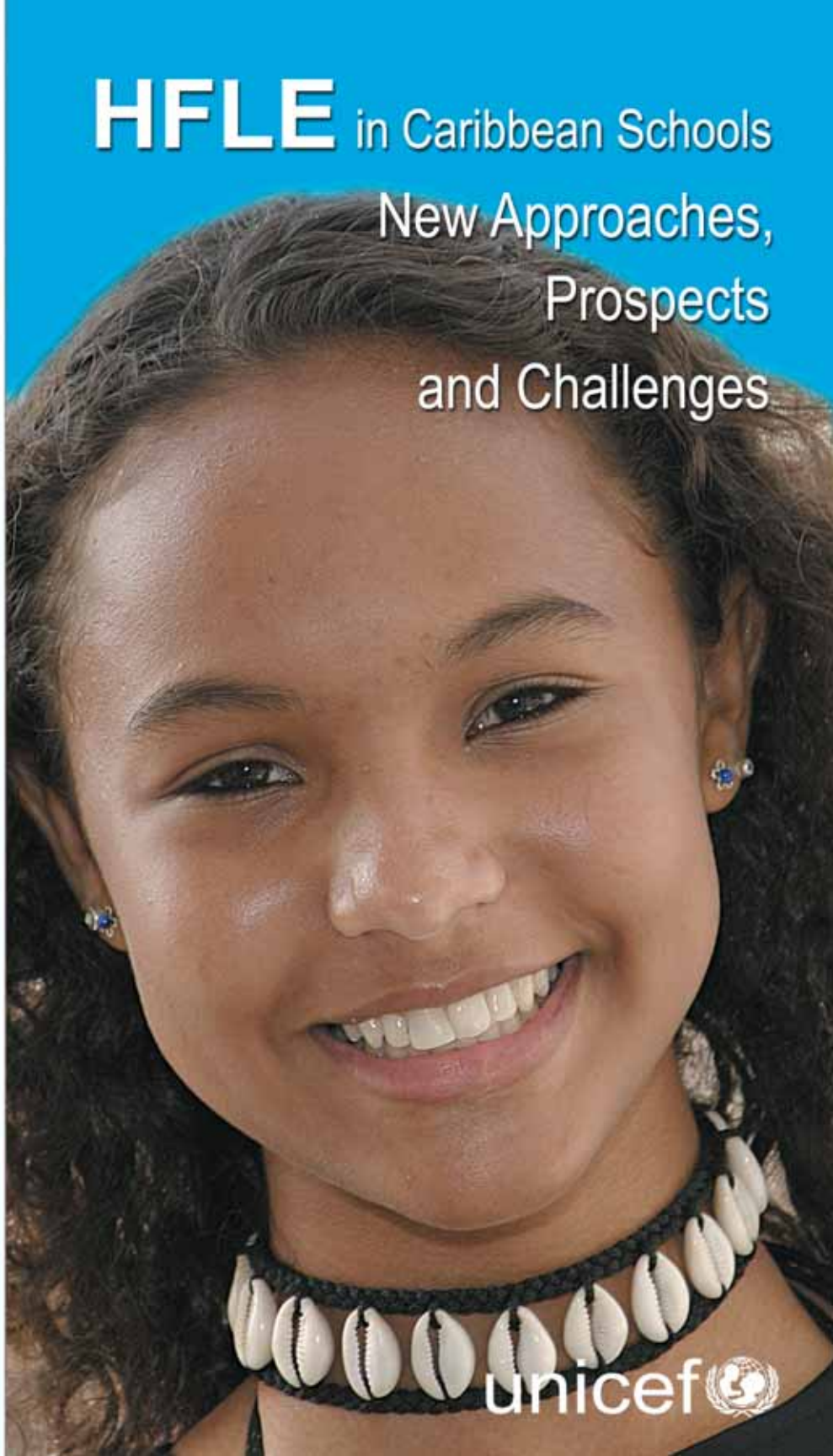


**HFLE** in Caribbean Schools

New Approaches,  
Prospects  
and Challenges

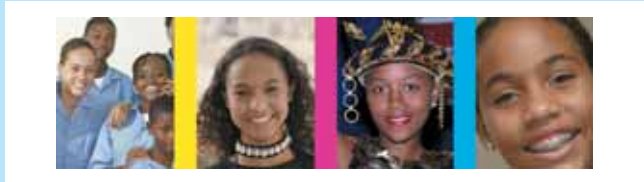


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# LIST OF ACRONYMS

<b>CARICOM</b>	Caribbean Community
<b>CXC</b>	Caribbean Examinations Council
<b>COHSOD</b>	Council for Human and Social Development
<b>CBO</b>	Community Based Organization
<b>FAO</b>	Food and Agricultural Organization
<b>FLE</b>	Family Life Education
<b>FMU</b>	Fertility Management Unit
<b>HFLE</b>	Health and Family Life Education
<b>MHF</b>	Mental Health Division, WHO
<b>NGO</b>	Non-Governmental Organization
<b>OAS</b>	Organization of American States
<b>OECS</b>	Organization of Eastern Caribbean States
<b>PAHO</b>	Pan-American Health Organization
<b>PTA</b>	Parent Teachers Associations
<b>UNDCP</b>	United Nations Drug Control Programme
<b>UNDP</b>	United Nations Development Programme
<b>UNESCO</b>	United Nations Educational, Scientific and Cultural Organization
<b>UNFPA</b>	United Nations Fund for Populations
<b>UNICEF</b>	United Nations Children's Fund
<b>UNIFEM</b>	United Nations Development Fund for Women
<b>UWI</b>	University of the West Indies
<b>WHO</b>	World Health Organization
<b>CFPA</b>	Caribbean Family Planning Affiliate

# LIST OF APPENDICES

- ▶ Appendix I - Curriculum Outline
- ▶ Appendix II - Cover Page of Policy Document
- ▶ Appendix III - Collaborative Links between Partner Institutions for HFLE Initiative
- ▶ Appendix IV - National Coordinating Structure
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and Family Life in Caribbean Schools including HIV/AIDS Prevention





# EXECUTIVE SUMMARY

The process of upscaling HFLE across the Caribbean, thus far, has been a complicated one, utilizing diverse resources and

requiring significant dialogue, networking and cooperation between numerous stakeholders.

## ACHIEVEMENTS

*A significant achievement to date has been:*

- (i) the movement of the HFLE curriculum from information based to life-skills based, as outlined in the table below:

Table 1: Difference between Old & New HFLE Curriculum

### OLD CURRICULA

- Vertical, subject based
- Focused on information
- Used didactic teaching methods
- Did not address application of knowledge
- Neglected sensitive issues such as adolescent sexuality

### NEW HFLE CURRICULA

- Promote life-skills; explores values and attitudes
- Explores gender differences
- Addresses multiple behaviours concomitantly
- Develops skills towards effective use of knowledge

*Other important programme achievements include:*

- (ii) the development and dissemination of the HFLE skills based Regional Curriculum framework in Caribbean schools for students 10-14 years;
- (iii) the delivery of HFLE in public schools in the Eastern Caribbean from senior primary through to the 3<sup>rd</sup> year of

secondary schools. Some schools have implemented HFLE from pre-primary to secondary schools;

- (iv) greater receptivity to the use of interactive methodologies in classrooms across the region;
- (v) sensitization of national education systems to the importance of life skills based HFLE;
- (vi) the teaching of HFLE in at least 75 percent of teacher colleges;
- (vii) HFLE being offered as an option for the UWI, B.Ed programmes and a requirement for one of the Masters Programmes at one campus; and
- (viii) the availability of a summer training programme for teachers on HFLE at the UWI, Cave Hill Campus.

## WINNING STRATEGIES

These achievements have been underpinned by a range of regional and national initiatives specifically designed to develop and strengthen HFLE programmes in schools, with levels of success varying from country to country. Success has required political awareness and commitment to the programme and towards inter-sectoral coordination and HFLE policy development; consistent and comprehensive teacher training; curricula and materials development for more effective delivery of HFLE and programme monitoring and evaluation for process improvement. These efforts were supported by a communications campaign targeting audiences such as parents, care givers, principals, religious leaders and media. Project leadership and management, programme funding, and research also continue to be important strategies in progressing HFLE development across the Caribbean.

## OVERCOMING CHALLENGES

HFLE stakeholders worked tirelessly to bring HFLE to its current level of development in the face of a number of challenges.





Training remains critical to the effort to move teachers from directors of learning to facilitators of learning. It was (and continues to be) imperative that teachers increase their comfort level with handling issues like sexuality to allow them to better manage class sessions. Teacher training suffered from time lags in the speed of development of HFLE training programmes at the teacher colleges and UWI and the demand for trained HFLE teachers in schools.

Adequate funding to sustain programme momentum was also a major challenge. This was particularly critical for ensuring that satisfactory teaching and learning materials (which capture children's attention to ensure that concepts are well understood) were available. This also impacted on the ability to access materials which were current and relevant.

National policy formalization is particularly important to the long term survival of HFLE in school systems and whilst some countries came on board fairly quickly in the development and approval of policies to have HFLE as part of the core curriculum in schools, in others the process was more protracted with some yet to formally ratify draft policies.

Managing and coordinating the project and information flow across island boundaries and intersectoral committees has been an on-going challenge but is essential in the process of a coordinated regional response and common implementation frameworks.

Developing and implementing effective project evaluation systems was particularly important to the feedback and improvement process for HFLE. It is important that the HFLE programme provides evidence that lifestyle approaches are effective at reducing risk behaviour among young people. Until such evidence can be produced, there would always be some questions about the programme's value, hence this was a critical area which had to be built into the programme.

It also became evident that whilst given the high school enrollment rates, the in-school approach was critical, there was however a need to broaden the project scope to reach out-of-school youths. This though essential, to be truly effective, required different methodologies, strategies and approaches in an environment of already stretched resources.

## THE FUTURE

As the HFLE programme forges forward, areas for strengthening include policy and referral services for the appropriate handling of HFLE issues raised in the classroom, such as the management of sexual disclosures by children during classroom interventions. In addition, on-going debates revolve around who is best suited to teach HFLE; whether HFLE should be examined as a CXC subject or as part of a school leaving certificate, whether it is best delivered as a separate subject and the amount of teaching time that should be devoted HFLE. Emphasis must continue to be placed on teacher training and the work on defining strategies and implementation mechanisms for out-of-school programmes must continue.

The future of HFLE implementation will depend a great deal on national needs, capacities and priorities. Great strides have been made in formalizing HFLE into regional educational systems. To date the programme has established a solid base for its continued implementation and has underscored the important role that HFLE plays in the educational process of Caribbean children and youth. Access to HFLE must become equitable for all Caribbean children and youth. Stakeholders thus expect increased commitment from Ministries of Education and Health in the provision of financial as well as other tangible and intangible support. Programme objectives and benefits also need to be reinforced to the wider community through an extended communication campaign, particularly targeted at those who care for Caribbean children and youth, whose commitment and support is important to the programme's long term survival.



# BACKGROUND

In the late 1980's and early 1990s, education personnel across the region noted an increase in problem behaviours being manifested both within and

outside the school system. Consequently, given these escalating problems which were having a negative impact on the health and well-being of young people, the Ministers of Education felt that the school had an important role to play in addressing this situation. It was within this context that in 1994, the CARICOM Standing Committee of Ministers of Education passed a resolution supporting the development of a comprehensive approach to Health and Family Life Education (HFLE) by CARICOM and UWI. It was felt that a comprehensive skills-based HFLE programme in schools could assist in ensuring that children and adolescents had the knowledge and skills required to make positive decisions about their health. The process of bringing HFLE to scale across the Caribbean, by its nature, is complex and was challenged from the outset by a teaching system in need of reform, one that is academically oriented, focused on learning subject-based, uses didactic teaching methods, does not address the application of knowledge and continues to show some reluctance in addressing sensitive issues such as adolescent sexuality.

The implementation of HFLE with its life-skills approach to the development of Caribbean children and youth capable of coping with issues such as abuse, neglect, violent conflicts, alcohol and drug use, emerging sub-cultures and values, changes in family structures and fragmented communities, has therefore been severely constrained by a system in need of change.

Paradigm and cultural shifts are critical elements necessary for many regional and national stakeholders essential to the re-shaping of the educational environment in order to

support a non-traditional HFLE programme which promotes a participatory and interactive style of learning; the development of life-skills; explores values, attitudes and gender differences, addresses multiple behaviours concomitantly and develops skills towards the effective application of knowledge.

The HFLE programme seeks to ensure consistent and sustained exposure to skills-based health education in an effort to increase the knowledge, skills, attitudes and behaviors of Caribbean children to facilitate their adoption of healthy and productive lifestyles and consequently their long term contribution to a healthy Caribbean society.

## *The strategic objectives that were formulated for the HFLE project include:*

- Development of policy, increased advocacy and funding for the overall strengthening of HFLE in and out of schools
- Strengthening the capacity of teachers to deliver HFLE programmes
- Development of comprehensive life skills-based teaching materials to reduce burden on the curriculum
- Improvement of the coordination among all the agencies at the regional and national levels in the area of HFLE

UNICEF has compiled this document which looks at the key strategies in bringing the CARICOM Health and Family Life Education Programme (HFLE) to scale in the Caribbean to inform Programme Managers and Policy-Makers and other interested persons so that they can have a comprehensive understanding of the approaches used to upscale life-skills based education programmes in schools in CARICOM countries. As such it outlines the major processes involved in implementing HFLE in schools across the region.



# LEAD AGENCIES

The CARICOM Multi-Agency HFLE project was envisioned to strengthen the provision of Health and Family Life Education to Caribbean children and

youth. It involves Governments, CARICOM, United Nation Agencies, NGOs, teachers, students, parents, community groups and other social partners, working together, to promote behavioural development and change among young people facing a number of social problems. It was envisioned that exposure to HFLE would better enable Caribbean youth to actualize their true potential and become more productive members of Caribbean society.

CARICOM, as the political coordinating, collaborative and integrative mechanism and UNICEF, as an international agency focused on the fulfillment of the rights and well-being of children, were the lead agencies which worked in collaboration with various other governmental and non-governmental bodies to move the school-based health education programme forward.

## CARICOM

The establishment of the Caribbean Community and Common Market (CARICOM) was the result of a 15-year effort to fulfill the hope of regional integration through the Treaty of Chaguaramas signed on 4 July 1973. By Treaty revision, effective February 2002, the successor entity is now the Caribbean Community, including the CARICOM Single Market and Economy (CSME).

*Members of the Community consist of:*

- ▶ Antigua and Barbuda
- ▶ The Bahamas (The Bahamas is a member of the Community but not the Common Market)
- ▶ Barbados
- ▶ Belize
- ▶ Dominica

- ▶ Grenada
- ▶ Guyana
- ▶ Haiti
- ▶ Jamaica
- ▶ Montserrat
- ▶ St. Kitts and Nevis
- ▶ St. Lucia
- ▶ St. Vincent and the Grenadines,
- ▶ Suriname,
- ▶ Trinidad and Tobago

Membership of the Community is open to any other State or Territory of the Caribbean region that is, in the opinion of the Conference, able and willing to exercise the rights and assume the obligations of membership. Associate Members include Anguilla (4 July 1999), Bermuda (2 July 2003), British Virgin Islands (2 July, 1991), Cayman Islands (15 May 2002), Turks and Caicos Islands (2 July 1991).

*The Community has the following objectives:*

- (a) Improved standards of living and work;
- (b) Full employment of labour and other factors of production;
- (c) Accelerated, co-ordinated and sustained economic development and convergence;
- (d) Expansion of trade and economic relations with third States;
- (e) Enhanced levels of international competitiveness;
- (f) Organization for increased production and productivity;
- (g) The achievement of a greater measure of economic leverage and effectiveness of Member States in dealing with third States, groups of States and entities of any description;
- (h) Enhanced co-ordination of Member States' foreign economic policies; and enhanced functional co-operation, including:
  - more efficient operation of common services and activities for the benefit of its peoples;
  - accelerate promotion of greater understanding among its peoples and the



advancement of their social, cultural and technological development and -intensified activities in areas such as health, education, transportation, telecommunications.

In October 1994, the CARICOM Standing Committee of Ministers of Education passed a resolution supporting the development of a comprehensive approach for HFLE, requiring CARICOM, UWI and the United Nation agencies working together across the region to strengthen HFLE policy in and out of Caribbean schools. It was agreed that Caribbean children and youth should be exposed to conditions and experiences that support their development towards a productive Caribbean person.

## UNICEF

UNICEF's programmes in the region help to inspire a common vision of child rights, and to mobilize societies to pursue that vision so that the rights of every child are fulfilled. UNICEF believes that the protection of children is crucial to their survival, health, and well-being and that everyone has a responsibility to see that children are safe. The agency works with individuals, civic groups, governments and the private sector to help create protective environments for children. Healthy, nurturing surroundings allow

children to resist abuse and avoid exploitation. Caring environments fortify children against harm in the same way that proper nutrition and good health care fortify them against disease.

In recent years, enthusiasm for education about health and social issues has been growing in communities around the world. Though recognized by different names - "life skills", "life skills-based education", "skills-based health education" or "health and family life education" - the central idea is shared: young people, especially girls and young women, regularly face risks that threaten their health and limit their learning opportunities; yet, information alone is not enough to protect them from these risks. Life skills-based education can endow children with skills to manage challenging situations, particularly in the context of supportive communities and environments.

Around the world, **Life Skills-Based Education (LSBE)** is being adopted as a means to empower young people in challenging situations. LSBE refers to an interactive process of teaching and learning which enables learners to acquire knowledge and to develop attitudes and skills which support the adoption of healthy behaviours. It is also a critical element in UNICEF's definition of quality education.



# OBJECTIVES OF HFLE

The HFLE programme seeks to:

- (i) ensure consistent and sustained exposure to HFLE for Caribbean children;
- (ii) increase the knowledge, skills, attitudes and behaviors of these groups to facilitate the adoption of healthy and productive lifestyles and
- (iii) enable Caribbean youth to contribute to a healthy Caribbean society and a prosperous and sustainable economy.

*The strategic objectives formulated for the HFLE project include:*

- Development of policy, increased advocacy and funding for the overall strengthening of HFLE in and out of schools
- Strengthening the capacity of teachers to deliver HFLE programmes
- Development of comprehensive life skills based teaching materials to reduce burden on the curriculum
- Improvement of the coordination among all the agencies at the regional and national levels in the area of HFLE

Five core skills areas were initially incorporated under the HFLE programme:

Table 2:

SKILL AREA	CORE SKILLS
Decision-making	Problem solving
Critical thinking	Creative thinking
Self-Awareness	Ability to empathise
Coping with stress	Coping with emotions
Communication Skills	Interpersonal relationship skills

It was recognized that the acquisition of these skills is a long-term process, requiring the active participation of the learner and involves learner centred teaching methods including discussion, debates, role-playing, brainstorming, games and other forms of interactive activity. Efforts were therefore made to reflect this in the programming process.



# KEY STRATEGIES IN BRINGING HFLE TO SCALE IN THE CARIBBEAN

The process of bringing HFLE to scale across the Caribbean, by its nature, is complex and evolutionary.

It is a non-linear process, with many activities occurring simultaneously, crossing each other, requiring cooperation, patience, a nurturing environment and a myriad of resources. While this list is not exhaustive, an effort has been made to identify the principle strategies and activities undertaken to date to support the process of delivery of HFLE in Caribbean schools. Key strategies and activities in the process include:

## **POLITICAL COMMITMENT**

The commitment of regional governments and leaders continues to be of extreme importance to the progress of HFLE across the region; providing formal endorsement and acceptance of its important role in the education process for Caribbean children and youth.

Motivation for HFLE started with the recognition (based on research findings) that Caribbean youth were being adversely affected by a number of social, psychological and physical problems. In October 1994, the CARICOM Standing Committee of Ministers of Education passed a resolution to support the development by CARICOM and UWI, of a comprehensive approach to HFLE. This approach was supported by the United Nation Agencies and gave birth to the CARICOM Multi-Agency Health and Family Life Project.

The developmental strategic plan for HLFE contained in the document **“Strategy for Strengthening Health and Family Life Education in CARICOM States, October 1995”**, was endorsed for implementation by the Caribbean Ministers of Health and Education in 1996. They also agreed to prepare a plan of action for the design, delivery, monitoring and evaluation of HFLE by the end of 1997.

In addition, under the Belize Commitment for Action for the Rights of the Child, October 1996, Caribbean governments, NGOs and communities committed further support to the provision of training and public sensitization to HFLE, conflict resolution, gender relations and parenting skills.

In 1997, at the eighteenth meeting of the CARICOM Heads of Government, it was also agreed that the sustainability of an efficient and productive work force was ultimately dependent on the full realization of the potential of children and youth. CARICOM Governments agreed that these groups should therefore be exposed to experiences like HFLE which support their development towards the ideal Caribbean person. The Council on Human and Social Development (COHSOD) continues to monitor the progress of importance of HFLE through submission of national country reports.

## **STRATEGIC PLANNING**

A strategic planning meeting in 1995 sought to clarify the overall issues relating to regional HFLE, review research findings, define HFLE, formulate learning objectives and skills of HFLE, determine how HFLE could be accommodated in the school curriculum, the minimum acceptable materials for use in schools and develop indicators for measuring effectiveness of interventions. A regional strategy for the implementation of HFLE contained in the document **“Strategy for Strengthening Health and Family Life Education in CARICOM States”**, October 1995 was endorsed for implementation by the Caribbean Ministers of Health and Education in 1996. Budgets were submitted to donor agencies for input and approval with a contingency plan to manage any shortfalls. Financial work plans were submitted to CARICOM Governments to ensure adequate resource allocation at the national level.



Between 1996–1998, fundraising was a very important driver of the HFLE process. The fund base was broadened to include Governments, international organizations, agencies, foundations and the private sector to ensure that adequate financial resources were available to fuel project progress. Strategies to secure funding included increased advocacy of the private sector, foundations and funds, increased proposal development and submissions to donor agencies and mass media communication to increase understanding of the initiative and its benefits to the wider community.

Fundraising still continues to be a vital part of the effort to scale up HFLE in regional schools. Mobilisation of direct financial support as well as the supply of technical support continues to be critical to the programme's sustainability.

### **INFRASTRUCTURAL DEVELOPMENT**

A number of committees, working groups and specialists worked together to progress HFLE at both the national and regional level. At the core of the project, was the regional working group on HFLE which included technical and supporting arms. The regional working group and UNICEF, acting on behalf of CARICOM were the main impetus for moving the project forward. Some of the key tasks performed by this group included planning for the needs assessment and evaluation of the HFLE programme, formulation of objectives and strategies for HFLE, managing the process for content and design for teaching materials, its pilot testing and write up, development of training sessions on HFLE for different groups implementing HFLE programmes, planning the implementation of the HFLE programme at country level, coordination of the information sharing among partners and other stakeholders, mobilizing resources and advocating support for the initiative.

The national working groups established by the Ministries of Education and Health in each territory focused efforts on the activities related to the implementation of programmes in schools as well as coordinated the efforts of other

national groups with input to the HFLE effort. Key responsibilities of national working groups included:

- HFLE policy recommendation to the Ministries of Education and Health,
- provision of support for the maintenance of HFLE programmes once put in place,
- provision of input to the regional initiative,
- assistance with resource mobilization and management of resources at the national level and assistance to governments in monitoring and evaluating national programmes.

A number of expert advisors in various specialist fields assisted the working groups as required.

### **PARTNERSHIPS**

Bringing HFLE to scale in the region required a multi-agency, partnership and an inter-sectoral approach involving the CARICOM Secretariat, Caribbean Child Development Centre, PAHO/WHO, UNESCO, UNDCP, UNFPA, UNIFEM, UNDP, UNICEF, UWI, the Fertility Management Unit, UWI, Ministries of Education and Health, NGOs, specialists experts, and community groups. Effective coordination of these agencies, regional and national working groups was vital to minimize duplication of effort, manage flow of information and feedback, increase collaboration at the regional and national levels, reduce role and responsibility conflicts, measure progress etc.

In the paper **“Health and Family Life in the English speaking Caribbean: Coordination among Funding Agencies”**, UNICEF promoted the process of cooperation between funding agencies and governments. In addition, in 1995, the Heads of the United Nations Agencies met to discuss HFLE and established a subcommittee of agencies on HFLE to plan strategies for coordination. Over the years, a number of working group meetings at the national and regional level has taken place to support the progress of HFLE implementation across the region.



## LEADERSHIP AND PROJECT MANAGEMENT

Project coordination was driven by UNICEF in collaboration with the CARICOM secretariat. Key partners in the process included the **CARICOM Secretariat, PAHO/WHO, UNESCO, UNODC (formerly UNDCP), UNFPA, UNIFEM, UNDP, UNICEF, Schools of Education** at the 3 UWI campuses, and the **Fertility Management Unit, UWI**. This working group took a leadership role in advancing the process across the region.

**UNICEF** assisted **CARICOM** in the overall coordination of the initiative, taking responsibility for scheduling and facilitating meetings of the regional working group, maintaining the flow of information, resources and enthusiasm among regional partners, setting up workshops for materials development, increasing support for the initiative through advocacy, managing potential obstacles towards the advancement of the initiative and mobilizing resources to sustain the initiative.

The technical arm of the regional working group included the **FMU, PAHO/WHO** with participatory resources from the Ministries of Education and Health, Teacher's Colleges and UWI Faculties of Education. This group had principal responsibility for the planning and implementation of HFLE materials development.

In 2004 the operation of the regional working groups was revised and five sub-committees were established to facilitate the implementation in strategic areas.

## NATIONAL POLICY DEVELOPMENT

The rate and scale of implementation of HFLE in schools depends on a number of variables, including the priority given to HFLE by the Government, the readiness of schools to accommodate HFLE, the availability of financial resources and other resources to support implementation and a formal plan of action or policy for implementation at the national level.

The importance of national policy development is the institutionalization of HFLE as a core component of the curriculum in national pre-primary to tertiary level education, to ensure its long-term survival as an important component in the education process of Caribbean children and youth. It also sets the foundation for a systematic approach to the implementation of HFLE at the national level and raises the status of HFLE as a legitimate part of the curriculum.

A guide for the development of national policy and action plans on HFLE provide information and tools for the effective formulation, promotion, implementation, community outreach and education, development of the appropriate supporting infrastructure, training, materials development and distribution, collaboration between relevant parties and the monitoring and evaluation of HFLE implementation at the national level.

*The national implementation plan thus provides a framework on:*

- National Policy, plan of action for implementation
- Communication plan for the dissemination of information to partners in the process
- Budgeting for implementation and ensuring that adequate funds are allocated to the process
- Creating allies to the process through participation of Principals, teachers, professional associations of teachers, counselors,
- Training
- Appointment of HFLE coordinators at schools
- Availability and dissemination of materials to schools

## CURRICULUM DEVELOPMENT

In 1991, CARICOM countries approved the Regional FLE Curriculum guidelines developed by UNFPA as a teaching aid. In 1993, the





Caribbean Examinations Council responded to the demand for HFLE in the curriculum by extending the range of topics on HFLE as part of the Social Studies syllabus in secondary schools.

The **Caribbean Family Planning Affiliate (CFPA)** and the

National Family Planning Associations have also developed HFLE related curricula that are in use in schools based programmes. Focused curricula have been developed for substance abuse by **UNDCP/UNESCO-CARNEID**, **HIV/AIDS by WHO/UNESCO** and nutrition and fitness by the **Caribbean Food and Nutrition Institute (CFNI)**.

In 1994, teacher's colleges incorporated HFLE in to the core curriculum as a required subject in teacher training. In 1995, the PAHO/Carnegie Core Curriculum Guide on HFLE for Teacher's Colleges was also integrated in the curriculum providing a framework of the core areas for living which have vital implications for health. This core curriculum guide is presently under revision in a process led by PAHO.

Originally the HFLE curriculum consisted of five thematic areas: **Sexual Health, Health and Wellness, Eating and Fitness, Enhancing Self and Interpersonal Relationships and Managing the Environment**. In 2004, the HIV/AIDS aspect of HFLE was strengthened and HFLE was collapsed into four thematic areas:

1. **Self and interpersonal relationships**
2. **Sexuality and Sexual Health**
3. **Eating and Fitness**
4. **Managing the Environment**

HFLE moves away from the traditional topic centred organization learning approach to a thematic approach. Each thematic area or module consists of units. Each unit has a statement of goals and objectives, in addition to teaching and assessment strategies. The thematic approach addresses the complexity and connectedness between the various concepts and ideas, goals, components and standards, which are associated with attitude and behaviour change.

*Two major approaches to the delivery of HFLE in schools include:*

- Discipline bases HFLE is taught as a separate subject
- Integration HFLE is integrated with other subjects in the school curriculum.

#### **Models of integration include:**

- Infusion (an HFLE topic and related skills is infused into another subject),
- Multidisciplinary (two or more subjects are organized around the same theme and skills),
- Interdisciplinary (skills form the focus of the integration among two or more subject areas) and
- Trans-Disciplinary (using problem based learning, assuming different subject areas are embedded in the problem).

Meaningful HFLE assessment must focus on attitudes, behaviour, knowledge and skills. Assessment strategies include performance-based assessment, portfolios, journal writing and student designed assessments, etc., which collectively are important feedback mechanisms to curriculum development.

#### **TEACHER TRAINING**

In the initial stages of the process, a needs assessment study was conducted to assess current teaching practices and challenges in Caribbean schools and colleges, and a plan of action to address deficiencies was drawn up in consultation with the relevant partners. The PAHO/ Carnegie Guide in the Eastern Caribbean was incorporated as the basis for teacher training with supporting policy decisions taken to ensure HFLE was placed on the core curriculum of teacher colleges. Between 1996-1998, a number of training initiatives were undertaken to ensure that adequate numbers of teachers across the region were equipped with the knowledge, skills and attitudes for programme delivery.

A comprehensive in-service and pre-service training programme was coordinated at two levels through (i) teacher's training college, and (ii) specially organized training workshops. Key



partners in the process were the teachers' colleges, UWI Faculties of Education, Ministries of Education, Boards for Teacher Education, the Fertility Management Unit of UWI and use of outside resources, where necessary, to support the regional training effort. A number of national and regional training workshops on HFLE were facilitated with a primary target audience of technical coordinators, HFLE specialists, curriculum planners, HFLE coordinators, guidance counselors and NGOs. Some of the objectives of these workshops were to review the adequacy of materials, identify gaps, and make recommendations on additional materials/aids/subject areas.

The planning for and allocation of appropriate time and resources for training and its funding, particularly at the national level, were critical to the effort of developing the appropriate HFLE delivery skills in teachers. Other critical success factors included trainers sharing their knowledge with other teachers and community workers in local sessions, and the incorporation of a gender perspective to the curriculum and teaching materials.

### **MATERIALS DEVELOPMENT**

A primary objective of the HFLE initiative is the development and distribution of comprehensive life-skills based HFLE teaching materials in all primary and secondary schools. It was agreed that materials should be attractive in design, innovative in the presentation of ideas to young people (using illustrations, games and experimental learning techniques), build and/or supplement existing resources, and incorporate a gender perspective. Material development continues in the effort to meet the changing needs of Caribbean societies.

### **COMMUNICATION**

An important part of the strategy is increasing the awareness and understanding of the HFLE initiative, clarifying any misconceptions about

HFLE and demonstrating the benefits of the programme to different target publics. A strong community outreach programme is necessary to spread the benefits and increase buy-in from important partners like parents, care givers, community based organisations and religious leaders.

### **MONITORING AND EVALUATION**

It is important that clear, measurable indicators for monitoring and evaluation of the process be put in place and be used as feedback to inform and improve programme quality and implementation. These standardized evaluation methods should be available for use by Governments, agencies and HFLE stakeholders to guide the ongoing development of the project. Some examples of indicators include:

- Surveys to determine how much HFLE is actually taught across the school
- Evaluation of the effectiveness of new teaching techniques and materials
- Evaluation of the effectiveness of programme delivery
- Evaluation of the quality of reporting of results
- Evaluation of programme impact within the school environment
- Evaluation of the degree of fidelity in programme delivery

In 2003 six countries collected data which indicated that whilst HFLE was being taught from preschool through to fifth form in a few countries, it was largely taught at the senior primary level and up to Form three at the secondary level, which is to children ages 9-14.

In order to assess the effectiveness of the skills-based curriculum, it was necessary to collect data



on curriculum delivery and student outcomes especially as it related to behavioural practices. The process of developing an evaluation design for HFLE started in February, 2005. Two components were agreed on:

**1. An evaluation of student outcomes using baseline and follow-up surveys.**

This study will take place in 4 countries, with 4 schools per country. The baseline study commenced in September 2005 with a follow up survey scheduled for mid 2008 with reference to two HFLE themes, Sexuality and Sexual health and Self and Interpersonal Relationships

**2. A process evaluation that includes monitoring programme implementation, identifying facilitators and barriers and assessing satisfaction of teachers, students and HFLE coordinators.**

This process tracks the implementation of the HFLE curriculum in selected schools and identifies ways to improvement HFLE and its implementation. Measurement tools and processes include: - School Administrator Interviews, a Teacher Assessment of Classroom Implementation Instrument, a Teacher Observation Instrument, an HFLE Coordinator Assessment Instrument, and a Student Survey Instrument.





# PROJECT ACHIEVEMENTS AND SUPPORTING FRAMEWORKS

Achievements to date include:

- The movement of the HFLE curriculum from information based to life-skills based and interactive teaching as was outlined earlier;
- The implementation of the HFLE skills based Curriculum framework in Caribbean schools for students 10-14 years;
- The delivery of HFLE in public schools in the eastern Caribbean from senior primary through to the 3<sup>rd</sup> year of secondary schools. Some schools have implemented HFLE from pre-primary to secondary schools;
- Greater receptivity to the use of interactive methodologies in regional classrooms;
- Sensitization of national education systems to the importance of life skills based HFLE;
- The teaching of HFLE in at least 75% of teacher colleges;
- HFLE being offered as an option for the B. Ed programmes at the UWI; and
- The availability of a summer training programme for teachers on HFLE at the UWI, Cave Hill Campus.

## SUPPORTING FRAMEWORKS UNDERPINNING THESE ACHIEVEMENTS INCLUDE:

### THE NATIONAL POLICY FRAMEWORK

This provides guidelines, information and tools for the effective formulation, promotion, implementation, monitoring and evaluation

of national HFLE programmes. It is important for HFLE's long-term survival to have it institutionalized at the national level. This important step drives HFLE's integration as a core component of the curriculum in pre-primary to tertiary level education.

### THE PAHO/CARNEGIE CORE CURRICULUM GUIDE FOR STRENGTHENING TEACHER TRAINING IN THE EASTERN CARIBBEAN.

This guide provided the basis for the development of the curriculum content for teacher training and training materials in schools.

### FORMALISATION OF HFLE INTO TEACHER TRAINING PROGRAMMES

HFLE courses have been introduced at UWI Cave Hill Campus (Summer Programme); incorporation of HFLE as an option in the Associate degree programme and as a major in B.Ed Programme. An HFLE curriculum has been developed for the three-year teacher's college diploma programmes in Jamaican teachers colleges. HFLE Programmes are also being offered at teachers' colleges in the Eastern Caribbean, with an HFLE Bachelor's programme already started at UWI, St. Augustine Campus in Trinidad and HFLE courses being offered in some post-graduate programmes. Sustained teacher training is necessary for the advancement of HFLE and requires that supporting partners like the University of the West Indies and teacher colleges continue to develop and strengthen HFLE training programmes.

### SUPPORTING INFRASTRUCTURE FOR HFLE

The establishment of a number of working groups, committees, like the Regional Advisory Committee, National and Regional Working Groups, Curriculum Development Committees, National HFLE Coordinators etc. which collectively, effectively managed the process to



guide HFLE programme to its current level of development across the region.

### OTHER IMPORTANT SUPPORTING MECHANISMS AND PRACTICES

HFLE's advancement started with the decision taken in 1996 by the Heads of Government mandating that HFLE be taught at all levels of the education system across the Caribbean. Programme development continued through the collaboration and networking between the many intersectoral groups to ensure the transfer of knowledge and ideas necessary to develop a regionally focused HFLE agenda. The commitment of personnel, in country "champions", to promote HFLE development, particularly at the national levels was also important to programme advancement particularly where HFLE is not fully entrenched in the system. Additionally, a supportive teaching infrastructure and environment is also extremely important to the advancement of HFLE with some reform of regional teaching systems required to support the programme's implementation.

The collaborative efforts of the UWI, Fertility Management Unit (FMU) and the Schools of Education, facilitated discussion, the sharing

of ideas and the joining of efforts to advance HFLE training, materials development and distribution. The **CARICOM/UNICEF** partnership, the Regional Working Group and agencies like **UNDP, PAHO, UNODC** all contributed significantly to the process providing technical assistance, resources and funding etc. to guide the process.

Other important supporting mechanisms included: - facilitation of a number of workshops, forums engaging many countries with practical presentations at the COHSOD, which enabled advocacy for support and placed HFLE high on the political agenda. These gatherings also allowed demonstration of the use of participatory methodologies and the fundamentals of a learner centred approach to the delivery of HFLE.

Additionally, community outreach initiatives like the HFLE Newsletter, flyers and posters covering regional HFLE issues, were important to disseminate important news and facts about HFLE and encourage involvement by key groups like parents, other care givers and out-of-schools youth, in the effort to strengthen school-home-community linkages.





# CHALLENGES TO THE PROCESS

Stakeholders faced a number of challenges in the effort to advance the programme to its current level of development.

While some of these issues still remain relevant, substantial work has been done to create long-term solutions to minimize any likely negative impact on the programme. Some of these issues and challenges have been explored below: -

## MISCONCEPTIONS ABOUT HFLE

Different audiences perceived the programme as sex education, others believe that HFLE is not as important as science or mathematics to the education of Caribbean youth, creating some initial resistance to the concept, and whether it should be taught in schools. Some teachers and school administrators also reacted negatively stating *“there is no room for HFLE”, “school space is inadequate to include HFLE”, “it’s more work for teachers”, “HFLE is not academic oriented and the Ministry’s assessment of the performance of teachers is based on academic successes”*. The intensive communication outreach programme sought to break down some of these barriers by explaining HFLE and its benefits.

## LAGS IN TRAINING

Teacher training was affected by the slow incorporation of HFLE as a regular part of academic programmes and training at UWI, and was also hampered by the availability of funding to support regional teacher training initiatives. Training efforts went on simultaneously with programme development, creating some challenges in terms of competition for resources. In addition, with the slow implementation of HFLE in many schools, some school systems were not ready to pull in the trained teachers. As trained teachers returned to classrooms ready to deliver, the system was not ready to accommodate them. Progress with the establishment of the Regional Teacher Resource Centre has also been slow.

## SUSTAINING PROJECT COMMITMENT

Stakeholders also perceive a lack of sustained commitment from regional politicians, policy makers and some agencies which is evidenced by the slow progress with the adoption and implementation of national policies and the formalization of National HFLE programmes. This has implications for the allocation of adequate resources to maintain the HFLE implementation momentum.

## UNEVEN IMPLEMENTATION

Implementation of HFLE in schools has not been the same, in a number of areas across the region. For example, the number of hours taught, the standardization of what is taught in schools as some schools select only parts of the curriculum to impart to students.

## LEADERSHIP AND COORDINATION

Turnover in Ministers and technocrats hampered efforts to maintain coordination and the communication flow among the numerous working committees, groups and partners. In addition the programme suffered at the outset from a lack of support from and active involvement from some members of an important leadership group in the school systems, the Principals, to direct HFLE implementation in schools.

## AVAILABILITY OF ADEQUATE RESOURCES

Adequate numbers of trained human resources for programme delivery suffered because of (i) a rapid turnover of trained teachers out of some school systems and (ii) the transfer of trained teachers to other areas in Government, an action which did not allow maximum use of trained resources within the school system. Another challenge related to the availability of adequate materials to support the student, teacher HFLE learning process; and limited funds for HFLE with the reallocation of funds by some Government and international agencies in supporting specific



aspects of HFLE, for example, HIV/AIDS and Drug Abuse.

### INFORMATION DEFICIENCIES

The unavailability of a national and/or regional databank recording data and important statistics on issues that impact HFLE, for example, statistics on drug use.

### CURRICULUM OVERLOAD

In the start-up phase of the project, there was a tendency of the educational sectors to buy into all types of programmes that are parallel to HFLE, creating competition for resources and loading of the curriculum. Additionally, the lack of policy that HFLE be taught as a compulsory core subject in schools and timetabled into the curriculum meant that some students had very limited exposure to HFLE.

HFLE implementers had to convince territories to collapse a number of vertical programmes which were overloading the curriculum into the HFLE programme using an integrated and manageable approach to subject delivery. The actual methodology for teaching HFLE made some teachers uncomfortable, some lacked confidence in using the different teaching methodologies;

some had a level of discomfort in delivering elements of the programme. Teachers had to be re-oriented from knowledge and topic based approach to teaching to the use of participatory and interactive methodologies in the delivery of HFLE in classrooms.

### PROJECT MONITORING & EVALUATION

There was limited follow through from the teacher education pre-service programme to the classroom to see if HFLE is being taught/projected as was intended. Lack of funding has been a major constraint in putting in place systems to monitor HFLE in schools.

### BROADENING OF PROJECT SCOPE

A new challenge for programme developers emerged with the broadening of HFLE's scope to include groups outside of the classroom which requires different methodologies, interventions, approaches and partners to effectively reach these groups.

### COMMUNICATION

There is a continuing need to inform the public about the significance and benefits of the programme.





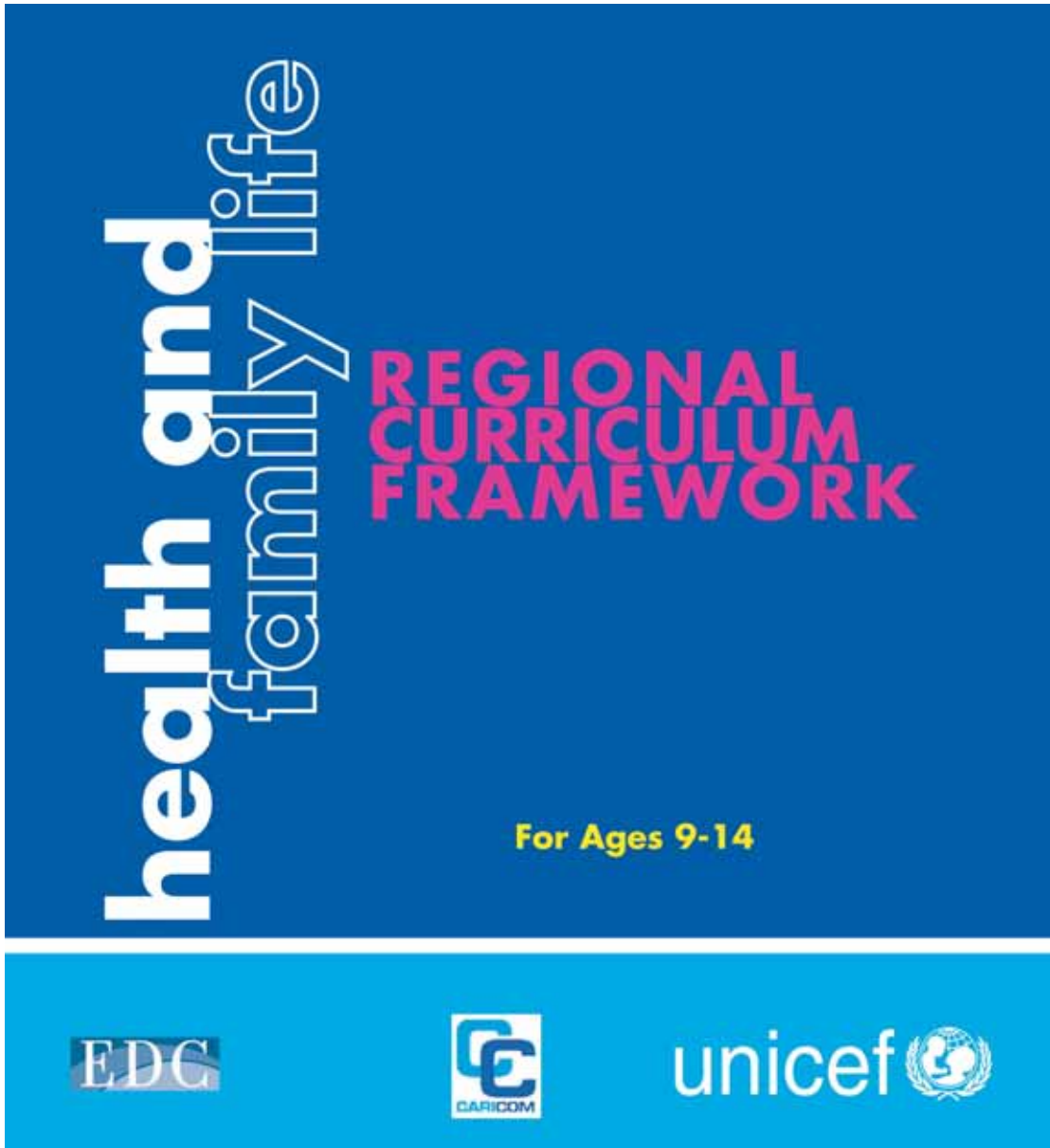
# THE WAY FORWARD

Stakeholders have provided a variety of suggestions for the continued development of HFLE and these include:

- Clear commitment of funds from Ministries of Education for school HFLE programmes. Additional commitment from Ministries of Health to offer support through their health educators and other resource persons
- Increased advocacy of international Agencies to continue investment in regional HFLE programmes curriculum revision, instructional aids etc.
- Continued development of the HFLE training programme with an HFLE Bachelors degree for teachers at all UWI campuses. Additionally, the development of online access to courses, teacher training for HFLE
- Standardisation across the region of the amount of time that should be allocated to HFLE in the curriculum
- Development of policy on whether HFLE should be examined as a CXC subject or as part of a school leaving certificate, whether HFLE should be taught as a separate subject or as an integrated module
- Use of information technology to support the delivery of HFLE in schools
- Development of HFLE Programmes for Out-of-School Youth and Parents
- Setting policy on the appropriate handling of HFLE issues raised in the classroom, for example, how to manage sexual disclosures by children during classroom interventions
- Revival of the “Healthy schools” concept, which looks in totality at what makes a healthy school



# APPENDIX I



To obtain more information about this document, please contact the UNICEF Office for Barbados and the Eastern Caribbean. Tel (246) 467-6000; Fax (246) 436-2812

# APPENDIX II

## **A GUIDE for Developing A National Policy on Health and Family Life Education**

*Prepared by:*  
Annette Wiltshire HFLE Consultant for the  
*CARICOM Multi-Agency Initiative*

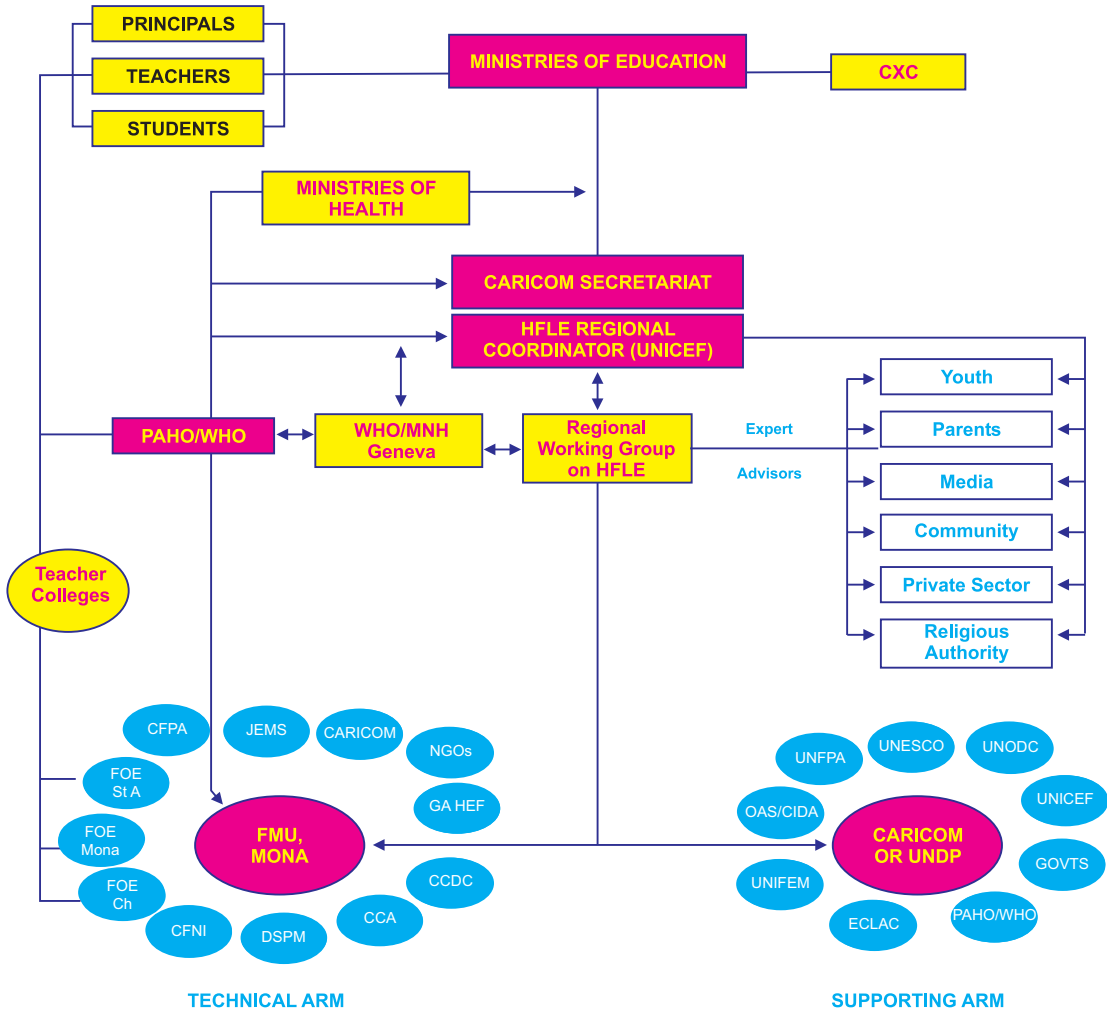
4 October 1996



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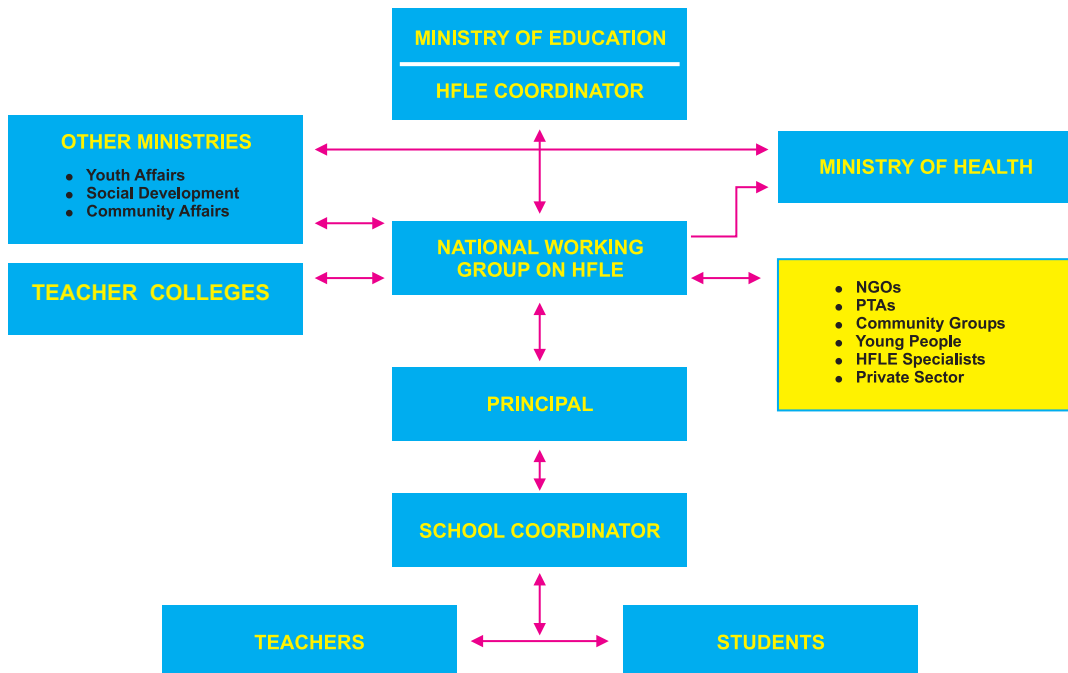
# APPENDIX III

## COLLABORATIVE LINKS BETWEEN PARTNER INSTITUTIONS FOR HFLE INITIATIVE



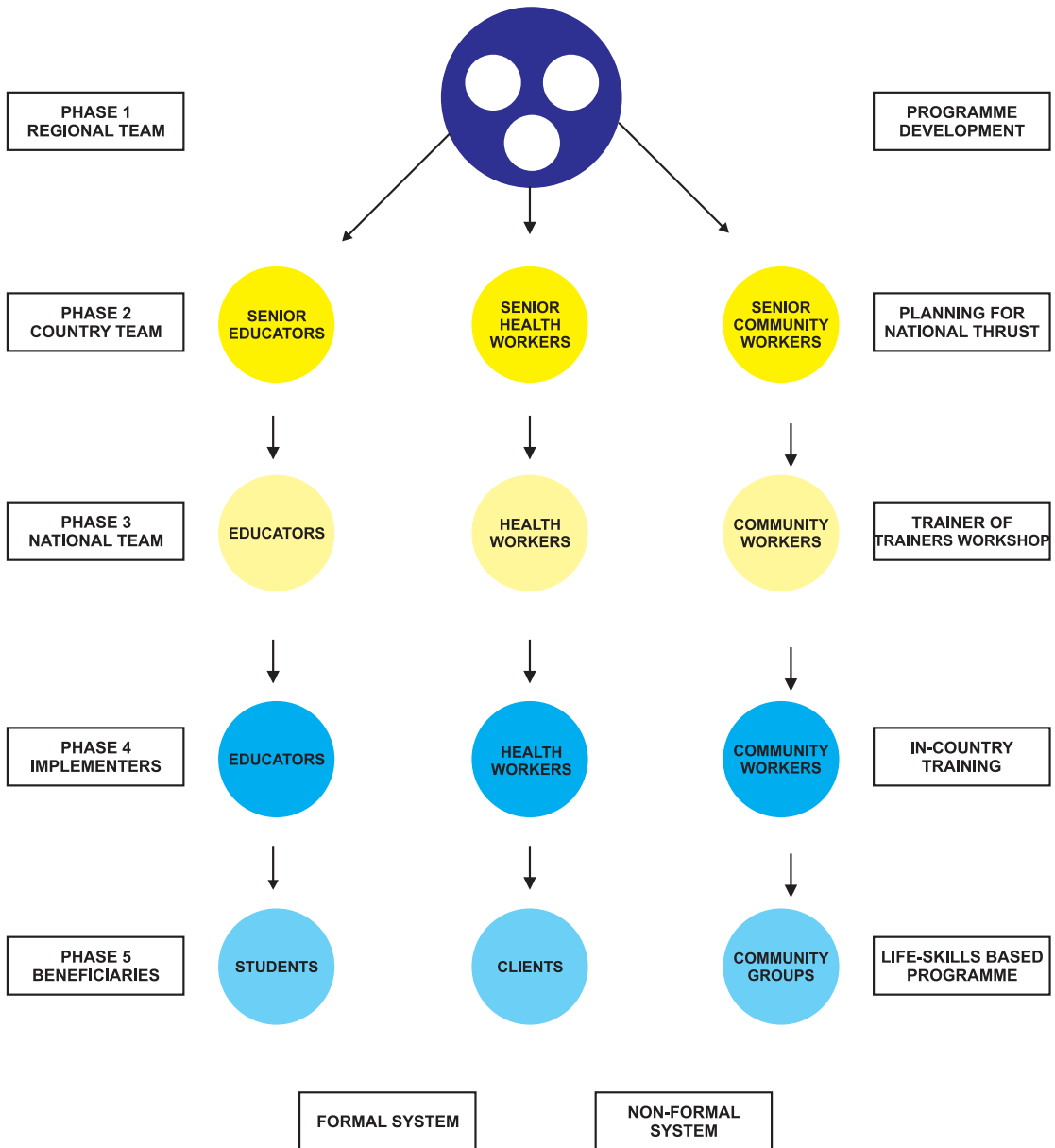
# APPENDIX IV

## NATIONAL COORDINATING STRUCTURE



# APPENDIX V

## CARICOM MULTI-AGENCY HFLE PROJECT PREPARING FACILITATORS OF CHANGE MULTIPLIER EFFECT OF TRAINING



# APPENDIX VI

## **New Summer School Course Offering Teaching Health and Family Life in Caribbean Schools including HIV/AIDS Prevention Summer 2004**

The University of the West Indies  
School of Education  
Cave Hill Campus  
Barbados, West Indies

### **For further information on course registration contact:**

Coordinator, Summer School Programmes  
The University of the West Indies,  
Cave Hill Campus, Barbados  
Phone: 246-430-1120  
Email: [info\\_request@cavehill.uwi.edu](mailto:info_request@cavehill.uwi.edu)  
Website: <http://humanities.uwichill.edu.bb/Education/Default.htm>

Or

Director, School of Education  
Phone: 246-417-4425 or 246-417-4426  
Email: [education@uwichill.edu.bb](mailto:education@uwichill.edu.bb)

### **Course Costs**

May 31 July 30, 2004  
BDS \$300.00 for UWI Students  
BDS \$400.00 for non-UWI students  
US \$500.00 for students from non-contributing countries

### **Developed in partnership with:**

Education Development Center, Inc. (EDC)  
With support from UNICEF and CARICOM

### **Application Forms and Scholarships**

*Students who wish to register can get registration forms from the Resident Tutor at the UWI School of Continuing Studies in their countries. Information about possible funding for OECS countries is available by immediately contacting:*

1. UNICEF Caribbean Area Office  
Phone: 246-467-6000  
Email: [eking@unicef.org](mailto:eking@unicef.org)
2. Your country's Ministry of Education, Chief Education Officer

### **Rationale and Need for the Course**

*Research from around the world indicates that teacher and student health status affects the quality of teaching and learning, academic performance and school completion. In the Caribbean region, while most young people are healthy, a growing number engage in risk behaviours that threaten their health, survival and academic success. For example,*

- The rate of HIV/AIDS prevalence in the Caribbean is the second highest in the world after sub-Saharan Africa. A study by the Pan American Health Organization (PAHO) found that many young people have their first sexual experience before the age of 12, hardly ever using condoms;

# APPENDIX VI CON'D

- There are escalating incidents of family and youth inter-personal violence, often related to alcohol and drug use;
- Obesity is on the rise.

Health and Family Life Education (HFLE) can play an important role. Evaluations have shown that if HFLE is taught with a focus on student **skill development** rather than content alone, by engaging students in participatory activities to practice those skills, prevention is effective. Given the potential of young people in the region, the educational system must play a leadership role in preparing staff to deliver effective HFLE and HIV/AIDS prevention programmes. This Summer School is a perfect vehicle for countries to increase staff capacity in this way.

While HFLE has a long tradition in the region, there is still a great need to strengthen the ability of schools and teacher education colleges to **implement** HFLE fully at the local level, using the most effective strategies.

## Course Description

The purpose of this 3-credit course is to increase the capacity of Caribbean nations to effectively teach Health and Family Life Education (HFLE), including: HIV/AIDS prevention. Participants will enhance their ability to plan and teach HFLE, based on country data, local community health risks and assets. Gaining skills to identify and use evidence-based, effective strategies to deliver HFLE will be the course foundation.

## Course Audience:

*Any educator interested in addressing the health needs of children and adolescents through the educational system, including:*

- experienced HFLE teachers in primary and secondary schools;
- primary or secondary school teachers interested in teaching HFLE;
- guidance counselors;
- HFLE teacher educators from teacher education colleges;
- students in teacher education programmes;
- others involved in education venues who can deliver HFLE.

## Course Objectives:

*By the end of this course, participants will be able to:*

- plan, assess, deliver and evaluate effective HFLE programmes targeted to country-specific health issues and assets;
- use new, standardized Regional HFLE Curriculum Frameworks to select, adapt or develop new, developmentally appropriate lessons and teaching strategies related to 4 key themes: Sexuality and HIV/AIDS Prevention; Interpersonal Relationships and Violence Prevention; Nutrition and Fitness; Managing the Environment;
- coordinate with and leverage resources and activities to address HIV/AIDS;
- practice a variety of teaching methods appropriate to the circumstance: traditional, participatory and teacher facilitated;
- identify ways to implement HFLE in existing school curricula with consideration of stand-alone, infusion and integration;
- use multiple and creative strategies to assess student learning: written and oral tests, observational checklists, portfolio of student work.

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