

*Monitoring and Evaluation Framework for the Education Sector's Comprehensive Response to HIV and AIDS in the Caribbean*

**Report of Stakeholders' Survey in eight Countries: Antigua, Bahamas, Barbados, Dominica, Grenada, Guyana, St. Kitts & Nevis, St. Lucia**

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## LIST OF ABBREVIATIONS AND ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
CFS	Child Friendly School
COPRS	Country Operational Plan and Reporting System
CRIS	County Response Information System
EDC	Education Development Center, Inc.
EMIS	Education Management Information Systems
FRESH	Focusing Resources on Effective School Health
GF	Global Fund
HFLE	Health and Family Life Education
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HPS	Health Promoting Schools
IATT	Inter-Agency Task Team
M & E	Monitoring and Evaluation
MDG	Millennium Development Goals
MOE	Ministry of Education
MOH	Ministry of Health
NAPS	National AIDS Programme Secretariat
NCPI	National Composite Policy Index
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
SHN	School Health and Nutrition
UNAIDS	United Nations Programme on HIV and AIDS
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNGASS	United Nations General Assembly Special Session

## EXECUTIVE SUMMARY

With the continued support of UNESCO headquarters and the UNESCO Kingston Cluster Office for the Caribbean, countries are moving gradually toward a policy framework for a comprehensive education sector response to HIV and AIDS. Most recently, at the national level, UNESCO collaborated with the ministries of education and their partners, in countries such as Guyana, St. Lucia, St. Kitts & Nevis, and Belize, to advance the process of the education sector's response through the development of sector-specific policy, strategy, and a costed work plan to guide the implementation of their programmes in keeping with the national goals and strategies for achieving universal access to HIV prevention, treatment, care, and support.

As programmes are implemented, it is important that effective monitoring and evaluation (M & E) is considered to measure the progress achieved. An important next step, therefore, is to ensure that there is a solid approach to M & E. UNESCO's current move to develop an M & E framework is very timely; providing such a tool will provide important information about results and changes over time, and will undoubtedly help to influence where ministries of education concentrate their efforts. Additionally, if comprehensive HIV and AIDS programmes are to be scaled up and sustained, M & E is essential to measure the progress achieved. It is against this background that Education Development Center, Inc. (EDC), recently conducted a desk review, commissioned by UNESCO Kingston Cluster Office for the Caribbean, to determine the core elements for developing the capacity of the education sector to perform M & E activities that will strengthen country level responses to HIV and AIDS within a coordinated regional approach.

The review noted that developing a framework for M & E of the Caribbean education sector response to HIV and AIDS is a complex task given the varying demographic, cultural, and socioeconomic profiles of the individual countries throughout the region, and more importantly their unique experiences with the epidemic. Added to this, any M & E framework that is developed must fit within and alongside the other M & E tools and processes that are being developed, such as the IATT Review<sup>i</sup>. Authors of the review alluded to some gaps in the availability of relevant indicators, as noted in the IATT Review of indicators for education sector HIV response; of particular concern is the absence or lack of reliable indicators for measuring a range of specific outcomes of a comprehensive response to HIV and AIDS in the Caribbean education sector. These include indicators for measuring policy quality and workplace policies, "presence of an active management structure" and "strategic partnerships"<sup>ii</sup>, impact on teachers and other education staff with respect to teacher training, peer education. HIV and AIDS care and support services, and behaviour change. Similarly, care and support services for primary school-age children and their HIV and AIDS knowledge were not specifically addressed. At the curriculum level, breakdowns by grade or age were not available, nor were there useful indicators for use in programmes intended to improve education for out-of-school youth and non-formal HIV and AIDS prevention education. Gaps also existed in relation to "needs of children affected by conflict/violence, the implementation of community-school links, the impact of gender and power dynamics, the needs of children with disabilities and HIV positive youth."<sup>ii</sup>

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Following the desk review, a stakeholder's questionnaire was administered to key stakeholders in the ministries of education and health. The overall objectives of the survey questionnaire follow:

- To obtain information from key stakeholders and partners at regional and national levels of the ministries of education in the Caribbean to inform the identification of key indicators and other components for a generic HIV and AIDS Programme Monitoring and Evaluation (M & E) framework for ministries of education in the Caribbean, based on current programme priorities of and actions in the ministry of education's response to the HIV epidemic.
- To inform the identification of capacities that exist and those that need to be developed in the ministry of education in order to utilize such a framework.

### **KEY FINDINGS AND RECOMMENDATIONS**

The primary purpose of this report is to provide essential information that will help to shape the development of an M & E framework for a comprehensive HIV and AIDS response in the Caribbean education sector. The report will provide the basis for a broader discussion to conceptualize the framework. Some of the key findings are as follows:

- There is a dire need to provide strategic information that will enable tracking of progress, with the specific aim of enhancing decision-making at all programme levels within the education sector. Utilising an effective M & E system will allow for the proper management and control of the programmes. From the discussions held with key stakeholders in the ministries of health and education, it is understood that HIV and AIDS M & E is done within a much broader context and is not just the responsibility of the NAPS M & E unit. However, for the most part, HIV M & E is led by NAPS, as most ministries of education do not have in place the structure or human capacity to support HIV M & E at the moment.
- While the education sector in most of the countries has not developed a set of sector-wide or school-based indicators within the context of the HIV response, NAPS has worked in collaboration with ministries of education to collect information for several national commitment indicators that are relevant to the education sector. Stakeholders suggest building on these indicators to develop a set of indicators to fit within the proposed generic framework for the education sector. In addition to these indicators, some stakeholders expressed the need for an indicator that can measure the impact of stigma and discrimination in the education sector.
- The M & E Unit/Planning and Measurement Unit within the ministries of education collect basic routine data, such as student admissions by district and grade (where applicable), dropouts, transfers, and teachers attrition. These data are captured from various data sources, including routine monitoring forms, and are fed into the Education Management Information Systems

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(EMIS) for data analysis and dissemination. While currently, there are no data collected on HIV-related issues, the general feeling is that once the required HIV data and collection tools are agreed upon, this process could be facilitated in the ministry of education once given the additional human capacity (M & E Officer). In the absence of HIV data collection in the ministry of education, NAPS works with all stakeholders to collect data for the completion of reports. It is anticipated that data will be available through the following sources:

- **HIV and AIDS Surveillance** – Behavioural Surveillance Survey (BSS) targeting school-aged children and out-of-school youth, Sentinel Surveillance at antenatal clinic sites, and routine AIDS cases reporting
  - **Population-based surveys, special studies, and operation research** – Multiple Indicator Cluster Survey (MICS) of household for Orphan and Vulnerable Children Data (OVC), epidemiological report synthesizing national reports, and population-based surveys on HIV and AIDS
  - **EMIS and HMIS facility-based reporting** – Routine facility reports
  - **Programme monitoring and reporting** – Routine programme reports
- Currently at the national level, to facilitate the collection, management, analysis, and use of HIV data, there is a national-level database within the ministry of health. The electronic database can streamline the process of data collation and analyses by automating many steps. Aggregation of the data and the production of routine reports can be programmed to occur automatically at the desired frequency. For the most part, the database consolidates data from all HIV programme areas (treatment, care, and prevention) in one place.
  - There is a need to strengthen national capacity for HIV M & E in the education sector at all levels in terms of personnel and resource requirements. This is partly the result of HIV M & E being relatively new to the sector and individuals not having an appreciation for the importance of M & E; hence, a set of sector-wide or school-based indicators for monitoring and evaluating HIV intervention has not been available. Furthermore, there has been a lack of human capacity for implementing M & E activities across all of the participating countries. There are little advocacy efforts for advancing a comprehensive approach, and this highlights the need to build capacity for M & E activities at all levels.

### CONCLUSIONS FROM THE SURVEY

Clearly, there is the need for a coordinated approach for monitoring and evaluating the great work that has been taking place in the education sector in response to the HIV and AIDS epidemic. However, the development and implementation of an M & E framework for the education sector will require a great deal of resources to support advocacy for M & E; a set of nationally agreed upon realistic and suitable indicators for monitoring and evaluating HIV interventions; M & E capacity building and finances for data collection, analysis and dissemination of M & E results. The dissemination of the M & E results will serve to inform planning of HIV interventions, provide feedback on the resource requirements for a comprehensive education sector response to HIV and AIDS, and increase public commitment to reducing

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HIV and AIDS. This requires due emphasis at all levels for strong management, a coordinated approach, and allocation of a substantive budget for M & E. International standards suggest about 7–10 percent of the total programme costs should be allocated to M & E activities.

Other remaining elements that are required to implement the M & E system are as follows:

- Development of an M & E operational manual. The manual will include specific details of the measurement tool of indicators included in the M & E framework.
- M & E training and training manual based on M & E plan.



# 1 INTRODUCTION

This report is a product of the robust discussions held with the Caribbean Education Sector HIV and AIDS Coordinator Network (EduCan), Health and Family Life Education (HFLE) Coordinators, and key personnel in the ministries of education and health who participated in the *Monitoring and Evaluation Framework for the Education Sector's Comprehensive Response to HIV and AIDS in the Caribbean Questionnaire* exercise. The responses of the questionnaire, which will be used to inform the identification of key indicators and other components for a generic HIV and AIDS Programme Monitoring and Evaluation Framework for ministries of education in the Caribbean are found in this report.

## 1.1 Purpose

The primary purpose of this report is to provide essential information that will help to shape the development of an M & E framework for a comprehensive HIV and AIDS response in the Caribbean education sector. The report will provide the basis for broader discussion to conceptualize the framework.

## 1.2 Education sector role in the HIV response

The Caribbean education sector continues to play an increasingly important role in the response to HIV and AIDS at the national and regional levels. UNESCO headquarters and the UNESCO Kingston Cluster Office for the Caribbean have given the highest priority to building the capacity of the education sector in the region to respond effectively to the AIDS epidemic; they have supported member states to develop and implement comprehensive and scaled-up approaches to HIV and AIDS. UNESCO has also led the UNAIDS Global Initiative on Education and HIV & AIDS (EDUCAIDS)<sup>iii</sup>, which acknowledges the importance of comprehensive education sector engagement as part of the national response to HIV and AIDS. A comprehensive response means that the education sector uses all means at its disposal to promote and protect the health and well-being of all staff and students. EDUCAIDS highlights five essential components of a comprehensive education sector response to HIV and AIDS: (1) quality education, including cross-cutting principles; (2) content, curriculum, and learning materials; (3) education training and support; (4) policy, management, and systems; and (5) approaches and illustrative entry points.

With the continued support of UNESCO headquarters and the UNESCO Kingston Cluster Office for the Caribbean, countries are moving gradually toward a policy framework for a comprehensive education sector response to HIV and AIDS. Most recently, at the national level, UNESCO collaborated with the ministries of education and their partners, in countries such as Guyana, St. Lucia, St. Kitts & Nevis, and Belize, to advance the process of the education sector's response through the development of sector-

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specific policy, strategy, and a costed work plan to guide the implementation of their programmes in keeping with the national goals and strategies for achieving universal access to HIV prevention, treatment, care, and support.

As programmes are implemented, it is important that effective monitoring and evaluation (M & E) is considered to measure the progress achieved. An important next step, therefore, is to ensure that there is a solid approach to M & E. UNESCO's current move to develop an M & E framework is very timely; providing such a tool will provide important information about results and changes over time, and will undoubtedly help to influence where ministries of education concentrate their efforts. Additionally, if comprehensive HIV and AIDS programmes are to be scaled up and sustained, M & E is essential to measure the progress achieved. It is against this background that Education Development Center, Inc. (EDC), recently conducted a desk review, commissioned by UNESCO Kingston Cluster Office for the Caribbean, to determine the core elements for developing the capacity of the education sector to perform M & E activities that will strengthen country level responses to HIV and AIDS within a coordinated regional approach.

### 1.3 Desk review findings and recommendations

The review noted that developing a framework for M & E of the Caribbean education sector response to HIV and AIDS is a complex task given the varying demographic, cultural, and socioeconomic profiles of the individual countries throughout the region, and more importantly their unique experiences with the epidemic. Added to this, any M & E framework that is developed must fit within and alongside the other M & E tools and processes that are being developed, such as the IATT Review<sup>iv</sup>.

Authors of the review alluded to some gaps in the availability of relevant indicators, as noted in the IATT Review of indicators for education sector HIV response; of particular concern is the absence or lack of reliable indicators for measuring a range of specific outcomes of a comprehensive response to HIV and AIDS in the Caribbean education sector. These include indicators for measuring policy quality and workplace policies, "presence of an active management structure"<sup>ii</sup> and "strategic partnerships,"<sup>ii</sup> impact on teachers and other education staff with respect to teacher training, peer education, HIV and AIDS care and support services, and behaviour change. Similarly, care and support services for primary school-age children and their HIV and AIDS knowledge were not specifically addressed. At the curriculum level, breakdowns by grade or age were not available, nor were there useful indicators for use in programmes intended to improve education for out-of-school youth and non-formal HIV and AIDS prevention education. Gaps also existed in relation to "needs of children affected by conflict/violence, the implementation of community-school links, the impact of gender and power dynamics, the needs of children with disabilities and HIV positive youth"<sup>ii</sup>.

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It should be noted, however, that despite the significant gaps in the literature and documentation of country-level experiences specific to implementing M & E activities for assessing the Caribbean education sector response to HIV and AIDS, there exist several recognized core elements that are critical for the construction of a functioning, sustainable, and useful M & E system. These core elements include:

- Involving stakeholders and assessing capacity for conducting M & E
- Developing a logic model and setting up an M & E matrix
- Selecting indicators for a country-specific or regional M & E system
- Determining the data collection methods and finding baseline data for setting targets
- Developing capacity, analyzing data, and establishing feedback loops

The survey questionnaire, which was conducted among key national stakeholders in ministries of education and health for the current study, took into consideration the findings of the desk review and, therefore, sought to glean information that will better inform the following core elements:

- Assessing human capacity for conducting M & E
- Designing of a logic model for organizing M & E activities
- Selecting relevant indicators
- Determining data collection methods and baseline data for setting targets
- Determining capacity for analyzing and disseminating data, and providing feedback loops

### 1.4 Development of M & E resources for HIV in the education sector

In the context of a comprehensive approach, many activities have been implemented at the country level in recent years to assist with the scaling up of implementing a comprehensive approach. Various agencies, regional and international, have contributed in some way to the development of M & E resources for HIV in the education sector and school health. In March 2003, EDC/HHD on behalf of UNAIDS Inter-Agency Task Force in Education (IATT) compiled *HIV/AIDS: Indicators for Capacity Building in the Education Sector* to respond to the need for a simple set of indicators; it offered ministries of education and local schools a tool to assess, plan, and evaluate their capacity building and implementation of comprehensive strategies that align with UNGASS, UNAIDS, Education For All (EFA), and other indicators. IATT also published the *Education Sector Global HIV & AIDS Readiness Survey 2004*, which documents the first international survey of education sector readiness to manage and mitigate the impact of HIV and AIDS, looking at the components of a comprehensive approach. This study was an early attempt to define the indicators of capacity in education to address HIV as the basis for measuring future developments. In 2008, joint efforts of UNAIDS IATT and a wide range of FRESH<sup>y</sup> partners resulted in a proposed draft list of internationally recognised indicators capable of measuring the process and outcomes of the education sector. This proposed list was later reviewed in November 2009 at an international meeting of technical experts that was convened by Partnership for Child Development

(PCD) on behalf of the Indicators Working Group of the IATT on Education. After a comprehensive review, the group agreed that the full suite of tools to constitute a complete evaluation framework was not available, and thus a focus on priority areas and a corresponding menu of indicators would be a more ideal and robust strategy to move forward the process. In addition to the assessment that was carried out on the existing indicators, the meeting participants felt it necessary to utilise the UNAIDS MERG's criteria to further evaluate the suggested indicators. This process led to straightforward indicator identification. The draft list of The Indicators Proposed is attached at **Annex 1**.

## 2 OBJECTIVES AND METHODOLOGY

### 2.1 Objectives

The overall objectives of the survey questionnaire were as follows:

- To obtain information from key stakeholders and partners at regional and national levels of the ministries of education in the Caribbean to inform the identification of key indicators and other components for a generic HIV and AIDS Programme Monitoring and Evaluation (M & E) framework for ministries of education in the Caribbean, based on current programme priorities of and actions in the ministry of education's response to the HIV epidemic.
- To inform the identification of capacities that exist and those that need to be developed in the ministry of education in order to utilize such a framework.

### 2.2 Methodology

EDC project staff designed a questionnaire (**Annex 2**) that was used for widespread consultations and meetings with key stakeholders and partners at regional and national levels of the ministries of education and health in the Caribbean. The questionnaire was guided by the five essential components of the UNAIDS Global Initiative on Education and HIV & AIDS (EDUCAIDS), which acknowledges the importance of comprehensive education sector engagement as part of the national response to HIV and AIDS. It also took into consideration the gaps in M & E approaches of integrated school health frameworks, such as the WHO Health Promoting School, the UNICEF Child Friendly School, and the UN inter-agency framework for Focusing Resources for Effective School Health (FRESH), which were highlighted in an earlier desk review carried out by EDC.

Overall, the questionnaire sought to incorporate key strategic areas for a comprehensive response to HIV and AIDS in the ministry of education into the 12 components of the *Organizing Framework for a Functional National HIV M & E System*<sup>vi</sup>, which is applicable to all HIV epidemic states.

The questionnaire was reviewed by EDC's Internal Review Board (IRB), which determined that it was not human subjects research. The questionnaire was subsequently administered to the target group of HIV and AIDS Focal Points/HFLE Coordinators, M & E Director/Officer of the Ministry of Education Planning & Evaluation/Measurement & Evaluation Unit, and the National AIDS Programme M & E Coordinator/Directorate in 8 of the 14 EduCan countries<sup>vii</sup>. These countries were selected based on the state of the epidemic (mixed, concentrated, low). The above mentioned target group was contacted and asked to select one of the scheduled times that was convenient for them to participate in a one-hour group teleconference/videoconference session. The target group was also given the draft questionnaire to familiarize themselves with the tool prior to the interview session. This approach helped with the seamless flow of the interview process, as the tool served to guide the discussion. Since the survey sought to focus on a shared public understanding of their country's M & E activities relating to HIV/ AIDS programmes, group interviews were conducted which lent themselves for more objective responses and less private and personal experiences.

### 3 MAJOR FINDINGS OF THE DISCUSSION

Overall, the findings provided a snapshot of what resources are available to support and/or implement a comprehensive approach, as well as examine the existing structures to measure a comprehensive approach related to policy, curricula and learning materials, training for educators, services for students and educators, and various approaches or entry points to address vulnerabilities and behaviours that can create and perpetuate HIV-related risk. They also speak to the gaps and problems in sector-wide or school-based strategies for a comprehensive approach. The percentages reflected in the tables were calculated based on the countries that participated and are therefore not a representative sample of the entire EduCan Network countries or territories. Additionally, some of the data shared were within the context of HIV and school health and nutrition at the national level. Hence, this does not provide a good indication of programme coverage and success at sub-national levels.

#### 3.1 Examination of existing structures to measure a comprehensive approach (input, output, outcome, and impact) related to the following components:

- **Policy development and implementation status**

HIV and AIDS present major challenges for the education sector, and establishing a policy and strategic framework is a crucial first step in an effective response. Tables 1 and 2 provide an overview of the status of the policy and strategic framework of the participating countries. All eight countries have a national HIV strategy, with 63 percent of these reported having an education sector HIV strategy, and 75 percent having an education sector HIV action plan.

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Table 1. Policy and strategies for HIV

Policy Development and Implementation Status	ANTIGUA	THE BAHAMAS	BARBADOS	DOMINICA	GRENADA	GUYANA	ST. KITTS & NEVIS	ST. LUCIA
National HIV policy	✓	✓	✓	In Draft	In Draft	✓	✓	✓
National HIV strategy	✓	✓	✓	✓	✓	✓	✓	✓
Education sector HIV strategy	✗	✓	✓	✗	✓	✓	✓	✗
Education sector HIV action plan	✗	✓	✓	✗	✓	✓	✓	✓
Education sector HIV and AIDS policy that addresses quality education, content, curriculum and learning materials; educators training and support; policy, management and systems	✗	✓	✗	✗	✗	✓	In draft	In draft

✗ = no, ✓ = yes

The call for a comprehensive national education sector response to the HIV epidemic requires the five components of the EDUCAIDS model to provide a unique and critical contribution to the national response to HIV and AIDS within the context of universal access to prevention programmes, treatment, care, and support. Many of the participating countries have started to put in place and implement some components of the EDUCAIDS model. However, there still remain some areas that require immediate scaled-up action. Table 2 indicates the efforts of the ministries of education of participating countries in implementing components of the HIV and AIDS response.

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Table 2. Components of ministries of education response to HIV and AIDS

Components of MOE HIV and AIDS response	ANTIGUA	THE BAHAMAS	BARBADOS	DOMINICA	GRENADA	GUYANA	ST. KITTS & NEVIS	ST. LUCIA
• Quality education	To some extent	To some extent	To some extent	To some extent	To some extent	To some extent	To some extent	To some extent
• Content curriculum and learning materials	✓	✓	✓	✓	✓	✓	✓	✓
• Educators training and support	✓	✓	✓	✓	✓	✓	✓	✓
• Policy management and systems	<b>HFLE Policy</b>	<b>HFLE Policy</b>	<b>HFLE Policy</b>	<b>HFLE Policy</b>	<b>HFLE Policy</b>	<b>HFLE Policy</b>	<b>HFLE Policy</b>	<b>HFLE Policy</b>
• Illustrative entry points, e.g., HFLE, Health Promoting School (HPS), multi-sectoral collaboration	<b>HFLE, CFS, multi-sectoral collaboration</b>	<b>HFLE</b>	<b>HFLE</b>	<b>HFLE, HPS, CFS (being piloted)</b>	<b>HFLE</b>	<b>HPS, SHN</b>	<b>HFLE</b>	<b>HFLE</b>

✗ = no, ✓ = yes, CFS = Child Friendly School, HPS = Health Promoting School, SHN = School Health and Nutrition

### • Curricula and Learning materials

Stakeholders interviewed agreed that if the infection rate among young people in the Caribbean is to be lowered, equal attention must be given to the development of HIV and AIDS curriculum and the associated learning materials to enhance the delivery of HIV education. The curricula should be introduced early before the onset of sexuality and be appropriately adapted to the age and development of the learner. Table 3 indicates that all of the participating countries have a national health education curriculum that is adaptable at the local level and that HIV is taught at both the primary and secondary levels utilising a life skills approach. However, only three countries (38%) reported using a life skills approach for HIV prevention in the non-formal sector.

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Table 3. Curricular and learning material approach

Curricula and Learning Materials	ANTIGUA	THE BAHAMAS	BARBADOS	DOMINICA	GRENADA	GUYANA	ST. KITTS & NEVIS	ST. LUCIA
National health education curriculum	✓	✓	✓	✓	✓	✓	✓	✓
Curriculum adapted and appropriate for various ages, levels, and settings (including formal and non-formal)	✓	✓	✓	✓	✓	✓	✓	✓
Health education taught as separate subject	✓	✓	✓	✓	✓	✓	✓	✓
Knowledge building and skills development to adopt protective behaviours	✓	✓	✓	✓	✓	✓	✓	✓
HIV prevention education in primary and secondary schools using life skills approach	✓	✓	✓	✓	✓	✓	✓	✓
HIV education introduced early, before the onset of sexual activity	✓	✓	✓	✓	✓	✓	✓	✓
HIV education taught in non-formal setting using life skills approach			✓	✓			✓	
Content addressed issues of treatment, care and support			✓	✓			✓	

✗ = no, ✓ = yes

- **Training for educators**

Educators' training and support at the level of pre- and in-service training is central to the delivery of quality education. Table 4 indicates the likelihood of all teachers (100%) receiving in-service training on HIV compared to 50 percent of teachers who received pre-service HIV training. It is important to note that data on the number of teachers trained and the training material distributed are collected for programme monitoring and planning. Six of the eight (75%) participating countries collect these data.



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Table 4. Teacher training and support

Teacher Training and Support	ANTIGUA	THE BAHAMAS	BARBADOS	DOMINICA	GRENADA	GUYANA	ST. KITTS & NEVIS	ST. LUCIA
Health education training pre-service	✓	✓	✓	✓	✓	✓	✗	✗
Health education training in-service	✓	✓	✓	✓	✓	✓	✓	✗
Teachers trained in life skills education pre-service	✓	✗	✗	✗	✗	✓	✗	✗
Teachers trained in life skills education in- service	✓	✗	✓	✓	✓	✓	✓	✓
Teachers receive HIV training pre-service	✓	✗	✓	✓	✗	✓	✗	✓ (limited)
Teachers receive HIV training in-service	✓	✓	✓	✓	✓	✓	✓	✓
Teachers' own vulnerability to HIV infection addressed	✓	✓	✓	✓	✓	✓	✓	✓
Teacher training materials for primary level available	✓	✓	✓	✓	✓	✓	✓	✓
Teacher training materials for secondary level available	✓	✓	✓	✓	✓	✓	✓	✓
Data collection on teachers trained	✓	✓	✓	✗	✓	✓	✗	✓

✗ = no, ✓ = yes

- **Services for students and educators**

EDUCAIDS seeks to not only mobilise the education sector to respond to HIV and AIDS but to also protect the education system from any negative impacts of HIV and AIDS. There is therefore the need to ensure that a range of full services (medical and psychosocial) is available for the educators and students (including those in both formal and non-formal settings). This holistic approach offers an effective way of improving the health status of teachers and students alike, as well as mitigates the impact of HIV. Table 5 highlights some of the common services provided by the country to school-age children and educators. Of the participating countries, 100 percent offer a school feeding programme along with hearing and vision screenings and counselling services for educators and student.

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Table 5. Services for teachers and students

Services for Teachers and Students	ANTIGUA	THE BAHAMAS	BARBADOS	DOMINICA	GRENADA	GUYANA	ST. KITTS & NEVIS	ST. LUCIA
School feeding programme	✓	✓	✓	✓	✓	✓	✓	✓
Medical examination for school-age children	✓	✓	✓	✗	✓	✗	✓	✓
Reproductive health services	✓	✓	✓	✓	✓	✓	✓	✗
Hearing and vision screening	✓	✓	✓	✓	✓	✓	✓	✓
Counselling services for educators and students	✓	✓	✓	✓	✓	✓	✓	✓

✗ = no, ✓ = yes

- **Various approaches and entry points to address vulnerabilities and behaviours that create and perpetuate HIV-related risk**

HIV and AIDS education, life skills education, and peer education, which are used to increase knowledge and motivate adoption of healthy behaviours, provide great opportunities and entry points for discussing HIV and AIDS. Table 6 indicates that all countries have adopted the life skills approach (100%) as well as peer education (100%); more recently, some countries have adopted UNICEF's Child Friendly School model (63%) and two countries, namely Guyana and St. Lucia, have adopted all four entry points to address underlying vulnerabilities that reduce individuals' abilities to avoid HIV infection and behaviours that create and perpetuate risks.

Table 6. Entry Points that address vulnerability and behaviours

Approaches and Illustrative Entry Points	ANTIGUA	THE BAHAMAS	BARBADOS	DOMINICA	GRENADA	GUYANA	ST. KITTS & NEVIS	ST. LUCIA
Life skills approach used to teach HIV prevention at primary and secondary levels	✓	✓	✓	✓	✓	✓	✓	✓
Peer education approach used to increase knowledge and motivate adoption of healthy behaviours	✓	✓	✓	✓	✓	✓	✓	✓

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Child Friendly School approach used	✓	✗	✓	Being piloted	✗	✓	✗	✓
Health Promoting School Concept used	✗	✗	✗	✗	✗	✓	✗	✓

✗ = no, ✓ = yes

### 3.2 Monitoring and evaluation plan and national M & E committee

There is a dire need to provide strategic information that will enable tracking of progress, with the specific aim of enhancing decision-making at all programme levels within the education sector. Utilising an effective M & E system will allow for the proper management and control of the programmes. From the discussions held with key stakeholders in the ministries of health and education, it is understood that HIV and AIDS M & E is done within a much broader context and is not just the responsibility of the NAPS M & E unit. However, for the most part, HIV M & E is led by NAPS, as most ministries of education do not have in place the structure or human capacity to support HIV M & E at the moment.

In all of the countries, the national M & E plan for the national response to the HIV epidemic has been designed with the recognition that there are a number of global commitments, goals, and internationally harmonized indicators that require due attention. International and national commitments that inform most of the countries' M & E plans include the Millennium Development Goals (MDGs); the United Nations General Assembly Special Session on HIV/AIDS Declaration of Commitments (UNGASS 2001) towards universal access to HIV prevention treatment, care, and support; and key funding mechanisms: the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and the Global Fund to Fight AIDS, Tuberculosis, and Malaria (GFATM). A set of core national indicators that cut across all sectors and programmes helps to form the basis for monitoring the national response and routine reporting. The HIV & AIDS Focal Point/HFLE Educators in the ministry of education work closely with the ministry of health M & E Officer/Director to prepare the National Composite Policy Index and UNGASS Report, which is prepared every two years. NAPS provides M & E training to the MoE HIV & AIDS Focal Point/HFLE Coordinator.

Table 7 examines the existing M & E structure and support mechanism within the participating countries.

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Table 7. Existing Structure for M & E

Monitoring and Evaluation	ANTIGUA	THE BAHAMAS	BARBADOS	DOMINICA	GRENADA	GUYANA	ST. KITTS & NEVIS	ST. LUCIA
National M & E plan for MoE	x	x	x	x	x	x	x	x
HIV and AIDS M & E mandate within the education sector	x	✓	x	x	x	✓	x	x
An operational M & E unit responsible for measuring responses to HIV	x	✓	x	x	x	✓	x	x
Human capacity for HIV M & E	x	x	x	x	x	x	x	x
Annual budget allocated for M & E in MoE	x	✓	x	x	x	x	x	x
NAPS engages/supports HIV/AIDS Focal Point/HFLE Coordinator in M & E activities	✓	✓	✓	✓	✓	✓	✓	✓
M & E Reference Group	x	x	x	x	x	✓	x	✓
HIV & AIDS Focal Point /HFLE Coordinator is part of the MERG	x	x	x	x	x	x	x	x
HIV & AIDS Focal Point/HFLE Coordinator participates in the National Composite Policy Index (NCPI) and UNGASS Reporting	✓	✓	✓	✓	✓	✓	✓	✓
National M & E plan for MoH	✓	x	✓	✓	✓	✓	✓	✓
Operational M & E Unit responsible for measuring response to HIV in MoH	✓	✓	✓	✓	✓	✓	✓	✓

x = no, ✓ = yes

Apart from Guyana and The Bahamas, who have developed an M & E reporting mechanism for the education sector, it is clear from Table 7 that all HIV M & E activities that relate to education are tracked and monitored by NAPS. NAPS works with all stakeholders, including the ministry of education, to collect data for completion of reports on the national response. National indicators have been selected, where appropriate, from existing routine data collection systems in preference to new surveys or standalone systems. The national indicators for each HIV and AIDS intervention area, the data source, the frequency of data collection, the measurement tool, and the method of measurement are clearly defined in the national M & E plan so as to assist the ease of data collection by the various actors. The ministry of

health in each country is working with donors and partners to strengthen programme monitoring and evaluation through the foreseen implementation of a Country Response Information System (CRIS).

### 3.3 Existing sector-wide or school-based indicators (national commitment indicators, knowledge and behaviour indicators) and impact indicators

While the education sector in most of the countries has not developed a set of sector-wide or school-based indicators within the context of the HIV response, NAPS has worked in collaboration with the ministry of education to collect information for several national commitment indicators (**Annex 3**) that are relevant to the education sector. For example, in Guyana, the national commitment indicators were selected based on the following guiding principles:

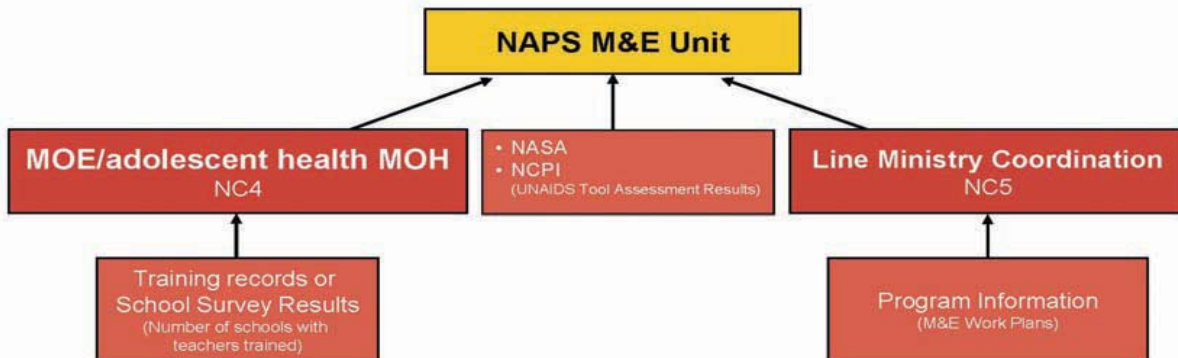
1. The indicators must be consistent with the objectives of the National Strategic Plan.
2. The indicators should allow for national and regional comparisons.
3. The indicators can be feasibly collected from an existing or potential source and are SMART (specific, measurable, attainable, realistic, time bound).
4. The indicators have a baseline measure (where feasible).

Stakeholders suggest building on these indicators to develop a set of indicators to fit within the proposed generic framework for the education sector. In addition to these indicators, some stakeholders expressed the need for an indicator that can measure the impact of stigma and discrimination in the education sector.

### 3.4 Reporting mechanisms

As seen in the referenced example below, all partners and stakeholders are required to follow a reporting mechanism to report monthly or quarterly to the national HIV M & E Unit on programme indicators for activities that they are conducting in this sector. Respective MERG/Ministry of Education focal points and the Line Ministry Coordinator will provide reports on their relevant indicators, using programme data and yearly reports.

**National Capacity Indicators (Nc1, Nc2, Nc3, Nc4, Nc5):**



Reference: MERG/Ministry of Education Focal Points –Guyana

### 3.5 Existing data collection methodology

The M & E Unit/Planning and Measurement Unit within the ministries of education collect basic routine data, such as student admissions by district and grade (where applicable), dropouts, transfers, and teachers attrition. These data are captured from various data sources, including routine monitoring forms, and are fed into the Education Management Information Systems (EMIS) for data analysis and dissemination. While currently, there are no data collected on HIV-related issues, the general feeling is that once the required HIV data and the collection tools are agreed upon, this process could be facilitated in the ministry of education, once given the additional human capacity (M & E Officer). In the absence of HIV data collection in the ministry of education, NAPS works with all stakeholders to collect data for the completion of reports. Stakeholders anticipate that data will be available through the following sources:

- **HIV and AIDS Surveillance** – Behavioural Surveillance Survey (BSS) targeting school-aged children and out-of-school youth, Sentinel Surveillance at antenatal clinic sites, and routine AIDS cases reporting
- **Population-based surveys, special studies and operation research** – Multiple Indicator Cluster Survey (MICS) of household for Orphan and Vulnerable Children Data (OVC), epidemiological report synthesizing national reports, and population-based surveys on HIV and AIDS
- **EMIS and HMIS facility-based reporting** – Routine facility reports
- **Programme monitoring and reporting** – Routine programme reports

### **3.6 Existing data analysis and dissemination mechanisms**

To facilitate the collection, management, analysis, and use of HIV data, there is a national-level database within the ministries of health of the countries interviewed. This electronic database can streamline the process of data collation and analyses by automating many steps. Aggregation of the data and the production of routine reports can be programmed to occur automatically at the desired frequency. For the most part, the database consolidates data from all HIV programme areas (treatment, care, and prevention) in one place. In Guyana and Dominica, data from donor-funded programmes, such as PEPFAR and Global Fund, can also be integrated and then exported to other systems, for example, the UNAIDS Country Response Information System (CRIS) or PEPFAR's Country Operational Plan Reporting Systems (COPRS). Once the data have been analyzed and information reports produced, the data are disseminated widely to stakeholders.

NAPS in each country is responsible for the dissemination of M & E HIV- and AIDS-related data in quarterly and annual national surveillance reports, HIV and AIDS fact sheets, brochures, and periodic stakeholder workshops. To facilitate information sharing, some countries have implemented a national HIV website and electronic resource centre, which will serve as a donor coordination mechanism and clearinghouse for official HIV- and AIDS-related reports and documents. Some stakeholders might have information needs that are not covered in one of the above mentioned information products that NAPS will produce. In this case, a request for ad hoc reports should be made in writing to NAPS.

### **3.7 Gaps in sector-wide or school-based strategies for a comprehensive approach**

There is a need to strengthen national capacity for HIV M & E in the education sector at all levels in terms of personnel and resource requirements. This is partly the result of HIV M & E being relatively new to the sector and individuals not having an appreciation for the importance of M & E; hence, a set of sector-wide or school-based indicators for monitoring and evaluating HIV intervention has not been available. Furthermore, there has been a lack of human capacity for implementing M & E activities across all of the participating countries. There are little advocacy efforts for advancing a comprehensive approach, and this highlights the need to build capacity for M & E activities at all levels.

## **4 CONCLUSIONS AND RECOMMENDATIONS**

Clearly, there is the need for a coordinated approach for monitoring and evaluating the great work that has been taking place in the education sector in response to the HIV and AIDS epidemic. However, the development and implementation of an M & E framework for the education sector will require a great deal of resources to support advocacy for M & E; a set of nationally agreed upon realistic and suitable indicators for monitoring and evaluating HIV interventions; M & E capacity building and finances for data

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collection, analysis and dissemination of M & E results. The dissemination of the M & E results will serve to inform planning of HIV interventions, provide feedback on the resource requirements for a comprehensive education sector response to HIV and AIDS, and increase public commitment to reducing HIV and AIDS. This requires due emphasis at all levels for a strong management, a coordinated approach, and allocation of a substantive budget for M & E. International standards suggest about 7–10 percent of the total programme costs should be allocated to M & E activities<sup>viii</sup>.

Other remaining elements that are required to implement the M & E system are as follows:

- Development of an M & E operational manual. The manual will include specific details of the measurement tool of indicators included in the M & E framework.
- M & E training and training manual based on M & E plan.



## ANNEX 1: THE INDICATORS PROPOSED

**From: *Identification of priority indicators for the Monitoring and Evaluation of the education sector response to HIV and AIDS, Synthesis on the process***

**Prepared by the Partnership for Child Development, November 2009**

**From an international meeting of technical experts**

### **The Indicators Proposed**

The list of priority areas and corresponding indicators resulting from the process described is given below.

#### Process Monitoring Indicators

Four **priority areas** and corresponding indicators were identified which describe the key areas of the education sector response:

1. *Within the context of a national HIV response, is there an education sector response to HIV that is guided and enabled by policy, strategy and resources?*

The preferred indicator tool for this priority area was selected as the education-relevant sections of the **National Composite Policy Index (NCPI) (UNGASS#2)**. This index is a key resource, particularly if questions are adjusted to reflect the needs of the education system more fully.

2. *Is HIV, reproductive and sexual health education a timetabled subject delivered in schools? Is it mandatory and assessed? Are HIV related life skills delivered through co-curricular means?*

Two indicators were identified here:

**(a) Percentage of schools that provided life skills-based HIV education in the last academic year. (UNGASS#11)**

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(b) **Percentage of schools that provided co/extra curricular life-skills based HIV education in the last academic year.**

3. *Are **educators receiving pre-service and in-service training** about HIV (for themselves) and about teaching HIV to students?*

Existing indicators identified in the review were viewed as inadequate and rejected by the working group as inadequate. . Potential alternatives were discussed but none of these were found to be ideal. Preference was given to the following indicator:

**Number (%) of teachers who have EVER received training to teach HIV prevention and life skills**

Others were considered:

Number (%) of graduates of teacher training institutions who have been trained in HIV prevention and skills-building to protect themselves

Number (%) of teachers graduating from training institutions that receive training to teach HIV prevention education / life skills curricula

Number (%) of teachers who have ever received training on HIV prevention and skills to protect themselves

Number (%) teachers who have received in-service training to teach HIV prevention education / life skills

Number (%) teachers who have received in-service training in HIV prevention and skills-building to protect themselves

The group recommended that the indicators identified should be considered further by the indicators of the IATT and should also be subject to field testing in countries before a final choice of indicator is made.

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4. *Is the education sector **facilitating testing, treatment, care and support services** for learners and educators? Are measures in place to make schools safe and protective environments?*

Existing indicators in this area were considered to cover work that is not the principal responsibility of the education sector. Most relate to the work of the health sector. After review, it was decided that a process indicator covering activity for which education bears responsibility would be: **Percentage of school with plans communicated in schools that include components on physical safety & zero tolerance for discrimination, stigma & any form of sexual harassment/abuse.**

### Outcome Monitoring Indicators

In addition to the process indicators discussed above, two outcome indicators were identified:

#### Intermediate outcome indicator

5. *Is the education sector enabling students to learn about HIV?*

The indicator that addressed this priority area was: **Percentage of young people aged 15–24 who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission. (UNGASS#13).**

It was suggested that the usefulness of the indicator could be increased considerably were the question added to its collection. **Where did you acquire this information? (with options given from home, school media, peers etc).**

#### Long term Outcome indicator

6. *Is education leading to a change in students' behaviour?*

The indicator that addressed this priority area was: **Percentage of students (13–15 years) who have ever had sexual intercourse. (UNGASS#15)**

## ANNEX 2: STAKEHOLDERS QUESTIONNAIRE

STAKEHOLDERS (in each of the countries, conduct 3 interviews, one with each of the following):

HIV Focal points in MOE (EduCan) & HFLE coordinators (ask "broad items" questions on the left)

HEAD OF MOE M & E UNIT

HEAD OF NAC M & E UNIT

8 target countries:

- The Bahamas
- Barbados
- St. Kitts
- St. Lucia
- Guyana
- Dominica
- Antigua
- Grenada

What is currently **in place** for M & E re HIV and AIDS in the education sector? This may include structures (such as national M & E plan and national M & E committee), and understanding what these include and measure (such as indicators)

Broad items	More specific questions
<ul style="list-style-type: none"> <li>• What current M &amp; E systems are in place to measure a comprehensive approach (input, output, outcome and impact related to):                             <ul style="list-style-type: none"> <li>○ Policy</li> <li>○ Curricula</li> <li>○ Training for educators</li> <li>○ Services for students and educators</li> <li>○ Illustrative entry points e.g., HFLE, Health</li> </ul> </li> </ul>	<p><b>Organizational structure:</b></p> <p>To what extent* does the ministry of education have:</p> <ul style="list-style-type: none"> <li>• A comprehensive HIV and AIDS policy that addresses quality education; content, curriculum and learning materials; educator training and support; policy, management and systems? OR:</li> </ul> <p>What components/activities make up the Ministry's HIV and AIDS Response? <b>(Output)</b></p> <ul style="list-style-type: none"> <li>• A HIV and AIDS M &amp; E mandate within the education sector?</li> <li>• An operational M &amp; E unit responsible for measuring responses to HIV?</li> </ul>

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<p>Promoting School, life skills, multi-sectoral collaboration</p>	<p><b>Human capacity:</b></p> <ul style="list-style-type: none"> <li>• Is there Human capacity for implementing a comprehensive approach, and how is it being measured? Explain/describe <b>(Input)</b></li> <li>• Are People living with HIV/AIDS involved in implementing a comprehensive approach? If yes, how are they selected and engaged? <b>(Input)</b></li> </ul> <p><b>Multisectoral HIV M &amp; E Plan</b></p> <p>To what extent does the ministry of education have:</p> <ul style="list-style-type: none"> <li>• A national HIV M &amp; E plan?</li> </ul> <p><b>Cost/Budget</b></p> <p>To what extent does the ministry of education have:</p> <ul style="list-style-type: none"> <li>• Annual budget allocated for education sector M &amp; E?</li> <li>• What resources (including training, materials, curricula) does the ministry of education have to implement a comprehensive approach? -- <b>Input</b></li> </ul> <p><b>Advocacy, Culture:</b></p> <ul style="list-style-type: none"> <li>• Is there support/understanding from stakeholders for M &amp; E? Explain/describe</li> </ul>
<p>For the systems in place:</p> <ul style="list-style-type: none"> <li>• What indicators are currently being measured?</li> </ul>	<p><b>Organizational structure:</b></p> <p>To what extent does the ministry of education have:</p> <ul style="list-style-type: none"> <li>• Sector-wide HIV and AIDS indicators? (knowledge, behaviour?) – what <b>Outcomes</b> are being measured?</li> </ul>
<p>For the systems in place:</p> <ul style="list-style-type: none"> <li>• How are data being collected, analyzed and disseminated?</li> </ul>	<p><b>Human capacity:</b></p> <p>To what extent does the ministry of education have:</p> <ul style="list-style-type: none"> <li>• Human capacity for M &amp; E within the education sector?</li> </ul>

	<p><b>Partnerships</b></p> <p>To what extent does the ministry of education have:</p> <ul style="list-style-type: none"><li>• Mechanisms for regular reporting, assessment and sharing of information on initiatives being implemented?</li></ul> <p><b>Routine:</b></p> <p>To what extent does the ministry of education:</p> <ul style="list-style-type: none"><li>• Utilize EMIS to gather HIV-related data?</li><li>• Utilize other monitoring systems to gather HIV-related data?</li></ul> <p><b>Surveys and Surveillance:</b></p> <p>To what extent does the ministry of education conduct:</p> <ul style="list-style-type: none"><li>• HIV-related surveys?</li></ul> <p>With what frequency are HIV-related surveys conducted?</p> <p><b>National and Sub-National Databases:</b></p> <p>To what extent does the ministry of education have:</p> <ul style="list-style-type: none"><li>• Functional databases for electronically capturing and storing data generated by the HIV M &amp; E system?</li></ul> <p><b>Supportive supervision and data auditing:</b></p> <p>To what extent does the ministry of education have:</p> <ul style="list-style-type: none"><li>• A protocol/system for auditing HIV data? If Yes, what is the procedure?</li></ul> <p><b>Research agenda:</b></p> <p>Does the ministry of education commission research to inform the education sector response re HIV and AIDS?</p> <p>How often is this research conducted?</p> <ul style="list-style-type: none"><li>•</li></ul>
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	<p><b>Data dissemination and use:</b></p> <p><b>To what extent does the ministry of education:</b></p> <ul style="list-style-type: none"> <li>• <b>Circulate HIV and AIDS M &amp; E information within the education sector?</b></li> </ul>
<p>What are <b>perceived needs</b> of what needs to be monitored and evaluated, but is currently not? -- ask this as open-ended question</p>	
	<p>“What does the ministry of education want to know about the following that is currently not being measured?”</p> <ul style="list-style-type: none"> <li>• <b>Measuring policy quality, workplace policies, presence of an active management structure, and strategic partnerships</b></li> <li>• <b>Measuring teacher training, peer education, HIV and AIDS care and support services, and behaviour change</b></li> <li>• <b>Care and support services for primary school-age children, and their HIV and AIDS knowledge</b></li> <li>• Needs of children affected by conflict/violence, implementation of school-community links, impact of gender and power dynamics, needs of children with disabilities and HIV positive youth</li> <li>• <b>At the curriculum level, break-downs by grade or age, and indicators to measure out-of-school youth programs and non-formal HIV and AIDS education</b></li> <li>• <b>Indicators at school level since identified indicators (i.e. UNGASS) are at macro level</b></li> <li>• School’s capacity to support pregnant young women living with HIV</li> <li>• <b>Indicators for measuring stigma and discrimination</b></li> <li>• Indicators for measuring malnutrition and food security</li> </ul>

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	<ul style="list-style-type: none"><li>• Partnerships and collaboration between sectors, training and capacity building to assess resources, research for programme planning, systems to harmonize M &amp; E requirements among donors and partner agencies</li><li>• Unique local context of each island</li></ul>
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## ANNEX 3: NATIONAL COMMITMENT INDICATORS

<b>Imp6: Ratio of current school attendance among orphans to that among non-orphans aged 10–14</b>	
Definition	Ratio of the current school attendance rate of children aged 10–14 both of whose biological parents have died to the current school attendance rate of children aged 10-14 both of whose parents are still alive and who currently live with at least one biological parent
Calculation	Orphan school attendance: <i>Numerator:</i> Number of children who have lost parents and are still in school <i>Denominator:</i> Number of children who have lost both parents Non-orphan school attendance:
	<i>Numerator:</i> Number of children, both of whose parents are still alive with at least one parent and who are still in school <i>Denominator:</i> Number of children both of whose parents are still alive and who live with at least one parent Calculate the ratio of orphans to non-orphans
Rationale and what is measured	Assesses the progress towards preventing relative disadvantage in school attendance among orphans versus non-orphans
Measurement tool	AIS
Method of measurement	
Data collection frequency	Every 4–5 years

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Frequency of reporting	Every 4–5 years
Responsible body	Ministry of Labour, Human Services and Social Security/Ministry of Health
Remarks/notes	This indicator score is required for all children aged 10–14 years and for boys and girls, separately. Where possible, the indicator should be calculated by single year of age
Indicator recommended by	UNGASS; MDG

<b>Nc4: 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</b>	
Definition	Percent of schools with teachers who have been trained in life-skills based HIV education and who taught it during the last academic year. Training refers to new training or refresher training of individuals. This indicator assumes that training is conducted to national or international standards, when available. The training must have specific objectives, a course outline or curriculum, and expected knowledge, skills and / or competencies to be gained by participants. A life- skills based approach to HIV/AIDS education helps young people assess the individual, social, and environmental factors that raise and lower the risk of HIV transmission
Calculation	<i>Numerator:</i> Number of schools with staff trained in and regularly teaching life-skills-based HIV education  <i>Denominator:</i> Total number of schools surveyed
Rationale and what is measured	This indicator assesses progress towards implementation of life-skills based HIV education in all schools
Measurement tool	School survey

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Method of measurement	Principles/heads of a nationally representative sample of schools (both public and private) are briefed on the meaning of life-skills based HIV education and then are asked the following questions:
Data collection frequency	Biennial
Frequency of reporting	Biennial
Responsible body	Ministry of Education/Ministry of Health
Remarks/notes	The indicator is a measure of coverage and not necessarily a measure of the quality of education provided.
	Indicator scores are required for all schools combined and for primary and secondary schools separately each by private/public status and by urban/rural setting. Church schools should be treated as private schools for this purpose. If school provides both primary and secondary education, information should be collected and reported separately for both levels of education
Indicator Recommended by	UNGASS

<b>Nc5: Number of line ministries with HIV work plans and budgets</b>	
Definition	The number of Line Ministries that have a complete annual HIV work plan and budget that describes the activities to be undertaken in a specific year, the budget for these activities, and the sources of funding for these activities
Calculation	Number of Line Ministries with a HIV/AIDS work plan and budget allocated for the work plan
Rationale and what is measured	This indicator assesses the commitment across sectors to be actively involved in the national response to HIV
Measurement tool	Special survey of Line Ministries

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Method of measurement	<p>A survey of Line Ministries is conducted to assess the number of Line Ministries that have a HIV work plan and budget, which is consistent with national policy, and includes, at the minimum, the following components:</p> <p><b>Key components: annual work plan</b></p> <p>Detailed list of activities for each defined objective          Timeframe for each activity          Definition of the person(s) or agency responsible for implementation of each activity          Definition of the indicators to be used to assess whether or not activities were successfully implemented          Definition of the budget required for each activity, whether or not activities were successfully implemented          Description of the source of funding for each activity</p> <p><b>Key components: annual budget</b></p> <p>There should be a table summarizing the budget required for the annual plan of activities. This should include the total budget requirements and a breakdown of the budget by line item</p>
Data collection frequency	Annual
Frequency of reporting	Annual
Responsible body	Line Ministries/Ministry of Health
Remarks/notes	Assessment of the annual work plan and budget alone cannot measure successful implementation or whether the planned activities and budget will be sufficient to achieve objectives
Indicator recommended by	World Bank

### 5.4 Priority Area 3: Reducing risk and vulnerability to HIV infection

#### 5.4.1 IEC/BCC

<b>Pv1: Percentage of young men and women aged 15–24 who have had sex before the age of 15</b>	
Definition	The number of young men and women aged 15–24 who reported having penetrative sex before the age of 15, expressed as a proportion of all youth surveyed

## Report of Stakeholders' Survey in Eight Countries

Calculation	<p><i>Numerator:</i> Number of young men and women aged 15–24 who have had penetrative sex before the age of 15</p> <p><i>Denominator:</i> Total number of men and women aged 15–24 surveyed</p>
Rationale and what is measured	<p>This indicator provides information on the prevalence of early sexual initiation among young people. Sex at young ages is thought to be more risky than sex later in life. The female genital tract is more susceptible to infection with HIV before it has fully matured. Typically, young people have partnerships that are more often of short duration and perhaps less formal than those of older people. Moreover, they are less likely to live with their sexual partners, and this can often result in one of</p>
	<p>the partners having additional concurrent partners, increasing the risk of infection. People who begin having sex at young ages may spend a longer time in such less stable sexual relationships than people who delay their first sexual intercourse. Moreover, they may be more likely than older people to be bullied or exploited in sexual relationships.</p>
Measurement tool	BSS
Method of measurement	<p>This measure is constructed from BSS data on recall and current status reported by young people. Young people are asked whether or not they have had penetrative sex, either vaginal or anal, and at what age</p>

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Data collection frequency	Every 4–5 years
Frequency of reporting	Every 4–5 years
Responsible body	Ministry of Health
Remarks/notes	<p>The advantage of using the reported age at sexual initiation is that it makes the most use of data that are already collected. Previously, sexual initiation has been measured by calculating the median age at first sex. Three different methods of calculating this value were proposed, each of which had unique limitations and produced different results. The above calculation is simple and allows easy comparison between times. The denominator is easily defined because all members of the survey sample contribute to this measure. For most people, first sex is a significant event that they probably remember with little difficulty. People may, however, be unsure of their exact age. The responses of young people of both sexes may be influenced by views on young people's sexuality in the society in which they live. An analysis of the reporting of age at first sex, however, has shown that the occurrence, extent and direction of reporting or recall bias are not predictable.</p>

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Indicator recommended by	UNGASS
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<b>Pv1: Percentage of young men and women aged 15-24 who have had sex before the age of 15</b>	
Definition	The number of young men and women aged 15–24 who reported having penetrative sex before the age of 15, expressed as a proportion of all youth surveyed
Calculation	<p><i>Numerator:</i> Number of young men and women aged 15–24 who have had penetrative sex before the age of 15</p> <p><i>Denominator:</i> Total number of men and women aged 15–24 surveyed</p>
Rationale and what is measured	This indicator provides information on the prevalence of early sexual initiation among young people. Sex at young ages is thought to be more risky than sex later in life. The female genital tract is more susceptible to infection with HIV before it has fully matured. Typically, young people have partnerships that are more often of short duration and perhaps less formal than those of older people. Moreover, they are less likely to live with their sexual partners, and this can often result in one of
	The partners having additional concurrent partners, increasing the risk of infection. People who begin having sex at young ages may spend a longer time in such less stable sexual relationships than people who delay their first sexual intercourse. Moreover, they may be more likely than older people to be bullied or exploited in sexual relationships.

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Indicator recommended by	UNGASS

## REFERENCES

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- <sup>iii</sup> EDUCAIDS. (2008, January). *Framework for action* (2nd ed.). Retrieved from [http://portal.unesco.org/en/ev.php-URL\\_ID=36408&URL\\_DO=DO\\_TOPIC&URL\\_SECTION=201.html](http://portal.unesco.org/en/ev.php-URL_ID=36408&URL_DO=DO_TOPIC&URL_SECTION=201.html)
- <sup>iv</sup> UNAIDS IATT. (2009). *Indicators for education sector HIV response programmes: A review of existing resources*. Geneva, Switzerland: UNAIDS
- <sup>v</sup> Focusing Resources on Effective School Health. FRESH partners include: UNESCO, UNICEF, World Bank, World Health Organization and other agencies that call on schools to plan and implement four basic components (school health policies; water, sanitation and the healthy school environment; skills-based health education; school health and nutrition services) and three supportive strategies (effective partnerships between actors in education and health sectors, effective community partnerships, pupil awareness and participation).
- <sup>vi</sup> UNAIDS. (2006) *Organizing Framework for a Functional National HIV Monitoring and Evaluation System*. Geneva: UNAIDS. Retrieved from: <http://siteresources.worldbank.org/INTHIVAIDS/Resources/375798-1132695455908/GROrganizingFrameworkforHIVMESystem.pdf>
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