include:

- Goal 1: Expand early childhood care and education;
- Goal 2: Provide free and compulsory education for all;
- Goal 3: Promote learning and life skills for young people and adults;
- Goal 4: Increase adult literacy by 50 percent;
- Goal 5: Achieve gender parity by 2005, gender equality by 2015; and
- Goal 6: Improve the quality of education.

4.5 The United Nations Millennium Development Goals:

Signed on September 2000, this commitment has four points of relevance to the enactment of the 2007-2012 Strategic Plan; namely:

- Achievement of universal primary education by all;
- Reduction of the child mortality rate;
- Improvement of maternal health; and
- Combating of HIV&AIDS and related diseases.

4.6 Declaration of the Rights of the Child:

As children and youth constitute the primary focus of the Strategic Plan, this document becomes important if the outputs and outcomes are to be internationally relevant and acceptable. The Declaration emphasizes:

- Provision of the proper means and tools for any child to have normal material and spiritual development;
- Ensuring that the child is protected from 'backwardness, delinquency, hunger and being a waif;
- Provision of relief to a child in times of distress;
- Empowering the child to ensure protection from exploitation and giving him or her the tools to earn a future livelihood; and
- Ensuring that his or her talents will be used to improving the lot of their fellow men.



4.7 Local Laws:

Local laws also provide nationally relevant guidelines in the strategic planning process and its implementation; these include but are not limited to:

- Offences Against the Person Act;
- Status of Children Act;
- The Education Act;
- Council of Legal Education Act;
- The National Council on Education Act;
- The Council of Community Colleges of Jamaica Act;
- The Child Care and Protection Act;
- The Public Health Act;

5.0 Situation Analysis

5.1 Epidemiological Profile of HIV in Jamaica

Jamaica is the third largest island in the Caribbean, with a total area of 11 244 square kilometers, and has a mean population of 2.6 million (2004). It is estimated that 1.5% of the adult population (approximate 22 000 persons)¹ is HIV infected and almost two thirds of these persons are unaware of their status.

This prevalence is right at the threshold for a generalized epidemic, requiring the development of comprehensive national responses, in particular, to reduce the HIV transmission rates and provide treatment and care to those living with HIV&AIDS.

At the end of June 2006, the cumulative number of persons reported with AIDS in Jamaica was 11 004. Within the same time frame, the cumulative number of AIDS deaths was 6 437. AIDS and sexually transmitted infections (STI) are the second leading cause of death for both men and women in the 15- 24 year age group. Approximately 65% of all reported AIDS cases in Jamaica are in the 20 - 44 year age band and 90% of all reported AIDS cases are individuals ages 20 to 60 years. AIDS case rates among men continue to exceed AIDS case rates among women although recent data suggest that the gender difference may be narrowing².

Indicators	Jamaica
HIV prevalence Rate, aged 15 - 49	1.5% (2005)
HIV prevalence rate amongst persons most at risk (commercial sex workers)	9.0% (2005)
HIV prevalence rate among STI clinic attendees	3.8% (2004) 4.6% (2005)
Reported AIDS deaths	665 (2004) 514 (2005)

Table 1: Epidemiological Profile: HIV&AIDS key indicators
(National HIV&AIDS Strategic Plan, Ministry of Health)

¹Jamaica UNGASS Report for 2003 to 2005 (2006), Ministry of Health, Jamaica

²HIV and AIDS in Jamaica, National Strategic Plan 2007 - 2012 (Draft March 2007)



5.2 Risk Factors and Key Populations

Although heterosexual transmission is the main route of transmission of HIV in Jamaica, reported by 90% of persons with HIV, the sexual practice of a high proportion of reported AIDS cases remains unknown. This may point to homosexual or bisexual activity. Key populations vulnerable to HIV infection include sex workers and their clients; homosexuals; those with a history of sexually transmitted infection; adolescents - particularly girls and intravenous drug users.

Risk	Number of persons (%)
Commercial Sex	1 909 (25.3%)
Crack, Cocaine use	654 (8.7%)
History of sexually transmitted infections	3 574 (47.4%)
Intravenous drug use	83 (1.1%)
Multiple sexual partners or contacts	~ 80%
Risk history unknown	20%
Total	7 5 42 reported

Table 2 AIDS cases in Jamaica by risk category (1982 - 2005 cumulative)
(National HIV&AIDS Strategic Plan, Ministry of Health)

The Education Sector embraces two further key populations, including maternal or double orphans in these groups, identified as:

Children:

By early 2007, an estimated 5,125 children under the age of 15 years were orphaned by HIV. In 2005, a total of 78 new pediatric AIDS cases (children under 10 years old) were reported compared to 61 pediatric AIDS cases in 2004. This increase is attributed to active case finding by health workers sensitized to recognition of the HIV positive child. In 2003, AIDS was the second leading cause of death among children in the age group 1 to 4 years.³

High levels of participation in primary education and lower secondary education such as found in Jamaica are likely to be a strong contributory factor towards reducing the vulnerability of children to HIV transmission. In general, children out of primary school are exposed to greater life risks including sexual risks than those in school. At the same time, the widespread primary schooling means that the majority of young children can be easily reached through the school with HIV prevention education as part of the school curriculum, rather than through the more difficult to implement outreach programmes.

Ensuring that young people have the knowledge, values and skills to prevent HIV transmission should be a high priority for the government of Jamaica. The Education Sector can make a significant contribution in this regard. At the same time however, it is recognized that the education sector is also vulnerable to the social and economic consequences of AIDS. The impact of AIDS on the family can affect children disproportionately often undermining their ability to enroll in or continue at school. The Ministry of Education seeks to ensure that the HIV&AIDS Strategic Plan for the education sector includes strategies to encourage children to enroll in school and for those already enrolled, to remain in school.

³HIV and AIDS in Jamaica, National Strategic Plan 2007 - 2012 (Draft March 2007)



Adolescents:

The National HIV&AIDS Strategic Plan (2007 - 2012) reports that in 2004, the number of newly reported AIDS cases among adolescent girls in the 15 to 24 year age group was three times higher than that of boys of the same age group. Adolescent females in the 10 to 14 year age group had twice the risk of infection than boys of the same age group. In the same year, adolescent females in the 10 to 19 year age group had a three-times-higher risk of infection than boys of the same age group. These findings have been linked to the high rate of forced sex, sexual intercourse with HIV- infected older men and transactional sex. For example, studies show that 21.4% of 15 year old girls and 25.8% of 16 year old girls were forced to have sexual intercourse. In 2004, just about 93% of crimes against females aged 14 and under were cases of rape or carnal abuse. In fact, for females aged 15 to 18 years, and for the group aged 19 to 24 years, rape and carnal abuse represented 40% of all cases (Jamaica Constabulary Force, Police Statistics Department).

Studies show, on average, 50% of young women reported that their sexual partner was 5 to 10 years older than them. Slightly more than 2% (2.3) of sexually experienced young woman aged 15 to 24 years received money or goods in exchange for sex. This varied by socio-economic status, level of education and place of residence.

Research conducted in Jamaica has shown that the mean age of sexual debut is 13.4 years for boys and 15.9 years for girls (Figueroa 2007). In addition, analysis of three population-based KAPB surveys in Jamaica in 1996, 2000 and 2004 showed that the median age for sexual debut actually declined from 16.5 years for boys and 18.2 years in girls to 15.7 in boys and 17.2 in girls in 2004.

Early sexual activity may also imply risky behavior including multiple sex partners and low contraceptive use. One survey in Jamaica shows that 80% of sexually active boys and 67% of girls had more than one sex partner. In addition only 30% of boys and 65% of girls used a contraceptive during their first intercourse. This type of behavior carries consequences, such as unplanned pregnancies and sexually transmitted infections, including HIV infection.

The education sector response to HIV&AIDS in the region is critical to HIV prevention among young people in general. Those at high risk will need additional targeted interventions. There is a great deal to do in the short and medium term. The response, generally, is still at an early stage and little has changed at the classroom level. Providing effective HIV prevention through the vehicle of curriculum, such as the Health and Family Life Education (HFLE) approach, represents a major challenge.

5.3 Factors Driving the Epidemic

Behavioral:

Despite a rapidly expanding prevention program, risky behaviors such as multiple sex partners, early initiation of sex, involvement in transactional sex and non-use of condoms have fuelled the HIV epidemic over the last decade. This is supported by recent behavioral surveys, which show that although persons between 15 and 24 years report more consistent condom use in risky situations, risk behavior such as unprotected sex with a non-regular partner has not changed significantly for the past eleven years. In fact, other risk behaviors such as participation in transactional sex and early initiation of sex have increased. Myths that surround HIV and modes of transmission influence behavior. Persons who deny or are unable to calculate their personal risk often get caught in the trap of unprotected sex. This fuels inconsistency between HIV prevention and behaviour.



Economic:

The HIV&AIDS situation is affected by Jamaica's slow economic growth, high levels of unemployment; persistent poverty; the burgeoning informal sector in relation to the illegal drug trade and commercial sex; tourism and population movements.

Socio-Cultural:

Stigma and discrimination drives those most-at-risk underground. Stigma and discrimination against people living with HIV&AIDS constitute a serious impediment to the development of effective programmes, whether in prevention or treatment and care. Fear of discrimination prevents people from getting tested, acknowledging they are HIV positive and from seeking treatment on diagnosis. Established stigma against sex-workers and men who have sex with men is further exacerbated by HIV. It is a complex phenomenon and requires a multi-faceted response as a key component of the national response including in and through the education sector.

Gender dimensions influence prevention options. Men are often the sexual decision makers, thus condom use negotiations are difficult for women. Widespread homophobia affects condom distribution in prisons and hinders interventions among men having sex with men.

Gender is a significant issue for the Education Sector. In contrast to the prevailing situation in much of the world, it is boys not girls who are missing out on education. Males are under-represented at upper secondary and tertiary education. A significant gender disparity is to be found in learning outcomes, as male learners tend to under-perform, especially in relation to reading. Males are also under-represented in the teaching force. The majority of teachers at primary and secondary levels are female: over 17,200 out of a total of 22,363 in 2004. This may mean a shortage of male role models at school and contribute to the alienation of boys. High priority should be given to gender analysis and sensitivity in reforming Jamaican education, and at the same time developing the response to HIV&AIDS at school.

Even with a relatively low HIV prevalence, the epidemic, if not properly monitored and aggressively targeted, can become uncontrollable. It is within this context that a systemic response by the Ministry of Education is now being devised. The Jamaican education system faces a particularly difficult challenge in improving the quality of education delivery and learning outcomes. Addressing HIV&AIDS is likely to be a significant litmus test of efforts to bring about educational reform and the ability of government to take tough decisions.

5.4 The Relationship between HIV&AIDS and Education

There is a two-way interaction between education and HIV&AIDS. As a result of its impact on various facets of the education sector, the epidemic can undermine the potential of the sector to deliver education of adequate quality to young people and other beneficiaries. However, on the other hand, through its effect on various facets of the epidemic, education can contribute significantly to the prevention of HIV transmission, the care and support of those infected or affected by the disease and the mitigation of the epidemic's negative impacts. The approach of the education sector in dealing with the epidemic should be guided by two principles that operate simultaneously⁴:

- Minimize the impact of HIV&AIDS on education; and
- Maximize the impact of education on HIV&AIDS in the areas of prevention, care and support, and the management and alleviation of impacts.

⁴Kelly, MJ (2003) Education and HIV/AIDS in the Caribbean, IIEP/UNESCO



The Education Sector has a critical role in combating the HIV&AIDS epidemic in the Caribbean. In particular, the Education Sector has a special role in helping to prepare young people to avoid becoming HIV infected when they become sexually active. This is a tremendous challenge especially given the sensitivity of the subject matter.

Education can be a powerful force in combating the spread of HIV

1. Education is necessary for galvanizing the political momentum and community mobilization that are central to success against HIV&AIDS.
2. Education is necessary for reducing stigma and discrimination - twin pillars that support the continued spread of the disease and undercut care and support for the infected and affected.
3. Education enters in a fundamental way into every communication on prevention.
4. Some form of education is intrinsic to every programme of treatment and care.
5. Formal school education and non-formal programmes for young people reach into communities and families in ways that no other services do.
6. Formal and non-formal education programmes are largely the province of the young, the category at greatest risk of becoming infected with HIV
7. There is a growing body of evidence that education empowers individuals to take decisions that are more life affirming. In this sense, the more education the less likelihood of HIV.

Kelly, MJ (2003) Education and HIV/AIDS in the Caribbean

5.5 Educational Profile

Jamaica has a current adult literacy rate of 80% and a well-defined, four-tier education system as evidenced by its early childhood, primary, secondary and tertiary education delivery systems. With regard to duration, primary education is six (6) years and secondary levels seven (7) years. Compulsory schooling is six (6) years.

Universal Primary Education (UPE) was achieved in Jamaica more than a decade ago. Examination of enrolment ratios show that at the primary level, the current average is approximately 95%; at secondary level 85%; and at tertiary levels 19%. Further examination of the ability of the Jamaican education system to retain its pupils is reflected in its student-flow statistics. The primary level completion-rate in Jamaica is currently 85%, with a repetition rate at this level of 2.8%. Average length of enrollment is 11.6 years. The transition (progression) rate from primary to secondary level currently stands at 98%, with a secondary repetition rate of 1.9%.

Teacher to pupil ratios currently stand at 1:27.5 at the primary level, and 1:19.1 at the secondary level.

'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.'⁵

⁵The response of the education sector in Jamaica to HIV and AIDS, (u.d) UNESCO



The Ministry of Education has recognized these shortcomings and has engaged a process of transformation. The Government of Jamaica has committed to an ambitious process of restructuring and transformation of the education system which 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.

5.6 HIV & AIDS Responses across the Education Sector

The Ministry of Education has recognized the important role it has to play to curb the effects of HIV&AIDS on the children and people of Jamaica. To this end certain important programmes and processes have been initiated:

Health and Family Life Education (HFLE):

This draft curriculum component was piloted in 21 schools in four of the six Ministerial regions. As a result, the curriculum was revised and to date, the new life-skills based curriculum has been implemented in approximately 447 primary and secondary (public and independent) schools across the island. Additionally, in each academic year, an additional 200 schools are selected and trained to implement the programme. HFLE is now a major part of localized training and sensitization about the disease, with associated materials focusing on teacher orientation and involvement, community based contributions etc.

National Policy for the Management of HIV & AIDS in Schools:

This National Schools' Policy on HIV&AIDS addresses critical issues such as: child attendance; disclosure and confidentiality; HIV-prevention through education; stigma and non-discrimination; HIV-testing with regard to admission and appointment; and other issues related to the workplace. This document was accepted by Cabinet and disseminated to all primary, all age and junior high schools island-wide. Currently, the document is under revision to address critical issues related to the sexual reproductive health needs of students.

Health Advisory Committees:

It is now Ministry policy that each learning institution should have its own Health Advisory Committee (HAC). These Committees have a critical role to play in ensuring that the correct foundation is in place to improve the health and safety of the school environment. The Health Advisory Committees also have an important role to play in HIV-related activities and programmes.

The Government of Jamaica is responding to the issue of poor attendance and the need for pro-poor



policies by linking social safety-net support through the Programme of Advancement through Health and Education (PATH) to families, to promote regular school attendance. Other support programmes include a school feeding programme in all primary schools and the free provision of primary textbooks to all children. These programmes have the potential to provide support for children affected by HIV&AIDS, orphans and other vulnerable children (OVCs).

The Ministry of Education faces several challenges in addressing and implementing this strategic plan: It must ensure the sensitization of its teachers and teacher training institutions, children and parent-teacher organisations, as well as youth and faith-based organizations in the community. Not only must it disseminate information to its direct clients and the public, but it also has a responsibility, as an employer, to ensure that all Ministry workers and staff are sensitized to the disease; that stigma and discrimination among rank and field workers is minimized along the way to being eliminated; and that workers are protected in the workplace as far as possible against HIV-infection.

Thus, the Strategic Plan must ensure that:

- there is commitment at every level to this five-year plan;
- the HIV&AIDS response is integrated and mainstreamed into every routine function of the education system, in support of wider education development and transformation goals;
- systems are in place in all divisions and at all levels of the system to reduce risk (accidental and otherwise) to workers and students; and
- that the next generation has the education-supported knowledge, skills and confidence to stay HIV-free, through a combination of behavioural change and access to prevention, care, treatment and related programmes.

6.0 Vision, Goal Statement, Guiding Principles & Values

6.1 Vision

The National HIV&AIDS Policy and Strategic Plan provides a stated vision to mobilize and guide the national response; it reads:

"To protect the rights of all Jamaicans, including those infected with and affected by HIV&AIDS, and to create an enabling environment free of stigma and discrimination and providing access to prevention knowledge and skills, treatment, care and support and other services"

Clearly, the Education Sector has a major role to play in the achievement of this vision, but it is perhaps useful to consider the specific implications the National Policy's vision has for education. In the first instance, it may be inferred that the Education Sector must protect the rights of all students, educators and staff, including those living with and affected by HIV and AIDS; such rights are well illustrated in Section 4 above, in terms of a Legal and Regulatory Framework. Secondly, the Education Sector must provide an enabling environment in every one of its institutions of learning, support services, administrative and management structures, are free of stigma and discrimination. And third, the Sector in general, and the Ministry of Education in particular, have an obligation to provide access to prevention knowledge and skills, treatment, care, support and other services.



It may be strategically useful to set out these and other elements in an Education Sector-specific vision in the future, in combination with the scope of the plan's application. In this way, there can be no doubt that every part of the Education Sector is jointly bound to a shared vision, driving a shared plan with achievable goals and objectives.

6.2 Goal Statement

The National HIV&AIDS Policy and Strategic Plan provides a statement of its goal, which reads:

"To reduce the transmission of new HIV-infections while mitigating the impact of HIV&AIDS on the people of Jamaica within a sustained, effective, multi-sectoral infrastructure and soliciting the necessary commitment to support the national response to HIV&AIDS".

An equivalent Goal Statement for the Education Sector HIV&AIDS Strategic Plan has been created as follows:

'To provide a supportive and enabling environment in which policies, systems, management structures, partnerships and programmes are in place at all levels, to plan, advocate, ensure and sustain quality education in the AIDS-era, to help prevent new infections amongst students, persons with disabilities, teachers and other employees and to facilitate non-discriminatory access to age- and gender-appropriate treatment, care and support'.

6.3 Guiding Principles & Values

The guiding principles underpinning the HIV&AIDS Strategic plan for the Education Sector are aligned to the principles and values of the National HIV&AIDS Strategic Plan. These include principles that frame the need for political leadership and commitment; good governance, transparency and accountability; multisectoral approach and partnerships; participation; equity; promotion and protection of human rights. While there is no equivalent set for the Education Sector, additional principles and values have been adopted, ten of which are set out below. These emerged from the consultative process for the plan's development and they reflect a high degree of consensus on the generic principled positions required to guide implementation and action. While they are generic, they are clearly applicable to the Education Sector, and include:

- **Principle 1: Access to Information**
Every person has the right to relevant, factual HIV&AIDS information, knowledge and skills.
- **Principle 2: Culture and Context**
Information, education, counselling, care and support shall be sensitive to the age, gender, language, culture and the physical and psychosocial circumstances of all persons at all times.
- **Principle 3: Equity and Equality**
Every person has the same rights, opportunities and responsibilities and shall be protected from all forms of discrimination.



- **Principle 4: Privacy and Confidentiality**
Every person has the right to privacy and confidentiality regarding their health, including information related to their HIV status. No workplace is permitted to require an employee or prospective employee to undergo an HIV test. However, people are encouraged to take the opportunity to access voluntary counselling and testing (VCT). No person may disclose information relating to the HIV status of another person, without his or her consent.
- **Principle 5: Protection from Stigma and Discrimination**
Every person will be protected from all forms of stigma and discrimination, including discrimination based on actual, known or perceived HIV status of themselves or family members in all workplaces and living and learning environments.
- **Principle 6: Protection from Sexual Harassment and Abuse**
Sexual harassment, bullying, abuse and exploitation will not be tolerated in any situation, including in the workplace.
- **Principle 7: Gender Responsiveness**
HIV&AIDS affect and impact on women and men, girls and boys differently due to their biological, spiritual, socio-cultural and economic circumstances and opportunities. Application of all aspects of this strategy will be responsive to the different needs of men and women, boys and girls.
- **Principle 8: Involvement of People Living with HIV and AIDS**
Within the boundaries of confidentiality, people living with HIV&AIDS will be encouraged and supported to be involved in the sector's response to HIV&AIDS.
- **Principle 9: Participation of Children and Youth**
Where appropriate, children and youth will be encouraged and supported to be active participants in all HIV&AIDS activities. Application of all aspects of this strategy must be responsive to the different needs of children and youth.
- **Principle 10: Consultation and Partnerships**
The strategy will be implemented in consultation and partnership with communities, stakeholders and other relevant organizations and institutions.

7.0 Sector Definition and Scope of Application

The National HIV&AIDS Strategic Plan for the Education Sector 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.

8.0 Alignment to the National HIV&AIDS Strategic Plan

It is of the highest importance that national and sectoral plans are synergized and linked, within the context of international conventions and agreements. Within Jamaica, there is a National HIV&AIDS



Policy as well as a HIV&AIDS National Strategic Plan (2007-2011); a National AIDS Committee is in place, and a National Plan of Action for OVC and HIV&AIDS (2003 - 2006) has been developed. There are certainly other plans and related strategies in place but the central need is to ensure that the Education Sector's National Strategic Plan for HIV&AIDS demonstrates links and structural associations with the National HIV&AIDS Policy and Strategic Plan.

That said, it is also important to note that the Education Sector has very specific sectoral concerns and needs that add additional dimensions to the framework of the National Plan. This is not a problem, strategic or otherwise, and simply confirms that the National Plan provides a reference point and framework, including certain guiding principles.

The following Conceptual Model for the Education Sector HIV&AIDS Strategic Plan is therefore directly drawn from that of the National HIV&AIDS Strategic Plan and correlates almost entirely.

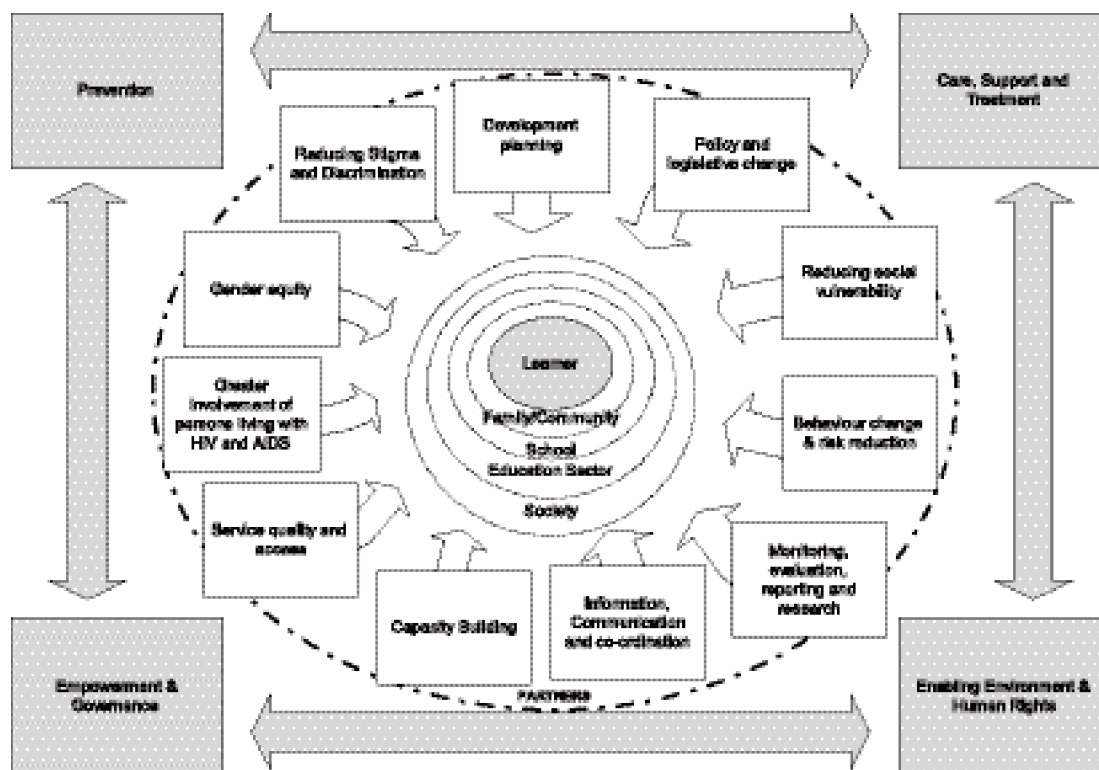


Figure 1: Conceptual Model for the Education Sector HIV&AIDS Strategic Plan
Adapted from: *HIV and AIDS in Jamaica - National Strategic Plan (2007 - 2012)*

Flowing from the conceptual model for the Education Sector HIV&AIDS Strategic Plan (adapted from the National model), the Plan addresses the four Focus Areas identified in this model. These are:

- Prevention
- Care, Support and Treatment
- Enabling Environment and Human Rights
- Empowerment and Governance

Critically, it must be recognized that none of these Focus Areas can stand alone or be seen in isolation from one another. To do so would be to revert to the single-dimensional, prevention-driven model which



has to date limited a wider strategic response to HIV&AIDS in the Education Sector. For a comprehensive strategy to be developed, which positions HIV&AIDS as much as a systemic management issue as a health issue, all four Focus Areas must be factored and addressed. These four Focus Areas are summarized below, and the detailed planning templates, reflecting the Commission outputs of the Strategic Planning workshop.

9.0 Focus Areas

9.1 Prevention

The emphasis of this Focus Area is on **learners**. Prevention is the core of the Education Sector's HIV&AIDS responsibility and can take many forms, such as life skills (HFLE), peer education and the integration of HIV&AIDS into all aspects of the curriculum, complemented by appropriate learning and teaching support materials. The National HIV&AIDS Strategic Plan defines this area as Capacity Building to implement life skills-based HFLE Curriculum.

Goal:

Prevention of new HIV infections among children and youth (0-24 years)

Objectives	Strategies and activities
<ul style="list-style-type: none"> To improve knowledge, attitudes and skills towards life skills, sexual health and HIV prevention for all who fall within the 0-24 age cohort 	<ul style="list-style-type: none"> Improve collaboration to expand the reach of organizations and agencies conducting prevention activities (0-24 years) Review and develop age-appropriate, gender sensitive educational resource materials for formal and non-formal institutions (including institutions for persons with disabilities) Review and enhance curriculum, and other resource materials for upper secondary, tertiary and out-of-school, youth-based programmes Implementation of HFLE curriculum in all schools (early childhood, grades 1-6 and 7 - 9)
<ul style="list-style-type: none"> To build capacity within all formal and non-formal institutions to implement new and existing HIV prevention programmes 	<ul style="list-style-type: none"> Carry out needs assessment and gap identification and analyses on all stakeholder institutions Train all key stakeholders (teachers, guidance counsellors, service providers, nurses, librarians, parents, community members etc) within the formal and non-formal Institutions/Organizations in youth friendly approaches to sexual and reproductive health information and service delivery Establish a mechanism for ongoing information dissemination for key stakeholders Facilitate access to HIV&AIDS prevention services including voluntary counselling and testing in out-of-school institutions/settings Expand/strengthen Health Advisory Committees in all schools
<ul style="list-style-type: none"> To facilitate access to HIV prevention services (ie. condoms, risk reduction counselling, testing, treatment) 	<ul style="list-style-type: none"> Review and enhance existing referral system Partner with the MOH and other NGO's, to increase access to client-friendly health facilities
<ul style="list-style-type: none"> To strengthen and establish peer education programmes in all 	<ul style="list-style-type: none"> Identify and train new and existing peer educators to ensure complete coverage in all secondary, tertiary schools and youth-based organizations



Objectives	Strategies and activities
secondary and tertiary schools and Youth Based Organizations	<ul style="list-style-type: none"> • Provide technical support and resource materials to enhance peer support teams in schools/communities etc • Implement school/community based programmes for peer activities • Recruit and train Master Trainers (including educators) and maintain a core training team from existing peer educators • Establish mechanism for monitoring and evaluation • Strengthen partnerships with the media and other organizations

9.2 Care, Support and Treatment

The emphasis of this Focus Area is on the needs of **affected learners**, including those with special needs, as well as orphans and vulnerable children (OVC) whose growing numbers and vulnerability necessitate enhanced counselling and psychosocial support, nutritional support, protection from the dire effects of poverty (particularly on child-headed households), access to social grants and protection from stigma, abuse and exploitation. The needs of **infected learners** must also be catered for, in respect of treatment, care and support, with due regard for the fact that this was historically and primarily the responsibility of the health and welfare sectors. There is no specific reference to this Education Sector Focus Area in the National HIV&AIDS Strategic Plan.

Goal:

An education sector that fosters an enabling environment in which all users have access to non-judgmental and age-appropriate care and support

Objectives	Strategies and activities
<ul style="list-style-type: none"> • To provide support via effective referrals to services for all affected and infected students and out of school youth 	<ul style="list-style-type: none"> • Design mechanisms through which students and youth will access referral services which includes identifying responsibilities for follow-up, information sharing and on-going monitoring • Train school personnel, sensitize parents and youth empowerment officers to implement mechanisms • Design mechanisms to target and engage out-of-school youth
<ul style="list-style-type: none"> • To create an environment that addresses psycho-social and nutritional needs of all students and youth living with and affected by HIV and AIDS 	<ul style="list-style-type: none"> • Develop a training manual addressing the age-appropriate psycho-social needs of students and youth living with and affected by HIV and AIDS • Conduct training to include grief and bereavement counselling, adherence to treatment and treatment literacy, disclosure and other coping skills • Review and disseminate guidelines for school nutritional plans • Forge partnerships with community entrepreneurs in an attempt to supplement and enhance the current school feeding programmes • Sensitize entire schools through PTA meetings, class meetings and other stakeholder partnerships • Train/sensitize food handlers/food service providers on facts relating to HIV (as part of a whole school approach) • Develop ability and age-appropriate nutritional education material for distribution to parents and care givers (including persons with disabilities)



Objectives	Strategies and activities
<ul style="list-style-type: none"> To create and promote a safe, supportive environment for all workers, learners and other partners 	<ul style="list-style-type: none"> Create an environment where proper treatment and care can be carried out in a systematic and professional manner to all workers Provide on a continuous basis, information on care, support and treatment facilities within and outside the work environment to all workers and learners Establish an effective referral system allowing all workers to access relevant care, treatment and support facilities/services Ensure that the national policy on HIV&AIDS is integrated within all major aspects of the Ministry's periodic Corporate and Strategic Plans and Budget Sensitize students and teachers on HIV related stigma and discrimination

9.3 Enabling Environment and Human Rights

The emphasis of this Focus Area is on the establishment of optimum conditions in which to enable and empower a comprehensive and sustained response to HIV&AIDS. To achieve this, strategies and activities might include advocacy, mobilizing political and leadership support, policy development and review of regulatory and legal frameworks. Other pertinent examples include elimination of stigma and discrimination, and the involvement of those living with HIV&AIDS .

Critically, this should include a focus on HIV&AIDS programmes and activities within the workplace, including schools and other learning institutions. Activities will also focus on worker rights and ensuring workplaces are conducive to mitigating the impact of HIV&AIDS and supporting those infected and affected, with a specific focus on employees. The National HIV&AIDS Strategic Plan defines this area as the implementation of policies that support and provide an enabling environment for the reduction of stigma and discrimination. It also emphasizes that this should be a comprehensive response that engages the sector at all levels.

Goal:

An education sector in which all stakeholders and beneficiaries participate in creating a suitable and supportive environment to respond effectively to HIV&AIDS

Objectives	Strategies and activities
<ul style="list-style-type: none"> To create and promote awareness and action for the rights of all learners and workers, including those living with and affected by HIV&AIDS 	<ul style="list-style-type: none"> Disseminate existing information regarding non-discriminatory employment and enrolment practices in accordance with existing policies and legislation Disseminate information and promote the National HIV Related Discrimination and Redress System Review and revise local and international terms and conditions of employment to ensure sensitivity, responsiveness and equitable benefits to those living with HIV&AIDS Review and revise the Code of Ethics to ensure HIV and AIDS related issues are included and provided for



Objectives	Strategies and activities
	<ul style="list-style-type: none"> • Review and revise the protocols for breaches in terms and conditions of service and the code of conduct • Establish mechanism to ensure that HIV workplace-related complaints are reported through the proper channels and are handled by the relevant Ministry/Agency
<ul style="list-style-type: none"> • To develop a HIV&AIDS gender sensitive workplace programme which includes advocacy, education and training 	<ul style="list-style-type: none"> • Establish peer adult education programmes for all workers
<ul style="list-style-type: none"> • To empower key stakeholder groups to create a supportive environment for an effective and sustained HIV & AIDS response at all levels of the educational system 	<ul style="list-style-type: none"> • Expand and strengthen HACs in all schools • Conduct training in policy regulatory management and design and implementation of rights-based programmes for the AIDS response
<ul style="list-style-type: none"> • To promote, enforce and monitor the National Policy on the Management of HIV&AIDS in Schools in all formal and non-formal, independent and public institutions to protect the rights of students living with and affected by HIV&AIDS 	<ul style="list-style-type: none"> • Develop guidelines to deal with breaches in the National Policy on the Management of HIV&AIDS in schools in accordance with existing regulations and legislation (Offences against the Persons Act, Education Act, Childcare and Protection Act, Early Childhood Act) • Design and implement public education programmes for independent schools (early childhood, preparatory, high and tertiary) on the policy • Strengthen the reporting and response mechanisms regarding acts of discrimination in schools in conjunction with the National HIV-Related Reporting and Redress System
<ul style="list-style-type: none"> • To promote the inclusion and participation of PLWHAs in the design and implementation of all policies and programmes 	<ul style="list-style-type: none"> • Ensure the inclusion of PLWHAs in the design and implementation of all policies and programmes



9.4 Empowerment and Governance

The emphasis of this Focus Area 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. The National HIV&AIDS Strategic Plan more narrowly defines this area as full ownership of the (required) resources through budgetary allocation for the required staff cadre to implement HFLE. This is an example of the need to expand the Focus Area to accommodate the more detailed and specific needs of the Education Sector.

Goal:

Policies, programmes and management structures are in place across the sector to ensure sustainability of quality education to mitigate the impact of HIV&AIDS

Objectives	Strategies and activities
<ul style="list-style-type: none"> To include the HIV&AIDS response as a priority in all the planning and budgeting processes (beginning with 2009-2010 budget) of the MoE and its affiliate agencies 	<ul style="list-style-type: none"> Propose that HIV & AIDS response be a priority in MOE planning and budget process to MOE executives to advocate issues to MoF and other relevant agencies Research, draft and present proposal for funding an HIV&AIDS response for education Incorporate budget for HIV&AIDS response into larger MoE budget
<ul style="list-style-type: none"> To establish and formalize relationships between the MoE and other stakeholder agencies to access HIV and AIDS data relevant to the education sector 	<ul style="list-style-type: none"> Integrate HIV&AIDS into the workplan activities of the Planning Unit Involve and collaborate with the Planning Division and ETT to facilitate integration Train and sensitize the Planning Division and all other responsible officers on the monitoring and evaluation system for HIV&AIDS reporting requirements Integrate the M&E framework into MoE's Corporate Plan Strategy
<ul style="list-style-type: none"> To integrate HIV&AIDS strategies into the corporate planning process of the MOE and affiliate agencies (beginning 2009) 	<ul style="list-style-type: none"> Ensure that revised corporate planning activities reflect HIV and AIDS strategies by executives Strengthen the M&E structures and systems, including capacity building for sustainability Implement and monitor management of HIV&AIDS in School and HFLE Policies Expand inter-sectoral representation from all Ministries and other stakeholders on the HIV&AIDS steering committee
<ul style="list-style-type: none"> To develop and implement a comprehensive and effective monitoring and evaluation framework for the education sector HIV and AIDS strategic plan (by 2009) with linkages to the national M&E framework 	<ul style="list-style-type: none"> Conduct environmental scan, situation analyses and identify gaps to determine what is happening in HIV&AIDS education Incorporate HIV & AIDS and education issues on the Research & Development unit agenda



Objectives	Strategies and activities
<ul style="list-style-type: none"> To strengthen the appropriate policy and legislative framework to support programme implementation 	<ul style="list-style-type: none"> Finalize the revision of the Policy for the Management of HIV and AIDS in schools Ensure that the revised education Act is compatible with the National HIV Policy and HIV AIDS School Management Policy Modify, amend or draft new pieces of legislation to ensure compatibility with HIV&AIDS policy Present to Parliament Convene sector-wide consultations to ensure the successful passage of the bill through Parliament

10.0 Managing the Process - The Institutional Framework

10.1 Management and Implementation Arrangements

The implementation of HIV&AIDS interventions and activities will be at all levels i.e. national, regional, parish and community levels. It will be the responsibility of existing sections within the Ministry of Education, together with government agencies, statutory bodies, and partners, to implement and achieve set targets within areas of their operational responsibility, by utilizing existing structures and mechanisms. The Ministry of Education will depend on the continued support of all agencies and partners, especially in the areas of their specialization, or specific focus, as it relates to the HIV&AIDS programme.

10.2 Coordinating Arrangements

At the national level, the Guidance and Counselling Unit will take the lead. A National Education Sector HIV&AIDS Coordinating Committee (NESHAC) will be convened to provide oversight and guidance. The national HIV&AIDS coordinator within the Ministry will ideally chair this committee.

The activities of NESHAC will focus on coordinating the partnerships between implementing agencies, rather than implementing specific HIV&AIDS interventions. The functions of NESHAC will include, but not be restricted to:

- Provide direction on the strategic framework and coordinate partners' activities;
- Develop annual programme plans within the context of the HIV&AIDS strategic plan;
- Support stakeholders to develop and implement programmes that are consistent with their mandates and contribute to achieving defined prevention and control targets;
- Mobilize political, institutional and community support for the HIV&AIDS programme;
- Organize annual participatory planning and evaluation meetings; and
- Collate the reports received and provide quarterly reports on programme implementation.

Membership of NESHAC will be based on representation from implementing units, agencies and partners, rather than individuals.



11.0 Monitoring and Evaluation

For the Ministry of Education of Jamaica (MoE), to understand whether or not the Education sector's HIV&AIDS Strategic Plan is being implemented as planned, and whether the planned activities are yielding the results or outcomes expected, it needs to monitor ('have we implemented what we planned') and evaluate (have our programmes yielded the anticipated long-term effects?).

A separate document provides the details of the monitoring and evaluation framework for the strategic plan which recognizes the need for the Ministry of Education to align their monitoring and evaluation efforts with those of the National HIV/STI Control Programme and other monitoring, evaluation and reporting efforts within the Ministry itself. The HIV Monitoring and Evaluation activities should also strengthen the general data collecting processes and the existing Education Management Information System (EMIS) activities within the Ministry.

Effective monitoring and evaluation of the strategic plan will rely on inter- and intra-sectoral partnerships. Data will need to be collected across a number of units within the Ministry and from other partners, especially those involved with school based activities. The Ministry of Health is also considered to be a critical partner in providing the required data from their Health Information System. The Monitoring and Evaluation strategic framework will utilize existing information and suggests that existing reporting systems and functions may need to be adjusted, to feed into the set of agreed indicators that covers the content of Strategic Plan. Partners or implementing units identified to undertake activities related to the HIV programme would be required to submit quarterly reports to NESHAC. The reports on progress of activities undertaken by units as set out in their agreed action plan will be compiled and analyzed by the HIV M&E co-coordinator and will form the basis of the NESHAC's quarterly meetings and reports.

It is anticipated that the results and information products developed through effective monitoring and evaluation will be used to inform revisions in the HIV response in the education sector. The lessons learnt through regular monitoring, evaluation and reporting will play a leading and coordinating role in the review and refinement of the HIV&AIDS Strategic Plan for the Education Sector. The proposed Monitoring and Evaluation framework will also strengthen the Ministry's obligation to provide data and information for national and international reports such as UNGASS. Funds and other resources will need to be assigned specifically to the monitoring and evaluation functions required.



12.0 Operationalizing the Strategic Plan - Next Steps

This document has provided a contextual framework for the Ministry of Education to engage with its partners inside and outside Government, to ensure the implementation of a comprehensive strategic plan to arrest and reverse the impact of HIV&AIDS on the Jamaican Education Sector.

A set of detailed workplans for prioritized activities in each of the four Focus Areas has been generated; as importantly, these workplans have been developed in an inclusive planning environment in which a high degree of consensus on required activity was achieved. In addition, these workplans provide clear indicators of goals, objectives, responsible entities and likely partners; they also describe each specific activity, link it to a time-frame, outcomes and verifiable indicators, and resources and technical assistance required.

This means that there is a clear action plan in place for each area; that coordination arrangements are in hand; and that every interest group in the Education Sector knows - or will soon know - what will happen, who will be responsible, how it will be done, and by when. Moreover, by virtue of identifying a set of verifiable indicators, the basis for a systematic monitoring and evaluation process can be institutionalized and provide the basis for open and transparent reporting. These are important steps and signal very considerable progress for Jamaica.

However, much remains to be done to ensure this momentum is maintained into the implementation phase, and will require the continuing good will and commitment of all the parties who so successfully brought this Education Sector HIV&AIDS Strategic Plan to fruition. Among the key next steps are the following:

- Advocacy and communications;
- Operational systems and procedures, including M&E;
- National and decentralized implementation planning; and
- Resource mobilization.

12.1 Further Consultation and Comment

The National Education Sector HIV&AIDS Coordinating Committee, will continue to receive and consider inputs and suggestions over the life of the plan. This is after all one of the reasons why a regular review process is proposed, and why a formal monitoring and evaluation system is required. Constructive change, by way of inputs and additions to the plan, must be seen as a positive feature of development in the AIDS era.

12.2 Operational Systems and Procedures

The Education Sector HIV&AIDS Strategic Plan has provided broad strategies with indicative activities, linked to clear goals and objectives. The process of implementing these plans requires operational systems and procedures to be determined and put in place.



In the first instance this will require the establishment of a competent structure within the Ministry of Education, to manage and coordinate the process, and facilitate the sustained cooperation of all identified partners in implementation and funding. This will also entail the determination of specific roles and responsibilities for everyone involved. Within the Ministry's identified implementing units, this may mean the adaptation or modification of certain divisional roles, as well as the acceptance of additional responsibility for action, oversight or reporting. Within non-government organisations and development agencies, this might mean the adoption of procedures and protocols to facilitate joint activity and project development, and agreement of shared access and reporting.

Once these principled issues have been clarified for the medium-term, detailed and sequential activity planning in collaborative meetings - ideally linked to specific Focus Areas- should follow. This process would reiterate the separation of roles and responsibilities and allow detailed planning of activities and quantification of required resources to proceed. The Focus Area action plans will provide a framework for this planning and allow those responsible to concentrate on prioritized activities within this framework.

This will be a complex and demanding programme, and will require both dedicated personnel and the establishment of effective management and coordination systems. It is therefore clear that the role of the proposed National Education Sector HIV&AIDS Coordinating Committee (NESHAC) (described in point 10 above) is of the utmost importance.

While NESHAC may be a non-regulatory, joint operating team drawn from Ministry implementing units, non-government agencies and partners, the gravity of its role in supporting the management of this ambitious undertaking should not be discounted. For this reason, NESHAC could be granted some measure of formal oversight status (ie along the lines of a Government Commission) in order that it can sensibly review and monitor the structural, operational (systems) and procedural arrangements involved and make recommendations for the improvement of these from time to time.

12.3 National and Decentralized Implementation Planning

It is important to note that a distinction between national and decentralized implementation will be made which, given the size of the system and the geography involved, will involve a series of planning layers, that will operate as follows:

- Under the auspices of NESHAC, identified implementing partners for each of the four Focus Areas will meet in a dedicated workshop environment to flesh out their plans at the national level;
- These Focus Area working groups will review and take account of any modifications or constraints to the planning process, occasioned by the Ministerial review and costing analysis, and plan accordingly;
- Detailed action planning should commence on the basis of the identification of roles and responsibilities, both by activity and by level;
- This should serve to separate national coordinating, national action and decentralised action activities, and identify the role of officials, units, sub-directorates and organisations at each of these;
- One outcome of this process will be to produce an action plan for each identified region, within a coordinated national framework. This should have the effect of setting out detailed terms of reference for everyone involved in de-centralized implementation;
- Each Focus Area working group should prepare presentations and documented plans setting out the national and decentralized scope of activities, and in association with NESHAC, schedule



- meetings and presentations at both levels, with all the interest groups involved;
- This should serve to provide an operational briefing to everyone involved, and would have the merit of open planning and transparency, helping to facilitate effective partnerships and communication.

12.4 Resource Mobilization

The resources that will be required to facilitate implementation of the Education Sector HIV&AIDS Strategic Plan are expected to be sourced from the following:

- Government of Jamaica, both from within the Ministry of Education and the National HIV/STI Control Programme, under the Ministry of Health;
- Existing and specific NGO programmes;
- Bilateral and multilateral agencies; and
- Private sector organizations and individuals.

13.0 Regular Review of the Strategic Plan

Given the intense effort and resourcing required to develop and publish a national strategic plan (of any kind), it would be reasonable to anticipate that the parties involved would be loath to consider reviews and changes to it. Indeed, traditional approaches to planning have tended to let the plan run its course and then subject it to review and evaluation.

In the AIDS era however, and in particular in the Education Sector, it is no longer either appropriate or desirable to allow plans to roll-out over the medium-term without regular review and revision. The dynamics of HIV&AIDS impact are unpredictable at a systemic level and exacerbate existing problems within environments as complex as education. At a socio-economic level, impact on the communities within which education is delivered is as dynamic, and leads to the conclusion that it is necessary to monitor any plans progress and delivery very carefully - reviewing and revising its substance as often as is necessary.

In this instance, a monitoring and evaluation framework has been set out under point 11, which confirms that if it is properly instituted, the basis will exist for substantive assessment and review as often as may be desired. Thus the mechanics to facilitate such a review will be in place in due course, with obvious and profound benefits for the wider education system.

There are at least three good reasons why a review of the Education Sector HIV&AIDS Strategic Plan is a good idea: First, the early success of any or all of the components of the four Focus Area plans will have an impact on the education and HIV&AIDS environment; this may change the priorities of the plans or even refocus attention into new and developing areas of concern. Second, the availability of resources - in the face of possibly accelerating HIV prevalence - may be strained through competing priorities elsewhere in education or across Government, as well as in development agencies; in this event, a reprioritization may be required with concomitant political decision-making.

And third, the national and international visibility of such a review would send an important signal to everyone involved. It would confirm Government's seriousness of purpose, but perhaps as importantly,



would involve the generation of a report and probable meeting of key interest groups and partners. This would provide the basis for media and other attention to be focused on what has and has not been achieved.

For all these and other reasons, the Education Sector HIV&AIDS Strategic Plan should be reviewed regularly at every level, and adapted to changing circumstances.

14.0 Reporting

Reporting implies a process of sharing factual information about the implementation of the plan and its progress. It also implies that there must be responsibility for this activity; that the information presented is both up-to-date and relevant; that reporting meets agreed deadlines and frequency; and that everyone who wants it, has access to this information and can cross-check it if required.

This is a tall order in practice, as the record in most countries will show, but one which must be seen as a foundation requirement in the planning and implementation process. Aspects of this are covered in the points on monitoring and evaluation, but the issue here is the need to establish an agreed reporting protocol at the earliest stage of the process. This must of necessity fall under the ambit of NESHAC, and be the direct responsibility either of the HIV&AIDS coordinator in the Ministry of Education, or another responsible person designated for this purpose. Reporting is a strategic function and cannot be consigned to the list of 'other' tasks to be undertaken at some point.

A series of reporting protocols will be established by NESHAC and will include the following:

- Establish a reporting strategy and format for each identified target group. This might include the Minister of Education, senior officials and all divisions of the Ministry, at all levels; NAC; Government and the social cluster ministries in particular; all planning and implementing partners including NGOs, FBOs and CBOs; development and donor agencies; schools and other education institutions; and the media.
- Agreed reporting frequency for each selected group, or cluster of groups. This will probably mean a substantive Quarterly Report to the Ministry, NAC, Government, implementing partners and development agencies, while others might receive a summarized Annual Review. The media should be engaged as often as reasonably possible, without creating 'AIDS fatigue' with the story.
- Ensure reporting against a baseline and show both progress and failure, where it occurs, to ensure openness and transparency and limit the crisis of expectation;
- Ensure internal consistency in reporting: Make sure the same facts and details are common, although the degree of detail may change to meet the requirements of different target groups;
- Adapt the message to the media and time available; for example, a short, crisp PowerPoint presentation of the key facts to senior decision-makers may be entirely preferable to a lengthy written report of the kind required by funders and implementing partners;
- Keep all reporting deadline promises, without excuses or deviation.



15.0 Annexures

Matrix of Activities: Detailed Workplans by Focus Area

Focus Area: Prevention

Goal: Prevention of new HIV infections among children and youth (0-24 years)

Objective		1. To improve knowledge, attitudes and skills towards life skills, sexual health and HIV prevention for all who fall within the 0-24 age cohort					
Responsible Lead Unit		Core Curriculum Unit, Guidance and Counselling Unit, Tertiary Unit					
Other Partners		MoH, IDPs, NGOs, NCYD, JBTE, JCTE, UWIHARP, UTECH, UCJ, CCCJ, JFLL					
Activity		Start Date	✓	Close Date	Outcomes/ Verifiable Indicators	Resource Requirement/Source	Technical Assistance Required
1.	<p>Improve collaboration to expand the reach of organizations and agencies conducting prevention activities (0-24 years)</p> <ul style="list-style-type: none"> Capacity building for stakeholders Reinforcing of support mechanisms Monitoring and evaluation 	Jan 08		ongoing	<ul style="list-style-type: none"> Number of local organizations provided with technical assistance for strategic information services Number of prevention programmes implemented by NGOs Increase in the percentage of young people (10-14 and 15 - 24) who correctly identify ways of preventing sexual transmission of HIV 	<p>Institutional Audits, HFLE/Health Promotion Curriculum M&E Framework Existing Guidelines and Materials (MoE, NGOs, IDPs, NCYD)</p>	<p>Institutional Strengthening, Public Relations, Training</p>
2.	<p>Review and develop age-appropriate, gender sensitive educational resource materials for formal and non-formal institutions (including institutions for persons with disabilities)</p> <ul style="list-style-type: none"> Establish guidelines for service delivery Set pilot testing of new material content and solicit feedback Check list and contact all associated organizations Schedule of employment of all technical resources with regard to acquisition, storage and retrieval of resource materials 	Sept 07		ongoing	<ul style="list-style-type: none"> Number of students and youth delaying sexual debut, reducing partners, practising correct and consistent use of condoms and rejecting major misconceptions Percentage of schools with teachers who have been trained in life skills based HIV&AIDS education and who taught it during the last academic year Number of individuals reached through TCI that promote 	<p>Healthy Lifestyles School Based Survey Library Service Mobile Unit (JLS) Management Information System Expanded and Revised Educational Material (MoH, NGOs ISPs MoE)</p>	<p>Project Management & Co-ordination, Public Relations Expertise Technical (Curriculum Based and MIS) Consultants SDC, NGOs Training & Materials Dissemination</p>

Focus Area: Prevention Goal: Prevention of new HIV infections among children and youth (0-24 years)							
Objective		1. To improve knowledge, attitudes and skills towards life skills, sexual Health and HIV prevention for all who fall within the 0-24 age cohort					
	Activity	Start Date	✓	Close Date	Outcomes/ Verifiable Indicators	Resource Requirement/Source	Technical Assistance Required
	<ul style="list-style-type: none"> Define the chain and channels of distribution for resource materials 				HIV&AIDS prevention including to vulnerable populations <ul style="list-style-type: none"> Resource materials available in all schools and to other organizations 		
3.	Review and enhance curriculum, and other resource materials for upper secondary, tertiary and out-of-school youth-based programmes	Sept 09		June 2012	<ul style="list-style-type: none"> Number of students and youth delaying sexual debut, reducing partners, practising correct and consistent use of condoms and rejecting major misconceptions Percentage of schools with teachers who have been trained in life skills based HIV&AIDS education and who taught it during the last academic year Number of individuals reached through TCI that promote HIV&AIDS prevention including to vulnerable populations. Number of personnel trained to provide prevention services to persons most at risk Accepted manuals, curriculum, resource materials implemented 85% of new resources materials distributed 	Peer Counsellors (SDC, NGOs, MoE) HEART Youth Development Officers	SDC, NGO's
4.	Implementation of HFLE curriculum in all schools (early childhood grades 1-6 and 7-9) - Check list and contact all associated organizations	Sept 07		June 2012	<ul style="list-style-type: none"> Number of students exposed at each level to HFLE curriculum Accepted curriculum timetabled and implemented in all schools 	Health Promotion Education Officers (MoE, MoH) NGOs	Training & Materials Dissemination





Focus Area: Prevention Goal: Prevention of new HIV infections among children and youth (0-24 years)							
Objective		2. To build capacity within all formal and non-formal institutions to implement new and existing HIV prevention programmes					
Responsible Lead Unit		Professional Development Unit, Tertiary Unit, Guidance and Counselling Unit, JBTE					
Other Partners		MoH, IDPs, NGOs, NCYD, SDC, NYS, UCJ, CCCJ, JFLL					
Activity		Start Date	✓	Close Date	Outcomes/ Verifiable Indicators	Resource Requirement/Source	Technical Assistance Required
1.	Carry out needs assessment and gap identification and analyses on all stakeholder institutions	Sept 2008		Sept. 2009	<ul style="list-style-type: none"> Number of prevention programmes developed and implemented by the Ministry and its affiliates Increase the percentage of large organizations with HIV Programmes 	Human Resources Institutional Audits MoE PIOJ	Monitoring and Evaluation Training Materials Dissemination
2.	Train all key stakeholders (teachers, guidance counsellors, service providers, nurses, librarians, parents, community members etc) within the formal and non-formal Institutions/Organizations in youth friendly approaches to sexual and reproductive health information and service delivery <ul style="list-style-type: none"> Training, standardized guidelines and materials 	Sept 09		June 2012	<ul style="list-style-type: none"> Number of policy makers attending sensitization workshops on HIV&AIDS/TB Number of workshops held 	Curriculum Content Training Materials & Training Plan Workshops and Seminars Teachers/Trainers (MoH, MoE, NGOs,)	Public Relations Expertise Technical (Curriculum Based) Consultants
3.	Establish a mechanism for ongoing information dissemination for key stakeholders	Jan 09		Ongoing	<ul style="list-style-type: none"> End of term reports submitted by committee members Committees established and operational. Establishment of electronic database Quarterly newsletter distributed in schools as well as PTAs and CBOs 	Print and Audio-visual Media Physical Distribution Resources for materials Human resources (MoE, NGOs, IDPs, PIOJ)	Training
4.	Facilitate access to HIV&AIDS prevention services including voluntary counselling and testing in out-of-school institutions	Sept 09		Ongoing	<ul style="list-style-type: none"> Increase in the number of adolescents utilizing youth friendly facilities Increase in the number of referrals Increased condom use at last sex among persons most at risk 	List of organizations Training Manuals	Training

Focus Area: Prevention							
Goal: Prevention of new HIV infections among children and youth (0-24 years)							
Objective		2. To build capacity within all formal and non-formal institutions to implement new and existing HIV prevention programmes					
Activity		Start Date	✓	Close Date	Outcomes/ Verifiable Indicators	Resource Requirement/Source	Technical Assistance Required
5.	Expand/strengthen Health Advisory Committees and HIV/AIDS Coordination Committees and NGOs in all schools	Sept 08		Ongoing	<ul style="list-style-type: none"> Percentage increase in the number of schools and other institutions with functional HACs 	Venues and Meeting Areas Content Materials Schedules Reports (HACs) <ul style="list-style-type: none"> - Parish Development Committees - Community Development Committees - Youth Councils - Parish AIDS Committees 	Training





Focus Area: Prevention Goal: Prevention of new HIV infections among children and youth (0-24 years)							
Objective		3. To facilitate access to HIV prevention services (ie. condoms, risk reduction counselling, testing, treatment)					
Responsible Lead Unit		Guidance and Counselling Unit					
Other Partners		MoH, IDPs, NGOs, NCYD					
Activity		Start Date	✓	Close Date	Outcomes/ Verifiable Indicators	Resource Requirement/Source	Technical Assistance Required
1.	Review and enhance existing referral system <ul style="list-style-type: none"> • Conduct assessment of existing services • Create a credible data capture system for process (ie. Case management) • Establish guidelines for referral • Implement a monitoring mechanism 	Mar 09		ongoing	<ul style="list-style-type: none"> • % increase in the # of referrals 	System Audit Checklist of Services (MoE, NGOs)	MIS, Database Management and Maintenance
2.	Partner with the MoH and other NGOs, to increase access to client friendly health facilities <ul style="list-style-type: none"> • Provide access to voluntary counselling and testing services in out of school settings such as youth information centres 	June 09		ongoing	<ul style="list-style-type: none"> • Number of persons delaying sex • Youth 15-24 who received HIV testing in the last 12 months and know the results • Number of persons trained in communities • Percentage of young men and women reporting condom use the last time they had sex • Increase in the number of adolescents utilizing youth friendly facilities • Number of youth 15-24 undergoing present, pre and post test counselling 	Health Facilities, Equipment and Materials (MoH, MoE)	Training Procurement of Materials and Equipment

Focus Area: Prevention							
Goal: Prevention of new HIV infections among children and youth (0-24 years)							
Objective		4. To strengthen and establish peer education programmes in all secondary and tertiary institutions and Youth Based Organizations					
Responsible Lead Unit		Guidance and Counselling Unit, Tertiary Unit					
Other Partners		MoH, IDPs, NGOs, NCYD					
Activity		Start Date	✓	Close Date	Outcomes/ Verifiable Indicators	Resource Requirement/Source	Technical Assistance Required
1.	Identify and train new and existing peer educators to ensure complete coverage in all secondary and tertiary schools and youth based organizations • Develop guidelines for peer education programmes	Sept 09		Ongoing	• Number of persons trained from each school or institution • Number of established "peer educators" clubs	Training Materials Peer Counsellors (NGOs, IDPs MoH, MoE)	Training
2.	Provide technical support and resource materials to enhance peer support teams in schools/communities etc	Jan 2010			• Number of established "peer educators" clubs • Number of resource materials provided and disseminated • Number of persons trained for each school and institution	Content Materials Training (NGOs, MoE, IDPs MoH)	Training
3.	Implement school/community-based programmes for peer activities • Special events • Workshops and Seminars • Summer camps • Mentorship programmes	Jan 2010		Ongoing	• Number of activities executed • Number of persons reached in each activity • Number of established "peer educators" clubs	Content Materials Training (NGOs, MoE, IDPs MoH)	Training
4.	Recruit and train Master Trainers (including educators) and maintain a core training team from existing peer educators	May 09		Ongoing	• Number of persons trained • Number of training sessions held by Master Trainers	Master trainers (MoE)	Training
5.	Establish mechanism for monitoring & evaluation	Sept 07		Ongoing	• M & E Framework	Corporate and Strategic Plans Action Plans	M & E Training





Focus Area: Prevention							
Goal: Prevention of new HIV infections among children and youth (0-24 years)							
Objective		4. To strengthen and establish peer education programmes in all secondary and tertiary institutions and Youth Based Organizations					
Activity		Start Date	✓	Close Date	Outcomes/ Verifiable Indicators	Resource Requirement/Source	Technical Assistance Required
6.	Strengthen partnerships with the media and other organizations <ul style="list-style-type: none"> • Develop promotion campaign targeting out-of-school youth, e.g. youth friendly material for access to referral services • Develop IEC material 	June 09		Ongoing	<ul style="list-style-type: none"> • Number of persons delaying sex • Youth 15-24 who received HIV testing in the last 12 months and know the results • Number of persons trained in communities • Increase in the percentage of organizations with HIV Programmes 	Campaign agenda Networking and Stakeholder Checklist (MoH, MoE, CDA, NGOs Faith Based Organizations)	PR Campaign Design

Focus Area: Care, Support and Treatment							
Goal: An education sector that fosters an enabling environment in which all users have access to non-judgmental care and age-appropriate care and support							
Objective		1. To provide support via effective referrals to services for all affected and infected students and out-of-school youth					
Responsible Lead Unit		Guidance and Counselling Unit , NCYD					
Other Partners		MoH, CDA, Early Childhood Commission, UNICEF, Global Fund, NPTAJ, NGOs, JN+					
	Activity	Start Date	✓	Close Date	Outcomes/ Verifiable Indicators	Resource Requirement/Source	Technical Assistance Required
1.	<p>Design mechanisms through which students and youth will access referral services which includes identifying responsibilities for follow-up, information sharing and on-going monitoring:</p> <ul style="list-style-type: none"> Identify the relevant government and NGO service providers Enhance current HIV & AIDS awareness programmes and develop new ones for caregivers and school personnel Develop standardized forms for case intake, referrals, follow-up and feedback Define data sharing protocols among stakeholder agencies Develop sanctions for confidentiality and other breaches Ensure dissemination of materials to teachers' colleges 	Sept 2010		Jan 2011	<ul style="list-style-type: none"> Increase in the number of adolescents utilizing youth friendly facilities Number of human and social development programmes that have integrated HIV&AIDS Number of local organizations provided with technical assistance for strategic information activities 	<p>MIS systems Index of Services & Service Providers Index of Laws and Guidelines (CFNI, CDA, NPL, ECC, NCE, UNICEF, MoH, NGOs, PTAs)</p>	Training, Template Designs, MIS Training
2.	Train school personnel, sensitize parents and youth empowerment officers to implement mechanisms	Feb 2011		April 2011	<ul style="list-style-type: none"> Number of NGOs providing HIV&AIDS treatment, care and support services 	Syllabus for mechanisms	Training
3.	<p>Design mechanisms to target and engage out-of-school youth</p> <ul style="list-style-type: none"> Create formal linkages and build capacity of key stakeholders within the youth sector 	Sept 2010		Jan 2011	<ul style="list-style-type: none"> Number of persons trained by client and service area Youth 15-24 who receive HIV testing in the last 12 months and know the results 	Syllabus for mechanisms and Stakeholder checklists	Training Public Relations and Communications





Focus Area: Care, Support and Treatment Goal: An education sector that fosters an enabling environment in which all users have access to non-judgmental and age-appropriate care and support							
Objective		2. To create an environment that addresses psycho-social and nutritional needs of all students and youth living with and affected by HIV and AIDS					
Responsible Lead Unit		School Feeding Section, Guidance and Counselling Unit					
Other Partners		MoH, CDA, ECC, CFNI, NPL, UNICEF, FBOs, CBOs					
Activity		Start Date	✓	Close Date	Outcomes/ Verifiable Indicators	Resource Requirement/Source	Technical Assistance Required
1.	Develop a training manual addressing the age-appropriate psycho-social needs of students and youth living with and affected by HIV and AIDS <ul style="list-style-type: none"> Assess and define the psycho-social needs of the target population Establish and standardize guidelines for service delivery Set pilot testing of material content and solicit feedback Disseminate information to the target population Design mechanisms for monitoring 	Sep 2010		Jan 2011	<ul style="list-style-type: none"> Training manual developed 	Guidance Counsellor (MoE)	Trainer/Clinical Psychologist
2.	Conduct training to include grief and bereavement counselling, adherence to treatment and treatment literacy, disclosure and other coping skills <ul style="list-style-type: none"> Train a wide cadre of Master Trainers (e.g. social workers) Train other appropriate workers at the respective schools (not necessarily guidance counsellors) 	April 2011		Ongoing	<ul style="list-style-type: none"> Number of persons trained by client and service area in addressing psychological needs of students infected and affected 	Trained Teachers/Cousellors Training Material and Equipment Workshop venues (MOH, CDA,ECC)	Trainer/Clinical Psychologist Nutritionists
3.	Review and disseminate guidelines for school nutritional plans <ul style="list-style-type: none"> Establish and implement a sustainable school feeding programme i.e. School gardens, PTA fund raisers etc 	Sept 2011		Ongoing	<ul style="list-style-type: none"> Number of schools having programmes according to guidelines 	Basic Nutrition Checklists Medical Checklists (HIV and other STIs) (MoH, CDA, CFNI MoE)	Training Nutritionists

Focus Area: Care, Support and Treatment Goal: An education sector that fosters an enabling environment in which all users have access to non-judgmental and age-appropriate care and support							
Objective		2. To create an environment that addresses psycho-social and nutritional needs of all students and youth living with and affected by HIV and AIDS					
Activity	Start Date	✓	Close Date	Outcomes/ Verifiable Indicators	Resource Requirement/Source	Technical Assistance Required	
4.	Forge partnerships with community entrepreneurs in an attempt to supplement and enhance the current school feeding programmes	Jan 2011		Jan 2012	<ul style="list-style-type: none"> Number of businesses and other community institutions working in conjunction with schools in providing supplementary programmes 	Checklists of community institutions	Training
5.	Sensitize entire schools through PTA meetings, class meetings and other stakeholder partnerships	April 2011		Ongoing	<ul style="list-style-type: none"> Number of NGOs providing HIV&AIDS, treatment, care and support services according to national guidelines Resource materials available to all parents and caregivers 	PTA Check listings by school	Training
6.	Train/sensitize food handlers/food service providers on facts relating to HIV (as part of a whole school approach)	April 2011		Ongoing	<ul style="list-style-type: none"> Number of persons trained by client and service area 	Health sector (food and related) policies and guidelines	
7.	Develop ability and age-appropriate nutritional education material for distribution to parents and care givers (including persons with disabilities) <ul style="list-style-type: none"> Assess current material and review content Ensure that material is standardized Disseminate to all institutions Set up monitoring mechanism to ensure use of such materials 	Ongoing		Ongoing	<ul style="list-style-type: none"> Resource materials available to all parents and caregivers 	Check listing of educational institutors and NGOs (MoE, NPTAJ)	Public Relations Information Dissemination





Focus Area: Care, Support and Treatment							
Goal: An education sector that fosters an enabling environment in which all users have access to non-judgmental and age-appropriate care and support							
Objective		3. To create and promote a safe supportive environment for all workers, learners and other partners					
Responsible Lead Unit		Guidance and Counselling Unit					
Other Partners		Regions (1-6), Teacher Training Institutions, Jamaica Employers Federation, Trade Unions, MoH, Health Insurance Companies, Corporate Planning and Policy Division, Pension Fund Corporations, Church, NGOs, MoE Affiliate Agencies					
Activity		Start Date	✓	Close Date	Outcomes/ Verifiable Indicators	Resource Requirement/Source	Technical Assistance Required
1.	<p>Create an environment where proper treatment and care can be carried out in a systemic and professional manner to all workers</p> <ul style="list-style-type: none"> • Proper information provision on leave of absence, alternative working arrangements and other special care • Providing training and sensitization on the importance of confidentiality and trust 	Sept 2011		Ongoing	<ul style="list-style-type: none"> • Number of persons trained by client and service area • Decrease in the number of cases of discrimination reported by institutions • Number of counselling services available 	Training workshop, seminars, bulletins boards, etc (MoE, Health Insurance Companies, Trade Unions MoH, Churches)	Training
2.	<p>Provide on a continuous basis, information on care, support and treatment facilities within and outside the work environment to all workers and learners</p> <ul style="list-style-type: none"> • Provide access to death and bereavement therapy as the need arises • Develop sanctions for breaches of confidentiality 	Sept 2011		Ongoing	<ul style="list-style-type: none"> • Increased number of behaviour change communication/TCIs with most-at-risk sub populations • Number of referrals for treatment • Increased percentage of individuals with HIV &AIDS who are receiving antiretroviral combination therapy • Number of counselling services 	Internet/Intranet Communication, training workshops (MoE, MoH)	MIS
3.	<p>Ensure that the national policy on HIV&AIDS is integrated within all major aspects of the Ministry's periodic Corporate and Strategic Plans and Budget</p>	Jan 09		Ongoing	<ul style="list-style-type: none"> • Number of policy makers attending sensitization workshops • Percentage change in annual budget related to HIV&AIDS care treatment and support for employees • Number of persons sensitized 	Corporate and Strategic Plans (MoE)	M & E Training

Focus Area: Care, Support and Treatment Goal: An education sector that fosters an enabling environment in which all users have access to non-judgmental and age-appropriate care and support							
Objective		3. To create and promote a safe supportive environment for all workers, learners and other partners					
Activity		Start Date	✓	Close Date	Outcomes/ Verifiable Indicators	Resource Requirement/Source	Technical Assistance Required
4.	Sensitize students and teachers on HIV related stigma and discrimination	Ongoing		Ongoing	<ul style="list-style-type: none"> Increased number of people expressing accepting attitudes towards PLWHA 	Laws, ILO Guidelines (Trade Unions, MoE, Region Heads)	Legal Advisors, Counselling, Training





Focus Area: Enabling Environment and Human Rights							
Goal: An education sector in which all stakeholders and beneficiaries participate in creating a suitable and supportive environment to respond effectively to HIV&AIDS							
Objective		1. To create and promote awareness and action for the rights of all learners and workers, including those living with and affected by HIV&AIDS					
Responsible Lead Unit		Guidance and Counselling Unit					
Other Partners		MLSS, MoH, Jamaica Red Cross, JN+, JASL					
Activity		Start Date	✓	Close Date	Outcomes/ Verifiable Indicators	Resource Requirement/Source	Technical Assistance Required
1.	Disseminate existing information regarding non-discriminatory employment and enrolment practices in accordance with existing policies and legislation	May 09		May 2010	• Decrease in the number of discrimination cases reported within the sector	Current Policy documents	Legal consultations
2.	Disseminate information and promote the National HIV Related Discrimination and Redress Reporting System (NDRRS)	May 07		Ongoing	• Decrease in the number of discrimination cases reported within the sector	Current Policy documents NDRSS	Legal consultations
3.	Review and revise local terms and conditions of employment to ensure sensitivity, responsiveness and equitable benefits to those living with HIV&AIDS. Review international terms and conditions of employment to ensure sensitivity responsiveness and equitable benefits to those living with HIV & AIDS	May 07		Ongoing	• Number of sensitization sessions held • Number of documents revised	Existing terms and conditions ILO guidelines	Legal consultations
4.	Review and revise the protocols for breaches in terms and AIDS conditions of service and the code of conduct	May 09		May 2010	• Number of documents revised	MLSS National HIV related Stigma and Discrimination system	HR & Legal consultations
5.	Review and revise the Code of Ethics to ensure HIV and AIDS related issues are included and provided for	May 09		May 2010	• Revised code of ethics to include HIV&AIDS issues	Code of Ethics	Legal consultations
6.	Establish mechanism to ensure that HIV workplace-related complaints are reported through the proper channels and are handled by the relevant Ministry/Agency	Ongoing		Ongoing	• Number of cases of HIV related discrimination reported by departments and units	Code of Ethics Code of Conduct ILO guidelines NDRSS	HR & Legal Consultation

Focus Area: Enabling Environment and Human Rights							
Goal: An education sector in which all stakeholders and beneficiaries participate in creating a suitable and supportive environment to respond effectively to HIV&AIDS							
Objective		2. To develop a HIV&AIDS gender sensitive workplace programme which includes advocacy, education and training					
Responsible Lead Unit		Guidance and Counselling Unit					
Other Partners		MoH, MLSS, HEART, RISE, Life Mgt, Services, Jamaica Red Cross, JTA, other NGOs, MoE Affiliate Agencies, IDPs					
Activity		Start Date	✓	Close Date	Outcomes/ Verifiable Indicators	Resource Requirement/Source	Technical Assistance Required
1.	<p>Establish peer adult education programmes for all workers</p> <ul style="list-style-type: none"> • Implement adult peer education programmes in all workplace settings of the MoE and its affiliate agencies over the next five years • Develop a user friendly referral guide to SRH products and services • Provide access to and encourage VCT once per year in formal and non formal institutions • Train PLWHAs as peer educators • Organize special events and awareness activities on HIV&AIDS in the workplace 	Jan 2010		Sept 2011	<ul style="list-style-type: none"> • Number of peer education programmes • Number of persons tested annually • Increased condom use at last sex among persons most at risk • Number of persons tested • Increased access to services • PLWHA trained • Number of activities held 	Check list of stakeholder organizations and institutors	R & D training Peer Counselling





Focus Area: Enabling Environment and Human Rights							
Goal: An education sector in which all stakeholders and beneficiaries participate in creating a suitable and supportive environment to respond effectively to HIV&AIDS							
Objective		3. To empower key stakeholder groups to create a supportive environment for an effective and sustained HIV & AIDS response at all levels of the educational system					
Responsible Lead Unit		Professional Development Unit, Guidance and Counselling Unit					
Other Partners		MoH, IDPs, MoE Affiliate Agencies, NGOs					
Activity		Start Date	✓	Close Date	Outcomes/ Verifiable Indicators	Resource Requirement/Source	Technical Assistance Required
1.	Expand and strengthen HACs in all schools	Ongoing		Ongoing	• Number of schools provided with capacity building and institutional strengthening	List of schools and related stakeholder institutions HPEOs	Technical Consultant
2.	Conduct training in policy regulatory management and design and implementation of rights-based programmes for the HIV/AIDS response	Sept 2011		Sept 2012	• Number of individuals trained in HIV/AIDS response		Training Consultant

Focus Area: Enabling Environment and Human Rights Goal: An education sector in which all stakeholders and beneficiaries participate in creating a suitable and supportive environment to respond effectively to HIV&AIDS							
Objective		4. To promote, enforce and monitor the National Policy on the Management of HIV&AIDS in Schools in all formal and non-formal, independent and public institutions to protect the rights of students living with and affected by HIV&AIDS					
Responsible Lead Unit		Guidance and Counselling Unit					
Other Partners		MoH, IDPs, JN+					
Activity		Start Date	✓	Close Date	Outcomes/ Verifiable Indicators	Resource Requirement/Source	Technical Assistance Required
1.	Develop guidelines to deal with breaches in the National Policy on the Management of HIV&AIDS in schools in accordance with existing regulations and legislation (Offences against the Persons Act, Education Act, Childcare and Protection Act, Early Childhood Act)	Sept 09		Sept 2010	• Number of breaches of policy	Training Curricula and Manual	Training Curricula Design
2.	Design and implement public education programmes for independent schools (early childhood, preparatory, high and tertiary) on the policy	Sept 2010		April 2011	• Number of independent schools adhering to policy guidelines	National Policy Laws and Acts International Guidelines (UNICEF, MoH, CDA, MoE)	Legal Assistance
3.	Strengthen the reporting and response mechanisms regarding acts of discrimination in schools in conjunction with the NDRRS	Sept 07		Ongoing	• Number of reported cases of discrimination	Checklist of Mechanisms	Public Relations Institutional Audits





Focus Area: Enabling Environment and Human Rights							
Goal: An education sector in which all stakeholders and beneficiaries participate in creating a suitable and supportive environment to respond effectively to HIV&AIDS							
Objective		5. To promote the inclusion and participation of PLWHAs in the design and implementation of all policies and programmes					
Responsible Lead Unit		Guidance and Counselling Unit					
Other Partners		MoH, NGOs, IDPs, JN+					
Activity		Start Date	✓	Close Date	Outcomes/ Verifiable Indicators	Resource Requirement/Source	Technical Assistance Required
1.	Ensure the inclusion of PLWHAs in the design and implementation of all policies and programmes	July 08		June 09	• Percentage increase in the number of PLWHAs who are a part of ongoing policies and programmes	Training manuals MoH	Training

Focus Area: Empowerment and Governance Goal: Policies, programmes and management structures are in place across the sector to ensure sustainability of quality education to mitigate the impact of HIV&AIDS							
Objective		1. To include the HIV&AIDS response as a priority in the planning and budgeting processes (beginning with 2009-2010 budget) of the MoE and its affiliate agencies					
Responsible Lead Unit		Planning and Development Division					
Other Partners		MoH, MoE's Guidance and Counselling Unit					
Activity		Start Date	✓	Close Date	Outcomes/ Verifiable Indicators	Resource Requirement/Source	Technical Assistance Required
1.	Propose that HIV & AIDS response be a priority in MoE planning and budget process to MoE executives to advocate issues to MoF and other relevant agencies <ul style="list-style-type: none"> MoE to develop capacity to collect data to inform programme development 	Ongoing		Ongoing	<ul style="list-style-type: none"> Increased percentage of units, departments, divisions with polices and budgeted programmes to address HIV&AIDS Budget incorporated as an entrenched item into MoE's budget Memorandum of understanding (between ministries) 	MoE Budget Guidance and Counselling Consultants	Consultants (Pricing and Budgeting) Stakeholder Working Groups
2.	Research, draft and present proposal for funding an HIV&AIDS response for education	Oct 08		Oct 09	<ul style="list-style-type: none"> Proposal Scope (number of departments, divisions and units included to provide technical assistance for strategic information activities) 	HIV&AIDS Strategic Plan, MoE Corporate Plan Consultants Guidance and Counselling Planning and Development Division	Information Transfers (Strategic Planning Processes, Budgeting, Case Studies)
3.	Incorporate budget for HIV&AIDS response into larger MoE budget	Oct 08		Oct 09	<ul style="list-style-type: none"> Increased percentage of units, departments, divisions, with polices and budgeted programmes to address HIV&AIDS Budget incorporated as an entrenched item into MoE's budget Increased funding for HIV&AIDS programmes 	MoE Budget Guidance and Counselling Consultants	Consultants (Pricing and Budgeting) Stakeholder Working Groups





Focus Area: Empowerment and Governance Goal: Policies, programmes and management structures are in place across the sector to ensure sustainability of quality education to mitigate the impact of HIV&AIDS							
Objective		2. To establish and formalize relationships between the MoE and other stakeholder agencies to access HIV and AIDS data relevant to the education sector					
Responsible Lead Unit		Guidance and Counselling					
Other Partners		MoH, CDA, Early Childhood Commission, UNICEF, Global Fund, NPTAJ, NGOs					
Activity		Start Date	✓	Close Date	Outcomes/ Verifiable Indicators	Resource Requirement/Source	Technical Assistance Required
1.	Integrate HIV&AIDS into the workplan activities of the Planning Unit <ul style="list-style-type: none"> • Negotiation with stakeholder agencies to initiate data sharing activities • Secure access to relevant HIV and AIDS data • Expand capacity (human and technical) of the Unit • Conduct training in the Unit • Provision of resource materials • Dissemination of information 	May 09		Aug 09	<ul style="list-style-type: none"> • Accepted MIS Proposals (by policy makers) • The scope of the MIS proposal (the number of units, stakeholder agencies, departments policies and programmes included in the proposal). • The number of units, departments, stakeholder agencies, policies and programmes which have integrated HIV&AIDS response mechanisms into their system 	Funding, MIS Audit (MoE, Consultant)	MIS consultant
2.	Involve and collaborate with the Planning Division and ETT to facilitate integration	Mar 09		June 2010	<ul style="list-style-type: none"> • Number of units, departments, institutions and stakeholder organizations provided with technical (M&E) assistance for strategic information activities 	ETT programmes HIV&AIDS programmes Accepted MIS Audit (ETT, Policy and Planning)	MIS
3.	Train and sensitize the Planning Division and all other responsible officers on the monitoring and evaluation system for HIV&AIDS reporting requirements	June 2010		Mar 2011	<ul style="list-style-type: none"> • Staff capacity increased 	Staff Training Plan (ETT, MIS, Planning Unit)	Training
4	Integrate the M&E framework for HIV&AIDS into MoE's Corporate Plan Strategy	Jan 09		June 09	<ul style="list-style-type: none"> • Number of policy makers involved in seminars, meetings and workshops to prioritize data needs and levels of access with regard to HIV&AIDS 	Prioritized check lists Department and Institution heads Statistical Depts (ETT, MIS Planning Unit)	MIS Training

Focus Area: Empowerment and Governance Goal: Policies, programmes and management structures are in place across the sector to ensure sustainability of quality education to mitigate the impact of HIV&AIDS							
Objective		3. To integrate HIV&AIDS strategies into the corporate planning process of the MOE and affiliate agencies (beginning 2009)					
Responsible Lead Unit		Guidance and Counselling Unit					
Other Partners		MoH, MoE Planning Unit					
Activity		Start Date	✓	Close Date	Outcomes/ Verifiable Indicators	Resource Requirement/Source	Technical Assistance Required
1.	Ensure that revised corporate planning activities reflect HIV and AIDS strategies by executives <ul style="list-style-type: none"> Propose to MOE executives that all corporate plans be adjusted to reflect HIV and AIDS strategies Establish an inter-sectoral working group 	Jan 09		Sept 09	<ul style="list-style-type: none"> Number of departments, units and institutions provided with technical assistance for strategic information activities Number of policy makers attending steering committee meetings 	Corporate and Strategic Plan	Training Management Consultant
2.	To strengthen the M&E structures and systems, including capacity building for sustainability <ul style="list-style-type: none"> Put a clearly defined management structure and mechanism in place for oversight and responsibility Establish clear lines of reporting, co-ordination of efforts, oversight, quality control etc Reinforce MIS and M & E integration and co-ordination 	Jan 2010		Dec 2012	<ul style="list-style-type: none"> Functional M&E system 	Institutional Audits (Planning Unit)	M & E Consultant
3.	Implement and monitor management of HIV&AIDS in School and HFLE Policies <ul style="list-style-type: none"> Ensure that management and implementation of HIV&AIDS policy falls under the responsibility of the Health Advisory Committees within schools Monitoring of implementation of the Health and Family Life Education Curriculum conducted by the Health Promotion Officers 	June 07		Ongoing	<ul style="list-style-type: none"> Number of schools having functional Health Advisory Committees 	Health Promotion Education Officers, PTAs, volunteers, teachers HFLE Policy	Training and info. Dissemination





Focus Area: Empowerment and Governance							
Goal: An education sector in which all stakeholders and beneficiaries participate in creating a suitable and supportive environment							
Objective		3. To integrate HIV&AIDS strategies into the corporate planning process of the MOE and affiliate agencies (beginning 2009)					
Responsible Lead Unit		Guidance and Counselling Unit					
Other Partners		MoH, MoE Planning Unit					
	Activity	Start Date	✓	Close Date	Outcomes/ Verifiable Indicators	Resource Requirement/Source	Technical Assistance Required
4.	Expand inter-sectoral representation from all Ministries and other stakeholders on the HIV&AIDS steering committee	June 09		Ongoing	<ul style="list-style-type: none"> Number of policy makers attending steering committee meetings Increase in the percentage of organizations with policies and programmes to address HIV 	Checklist of relevant stakeholders Meeting schedules	Technical co-ordination

Focus Area: Empowerment and Governance							
Goal: An education sector in which all stakeholders and beneficiaries participate in creating a suitable and supportive environment							
Objective		4. To develop and implement a comprehensive and effective monitoring and evaluation framework for the education sector HIV and AIDS strategic plan (by 2009) with linkages to the national M&E framework					
Responsible Lead Unit		Planning and Development Division, Monitoring and Evaluation Unit					
Other Partners		MoH, MIS					
Activity		Start Date	✓	Close Date	Outcomes/ Verifiable Indicators	Resource Requirement/Source	Technical Assistance Required
1.	Conduct environmental scan, situation analyses and identify gaps to determine what is happening in HIV&AIDS education <ul style="list-style-type: none"> • Determine indicators to be collected and prioritized • Create an M&E framework that allows smooth interface with the National M&E • Provide training for M&E staff at all levels in the use of M&E tools included in the M&E frameworks 	Sept 07		Ongoing	<ul style="list-style-type: none"> • Number of departments, units and institutions provided with technical assistance for strategic information activities • Needs assessment identified and accepted • Data interface easily slotted into national framework 	SWOT analyses, Consultant Checklist of Depts, institutions and stakeholder agencies Agreed access rights MIS resources (MIS, MOH, Planning and Policy)	
2.	Incorporate HIV & AIDS and education issues on the R&D unit agenda <ul style="list-style-type: none"> • Research what is happening in HIV and AIDS education 	Jan 09		Dec 09	<ul style="list-style-type: none"> • Number of persons trained by client and service area • R & D Policy 	Human Resource Personnel from MoE's Planning Division	Researcher





Focus Area: Empowerment and Governance Goal: An education sector in which all stakeholders and beneficiaries participate in creating a suitable and supportive environment							
Objective		5. To strengthen the appropriate policy and legislative framework to support programme implementation					
Responsible Lead Unit		Planning and Development Division, Monitoring and Evaluation Unit					
Other Partners		PS with legal Consultant					
Activity		Start Date	✓	Close Date	Outcomes/ Verifiable Indicators	Resource Requirement/Source	Technical Assistance Required
1.	Finalize the revision of the Policy for the Management of HIV&AIDS in Schools	Jun 07		Dec 08	• Revised HIV&AIDS Policy	Draft Policy	Consultations
2.	Ensure that the revised education Act is compatible with the National HIV Policy and HIV AIDS School Management Policy	Jan 09		Dec 09	• New legislation	Draft Act	Legal consultations
3.	Modify, amend or draft new pieces of legislation to ensure compatibility with HIV&AIDS policy	Nov 09		March 2010	• New legislation	ILO guidelines Existing Legislation	
4.	Present to Parliament	June 2010		June 2010	• Parliamentary Considerations	Lobby and Pressure group	Legal consultations
5.	Convene sector -wide consultations to ensure the successful passage of the bill through Parliament	April 2010		June 2010	• Sector wide compliance with HIV&AIDS policy	Check listing of stakeholders for consultation MoE, MoH, JEF	Legal Consultations