Piloting Health and Family Life Education as a Timetabled Subject in Guyana

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Cover Photo by E M. McIntosh: Children in a Region 6 Secondary School
I. Executive Summary

The HFLE Evaluation:
This evaluation report, commissioned by United Nations Children’s Fund (UNICEF) and the Ministry of Education (MoE) contains the findings of a three-month evaluation of the MoE’s piloting of Health and Family Life Education (HFLE) as a timetabled subject within the secondary school system. The evaluation occurred at a critical juncture, as since the introduction of HFLE as a timetabled subject in 2010, the programme has been expanded to at least eighty additional schools throughout Guyana but no systematic evaluation has been conducted on its relevance, effectiveness, efficiency, impact and sustainability.

The main purpose of the evaluation is to “determine the extent to which and how were HFLE Life Skills Based Curriculum Pilot Programme, as a timetabled subject, has and is achieving its objectives”. The aim of the evaluation was to review the piloting of HFLE in 30 secondary schools, covering the period from September 2010 to June 2013. For the evaluation these schools were compared with those that were not exposed to HFLE. The evaluation was also meant to identify lessons learned to inform policy makers, in the future expansion of HFLE as a timetabled subject in the country. The life-skills centred HFLE programme is a key component in the government’s policy and this evaluation has been commissioned to inform the Ministry’s future planning and programming, since the ministry is reviewing and conducting a strategic planning exercise for the next five years (2014-2019).

The specific objectives of the evaluation, as stated in the ToR, are to:

1. Determine the extent to which and how were HFLE Life Skills Based Curriculum Pilot Programme, as a timetabled subject, has and is achieving its objectives.
2. Based on the findings with regards to number 1, identify sources, facilitating factors and challenges encountered in the pilot program
3. Drawing on findings in 1 and 2 compile lessons learned and elaborate their implications for the design of the programme to expand HFLE as a timetable subject to cover all schools in country.

In total 1,086 students were surveyed in 26 HFLE and non-HFLE schools, 23 HFLE teachers participated in the evaluation, and approximately 60 interviews were conducted with key stakeholders at the national, regional and local (community and school) levels.

Methodology
The evaluation was guided by an evaluation framework, which was prepared jointly with UNICEF and MoE during the inception phase, and which was used to develop a logic model for the intervention since none existed. The evaluation employed both qualitative and quantitative methods and was carried out by an inter-disciplinary team, which included a social researcher and a methodological expert.

The fieldwork component of the evaluation integrated the use of a combination of methods: a student outcome survey, focus group discussions and in-depth interviews. The evaluation also benefited from the presence of some baseline data for several schools in three out of six regions of the evaluation.

The evaluation consisted of:
- A literature review of international literature and regional frameworks including the Global Life Skills Evaluation;
- A review of relevant HFLE documents largely acquired from the Ministry of Education including reports, TORs, correspondence, surveys and monitoring sheets;
- Fieldwork using mixed methods (qualitative and quantitative approaches and tools).

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1 The evaluation was done by The Consultancy Group (www.theconsultancygroupguyana.com), the team comprised of: Esther M. McIntosh, Troy Thomas, Mena Carto, Emille Giddings and Sarina Kawall. Data entry and analysis was conducted by Sam CIS (www.samcis.com)
2 The evaluation began in May 2013 and was completed in August 2013 with the field work being conducted from May-July 2013
3 This is consistent with international efforts at evaluation such as UNICEF’s Global Evaluation of Life Skills Education Programmes
4 A copy of the TOR is included in Annex 1
5 A copy of the Inception Report is available in Annex 2
Limitations
The main issue in the interpretation of the data is that of causal implications. Given that a control experiment was not conducted, it is difficult to attribute any obtained effects entirely to the HFLE programme. However, the random selection of the schools assists in making this inference. Since it may be assumed that the students of both the HFLE and then non-HFLE schools within the regions were exposed to similar external stimuli over time, differences between these two categories of schools are likely to reflect the effect of the HFLE programme.

Due to the expansion of the HFLE programme since 2010, the number of non-HFLE schools is limited in some regions. This is particularly the case in Regions 5, 6 and 10. As such, the HFLE students in these regions cannot be compared with non-HFLE students in the same regions. The approach was therefore modified such that HFLE versus non-HFLE comparisons are done only in Regions 2, 3, and 4 (more urban). The limitation here is that the effectiveness and impact of the programme in the urban regions may not be reflective of its effectiveness and impact in the more rural regions. In addition, the three years that have elapsed since the implementation of HFLE as a timetabled subject in the secondary schools may not be long enough for significant changes to have occurred. If significant changes occur, the effects are likely to be small. Because of a lack of baseline data for all HFLE pilot schools, pre-and post-comparison was made only for schools for which baseline data are available.

Findings of the Evaluation

Relevance
HFLE enjoys broad support at all levels of Guyana’s education system. There is consensus among several key stakeholders (CARICOM, Ministry of Education, Regional Education officials, etc.) that the programme is highly relevant to the on-the-ground realities of students, which can practically equip them in a way that other subjects and teaching methods does not. Its relevance is also reinforced by its potential to contribute to realizing MDGs (1-7). There is a strong alignment of the HFLE programme to the Caribbean’s COHSOD goals, as CARICOM’s HFLE initiative guides the in-country implementation. Guyana’s HFLE programme is well integrated into the regional programme and its management arrangements. In spite of this, there are several inconsistencies within both the CARICOM HFLE Framework, and the content of national policy: the School, Health Nutrition and HIV&AIDS Policy. There are also gaps in the implementation of national policy in areas such as (i) having modules that reflect cultural and religious diversity; (ii) HFLE being taught from Grades 1-9 and (iii) as a modularized course from Grade 10-11. The evaluation found that there is strong support among HFLE teachers for the latter to be addressed: (69.5%) of them felt that “HFLE should be taught in Grades 10-12” in keeping with Guyana’s national school policy. The results of the evaluation in relation to the integration of HFLE in the local education context were mixed. For example, 52% of HFLE teachers felt that the subject “fits well with the teaching culture,” while 96% felt that it empowers students. Only 47% said that they were comfortable teaching the HFLE topics and 39% of teachers were neutral on whether parents were supportive of HFLE.

Effectiveness
HFLE, as a timetabled subject, appears to have been effective in improving the knowledge, attitudes and practices of the students in relation to 50% of the indicators, but the results either lack significance or are inconclusive for the remaining 50% of the indicators. The significant improvements are all either moderate or small which means that the effectiveness of the programme is marginal overall. In particular, there are moderate improvements with respect to school life satisfaction, and skills for dealing with peer pressure and negative influences, small improvements in knowledge about and attitude toward sex, sexuality and sexual health, knowledge about transmission of STDs and in conflict and anger management, no improvements in self-concept/self-esteem, family relationships and knowledge, and skills for dealing with sexual abuse/sex exploitation, and knowledge about and attitude towards drug use and abuse whereas the results for decision making skills are inconclusive. In instances when psychosocial issues are revealed during classes these are not always referred to a trained counsellor. There is some evidence of rural-urban and gender disparities in some of the effects of HFLE as a timetabled subject. Whenever these disparities occur, the rural regions and the boys are at a disadvantage. Finally, there is little evidence to suggest that the HFLE programme has resulted in better participation in other subject areas.
Efficiency
The overall direct investment in HFLE has been relatively low, with the program being funded largely by a UNICEF grant of US $107,000 since 2010. The evaluation found no record of a strategic assessment, or resultant budget, which reflects the actual cost to implement the HFLE programme. Instead activities seem to have been implemented based on funding availability and key annual actions such as training.

Teachers tended to teach the topics using tools with which they were most comfortable and to assess the students based on systems that they had devised independently. Despite the fact that there was an effort made to train teachers, more than half (56%) of the HFLE teachers surveyed said that they had not been trained, while 46% felt that implementing the methodology was not easy. The evaluation revealed that there was not a strong effort to implement HFLE in a gender or culturally specific manner as required by the national School policy. There were also unintended outcomes such as personal growth and emotional development of individual teachers.

There were several limitations to the implementation to HFLE as a timetabled subject which generally pointed to capacity constraints including the inadequacy of teaching materials, teaching aides, communication infrastructure and space. Observation and reviews of material found, as has been reported in other Caribbean countries, that there were disparities in how HFLE is taught, the number of periods assigned, and in the use of the curriculum. The majority of teachers said that they, “sometimes followed,” and often improvised. There is also evidence based on a 2011 internal review of the programme by MoE that several of these challenges have existed for some time, and have persisted. There was little visibility of coordination and collaboration at the regional administration level, it was unclear as to the extent to which the National Steering Committee has supported coordination – including with local NGOs and Ministry of Health officials as originally practiced.

Impact
HFLE as a timetabled subject has had small or moderate impact on 57% of the indicators of unwanted behaviours, but none on the others. The programme appears to have reduced the proportion of students reporting to have been bullied moderately, but is associated with only small reductions in the proportions of students who reported to have used alcohol, or drugs, or who reported to have engaged in early consensual and who reportedly are forced into sex. No tangible impacts are observed for having friends who reportedly bullied others, friends who reportedly used alcohol and drugs and on reported knowledge of cases of teenage pregnancy. The impact of the programme exhibits rural-urban and gender disparities favouring the urban regions and the girls respectively. No conclusive links are made between the HFLE pilot programme and student performance and participation in other subject areas and there are also no tangible signs of impacts on the families of the HFLE students.

Sustainability
The implementation of the HFLE pilot-programme was heavily reliant on external, non-government, funding from sources such as USAID, and more significantly UNICEF. The latter agency has emerged as the largest funder of the programme. If the programme is to be implemented optimally it will have a significant cost implication. MoE will most likely sustain the programme and the position of the HFLE Coordinator, albeit at a reduced salary and with significantly less resources if new resources are not identified. There has been no indication that any significant review or change in the current implementation is planned. The government, and in particular senior officials within MoE have demonstrated high levels of political will and ownership of the HFLE programme (as reflected in several key policy documents and plans). The programme is managed and implemented exclusively by the MoE. The pilot did build capacity primarily at an individual level, and to a lesser extent at the organizational or institutional levels with large investments being made in in-service teacher training and less on the issues such as governance (National HFLE Steering Committee), system-wide capacity development, monitoring and adequate resource development.

To a large extent, the findings of the evaluation are consistent with the Caribbean experience outlined in the UNICEF Global LSE report (UNICEF, 2012) in areas such as improved knowledge about STDs and the transmission of STDs; reduction in susceptibility to peer pressures and societal
influences on unhealthy behaviours. However in other areas such as in improvements in family relations, global trends were not reflected in the Guyana experience.

Recommendations
1. Greater Investment in HFLE
Greater effort should be made to advocate for the allocation of adequate sustainable financing and other resources for the programme since much of its viability and effectiveness in the long-term will be hinged on adequate and sustained investment.

2. Policy Revision
Guyana’s HFLE policy framework should be better integrated into CARICOM’s HFLE framework, standards and best practices. This could be ensured by reviewing and revising the current School Health, Nutrition and HIV&AIDS policy.

3. National HFLE Implementation Plan
There is need for a comprehensive plan for HFLE with standards, measurable goals and objectives, an institutional structure, a workplan, logical framework and a budget. The plan should be used as a basis for both planning and resource mobilization.

4. Stronger Collaboration between Home, School and Community
Greater linkages should be fostered at all levels including: at the national level with key agencies that are currently not involved, in determining collaboration with civil society organizations and in particular with parents who were generally found to play a limited role in the programme and to have limited awareness. This would further assist in local level joint prioritisation of issues, and the achievement of the desired outcomes of the programme on the participating students and their families.

5. Improved Coordination
The role and functions of the National HFLE Steering Committee should be reviewed. The committee’s role should include the monitoring of policy implementation, providing guidance and ensuring compliance and fulfilment of regional/international standards and best practices.

6. Sustained Capacity Development
Based on the deficiencies identified in the other sections, HFLE’s implementation should be supported by a clear plan for capacity development both at the individual and organizational/institutional levels.

The provision of a dedicated counsellor in schools is one of the frequent recommendations that came from teachers and head teachers. Greater investment should also be made in increasing the number of qualified counsellors so that students grappling with psychosocial issues have access to needed services.

8. Standardized Assessment
Greater guidance and emphasis should be placed on streamlining and institutionalizing how HFLE is assessed in schools to avoid independent efforts within schools to assess the programme.

9. Gender and Geographical Disparity Issues
The analysis by gender and regional comparisons mean that in order to address these disparities in impact of the HFLE programme, greater attention should be paid to its implementation in the more rural and remote areas and in engaging male students.

10. Sensitive Topics
HFLE teachers should be equipped to deliver classes on sensitive topics and it should be determined whether male and female students should be treated separately.

11. Monitoring and Evaluation
The information generated from monitoring of HFLE should inform decision-making, quality control and compliance and to determine the impact of the programme. Appropriate targets for effectiveness and impact should be developed to guide and evaluate progress in the future.
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# V. Abbreviations and Acronyms

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<th>Abbreviation</th>
<th>Full Form</th>
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<tbody>
<tr>
<td>ACEO</td>
<td>Assistant Chief Education Officer</td>
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<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
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<td>CARICOM</td>
<td>Caribbean Community</td>
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<td>CBO</td>
<td>Community Based Organization</td>
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<td>CEO</td>
<td>Chief Education Officer</td>
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<td>COHSOD</td>
<td>Council for Human and Social Development</td>
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<td>CPCE</td>
<td>Cyril Potter College of Education</td>
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<td>CRC</td>
<td>Convention on the Rights of the Child</td>
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<td>CSO</td>
<td>Civil Society Organization</td>
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<td>CXC</td>
<td>Caribbean Examination Council</td>
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<td>DEO</td>
<td>District Education Officer</td>
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<tr>
<td>ECCE</td>
<td>Early Childhood Care and Education</td>
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<td>EDC</td>
<td>Education Development Centre</td>
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<td>EFA</td>
<td>Education for All</td>
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<td>FBO</td>
<td>Faith Based Organization</td>
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<tr>
<td>FRESH</td>
<td>Focussing Resources on Effective School Health</td>
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<td>FGD</td>
<td>Focus Group Discussion</td>
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<td>GoG</td>
<td>Government of Guyana</td>
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<td>GRPA</td>
<td>Guyana Responsible Parenthood Association</td>
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<td>GT</td>
<td>Georgetown</td>
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<tr>
<td>HDI</td>
<td>Human Development Index</td>
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<td>HDR</td>
<td>Human Development Report</td>
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<td>HFLE</td>
<td>Health and Family Life Education</td>
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<td>HIV</td>
<td>Human Immunodeficiency Syndrome</td>
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<td>IDI</td>
<td>In Depth Interview</td>
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<td>INGO</td>
<td>International Non-Governmental Organization</td>
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<td>KII</td>
<td>Key Informant Interview</td>
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<td>LSE</td>
<td>Life Skills Education</td>
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<td>MHSSS</td>
<td>Ministry of Human Services and Social Security</td>
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<td>MoAA</td>
<td>Ministry of Amerindian Affairs</td>
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<td>Ministry of Health</td>
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<td>National Centre for Educational Resource Development</td>
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<td>NGO</td>
<td>Non-governmental organization</td>
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<td>PIC</td>
<td>Practical Instruction Centre</td>
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<td>PTA</td>
<td>Parent Teacher Association</td>
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<td>REDO</td>
<td>Regional Education Officer</td>
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<tr>
<td>SEL</td>
<td>Social and Emotional Learning</td>
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<td>SHN</td>
<td>School Health and Nutrition</td>
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<td>STD</td>
<td>Sexually Transmitted Disease</td>
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<td>STI</td>
<td>Sexually Transmitted Infection</td>
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<td>ToR</td>
<td>Terms of Reference</td>
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<td>UN</td>
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<td>UNESCO</td>
<td>United Nations Educational, Scientific and Cultural Organization</td>
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<td>UNFPA</td>
<td>United Nations Population Fund</td>
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<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
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<td>USAID</td>
<td>United States Agency for International Development</td>
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<tr>
<td>UWI</td>
<td>University of the West Indies</td>
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<td>WHO</td>
<td>World Health Organization</td>
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<td>YKAP</td>
<td>Young Key At-Risk Population</td>
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Section I: Health and Family Life Education

1.1 Background to HFLE

HFLE has been described as, “a continuous process aimed at ensuring that individuals, through guided learning experiences, acquire attitudes, knowledge, skills and values which would empower them to develop healthy lifestyles and make decisions that would impact positively on themselves, their homes and their communities.” The CARICOM framework describes HFLE as a “curriculum initiative that not only reinforces the connection between health and education, but also uses a holistic approach within a planned and coordinated framework.”

HFLE is a comprehensive, life skills based programme, which focuses on the development of the whole, resilient person to:

- Enhance the potential of young persons to become productive and contributing adults/citizens;
- Promote an understanding of the principles that underlie personal and social well-being;
- Foster the development of knowledge, skills and attitudes that make for healthy family life;
- Provide opportunities to demonstrate sound health-related knowledge, attitudes and practices;
- Increase the ability to practice responsible decision-making about social and sexual behaviour;
- Increase the awareness of children and youth of the fact that the choices they make in everyday life profoundly influence their health and personal development into adulthood.

Globally, the shift in life-skills centred pedagogy stems from social learning theories that emphasize the view that people’s behaviour is based on copying others, and theories, which centre on a person ability to reason, think through, and perceive the benefits of change for themselves. As such, the theoretical foundation of life-skills spans a gamut of literature and empirical research over many decades including:

Social Learning Theory – This theory, which is also known as the Cognitive-Social Learning Model (Bandura 1977), posits that children learn to behave through both instruction (i.e., how parents, teachers, and other authorities and role models tell them to behave) as well as observation (i.e., how they see adults and peers behaving). It recommends that children should be taught skills through a process of instruction, rehearsal, and feedback, rather than just instruction (Ladd and Mize, 1983).

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6 This report was developed with the input and support of several persons whom we wish to acknowledge: Donna Chapman (Deputy Chief Executive Officer, Ministry of Education), Colleen King-Cameron (HFLE Coordinator, Ministry of Education), Lorna McPherson (former HFLE coordinator) Babbsie Giddings (former HFLE Coordinator, Ministry of Health, currently UNFPA), Dr Morella Joseph (CARICOM), Dr. Sarah Gordon (formerly of CARICOM). The evaluation was also informed by the expertise and insights of various stakeholders including NGOs and regional officials whom we wish to acknowledge. We would especially like to thank the teachers, head teachers and students of the 26 schools that participated in the evaluation.

7 Source: Dowrich, Melissa (2013) Evaluation Of Educators Concerns with the Implementation of the Nutrition Component Of The Health And Family Life Education (HFLE) Programme At Primary Schools In Trinidad, International Journal of Education and Research Vol. 1 No. 4 April 2013

8 Source: CARICOM HFLE Framework

9 This theoretical summary was developed using material from the PAHO 2001 publication: “Life Skills Approach to Child and Adolescent Healthy Human Development” which provides a rich background to the theoretical underpinnings of life skills approaches.
Problem-Behaviour Theory - Developed by Richard Jessor, this theory recognizes that adolescent behaviour (including risk behaviours) cannot be reduced to a single source, but is the product of complex interactions between people and their environment. Problem-Behaviour Theory is concerned with the relationships among three categories of psychosocial variables: (1) the personality system, (2) the perceived environmental system, and (3) the behavioural system.

Social Influence Theory - Social influence approaches recognize that children and adolescents will come under pressure to engage in risk behaviours, such as tobacco use. Social pressures include “peer pressure, models of smoking parents, and smoking-related messages in the mass media that feature attractive smokers” (Evans, 1998).

Cognitive Problem Solving - The defining skills focus on the ability to generate alternative solutions to an interpersonal problem and secondly, the ability to conceptualize the consequences of different behaviours. Relationships between these problem solving skills and social adjustment were found not only in preschool and kindergarten children, but also in adolescents and adults.

Emotional, Interpersonal, Intra-personal and other intelligences - During the 1990s, there was also a upsurge of literature including Godman’s: Social Intelligence: Why it Can Matter more than IQ which gave rise to approaches grounded in the life-skills theory, in this case named, Social and Emotional Learning (SEL) which includes key components such as self-management, self-awareness, social awareness and responsible decision making.

Based on the literature reviewed, there are several key issues that are important to highlight because of their relevance for HFLE in Guyana. Firstly, there is evidence to suggest that the scope of life-skills approaches need to be broader as the behaviour of children is shaped by “early childhood experiences …in particular, home and family environment,” which highlights the link between school, home and community. A seminal 2012 UNICEF evaluation concluded that, “while home environments have the most influence on development, ECCE interventions of sufficient quality can have considerable impact on psychological development (as well as physical, mental and cognitive development), particularly for disadvantaged children10”. Another important conclusion is that, “a strong economic case has been put forward for such programmes on the basis that intervention in early childhood to overcome inequality and unequal life chances is more effective and efficient than tackling these inequalities later in life11”. Equally, however, the research points to the importance in having close links to children’s home and social contexts, and the need for continuing support through primary and secondary education so that the benefits of early interventions can be sustained into later life12.” This is directly linked to the realization of the rights of children.

The increased understanding of the way in which children and adolescents think and behave has strongly influenced international agencies and trends. The 1989 Convention on the Rights of the Child (CRC) linked life skills to education by stating that education should be directed towards the development of the child’s fullest potential. The 1990 Jomtien Declaration on Education for All (EFA) included life skills among essential learning tools for survival, capacity development and quality of life. The 2000 Dakar World Education Conference took a position

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11 Ibid
12 Ibid
that all young people and adults have the human right to benefit from “an education that includes learning to know, to do, to live together and to be”, and included life skills in two (out of six) EFA Goals:

- **Goal 3**: Ensuring that the learning needs of all young people and adults are met through equitable access to appropriate learning and life-skills programmes
- **Goal 6**: Improving all aspects of the quality of education and ensuring excellence of all so that recognized and measurable learning outcomes are achieved by all, especially in literacy, numeracy and essential life skills

The HFLE programme is a direct response of key global trends and best practices in social development. As stated in the Terms of Reference for this evaluation: “The whole school approach enunciated by the World Health Organization (WHO) embraces the conceptual models of Health Promoting schools and Community Schools. Here the focus is on the connection and coordination of the curriculum, the school spirit and the environment as well as building partnerships with services. The collaboration and partnerships should include parents, teachers, students, administrators, student and staff groups, community groups and resources from health, the social sector, the private sector and the media.”

### 1.2 HFLE in the Caribbean

HFLE started in the Caribbean in the 1980s as a response to “an increase in problem behaviours being manifested both within and outside the school system” which had a “negative impact on the health and well-being of young people.” As stated in the introduction the HFLE Caribbean Curriculum (UNICEF, CARICOM, EDC) report, (page 4) “there is the perception that traditional curricula do not ensure that children and youth achieve their full potential as citizens. In addition, increasing social pressures are impacting on young persons in ways that make teaching a challenge. HFLE, then, is a curriculum initiative that not only reinforces the connection between health and education, but also uses a holistic approach within a planned and coordinated framework.”

The year 1994 was a watershed year for the HFLE program, because it is the year that the CARICOM Standing Committee of Ministers of Education passed a resolution supporting the development of a comprehensive approach to HFLE, culminating in the committee’s endorsement in 1996 of the “Strategy for Strengthening Health and Family Life Education (HFLE) in CARICOM member states”. CARICOM has established a Regional Working Group in HFLE and also has a Regional HFLE Coordinator with responsibility for calling meetings of the Regional Working Group, developing mechanisms to maintain flow of information, resources etc. and the setting up of regional workshops.

The 2000s saw various key actions and interventions, which have helped to realize the implementation of the strategy. An HFLE Regional Curriculum Framework was developed under the CARICOM Multi-Agency Health and Family Life Education (HFLE) Project as agreed at the April 2003 CARICOM Council on Human and Social Development (COHSOD), with funding and assistance from UNICEF, UNESCO, EDC, the World Bank and the Global Fund to fight AIDS, Tuberculosis and Malaria. The CARICOM Regional Curriculum Framework was launched in 2005 with sample lessons and trialled in Antigua and Barbuda, Barbados, Grenada and St Lucia. The Caribbean Examinations Council (CXC), is currently exploring making HFLE an examinable subject. HFLE has also been introduced as an academic course; the University

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13 In 1998, at the seventh meeting of the Standing Committee of Caribbean Ministers of Education endorsed the Curriculum guidelines for implementing HFLE in schools.
of the West Indies has recently launched a Diploma in Health and Family Life Education Instruction and, Macmillan runs an HFLE course, which has been written to follow the Caribbean Community (CARICOM).

There are some significant areas in which the CARICOM Framework places an important emphasis. According to a CARICOM official, the concept of HFLE is broad and comprehensive, “HFLE is not just a school thing… it is about school, home, community and life”. This view is also clearly reflected in the CARICOM framework:

The success of HFLE depends on building strong home, school and community collaboration. This collaboration will help to (1) educate and empower parents so that they are better positioned to make informed decisions with respect to health and well-being of their families (2) Make appropriate use of available community resources and expertise (3) Contribute to the development of local HFLE curricula.

The HFLE Framework also recommends that, “the school must adopt a holistic approach to promoting the health and well-being of all its members. One such approach is the Health Promoting School concept.” HPS, therefore, provides a supportive learning environment and links its efforts with families and communities. In addition, page seven of the CARICOM framework obligates teachers to “make appropriate referrals to service providers based on the needs of the student, and monitor progress” and also to, “maintain the confidentiality of student records and exchange personal information only according to prescribed responsibility.”

According to the report, **HFLE in Caribbean Schools: New Approaches, Prospects and Challenges** (UNICEF, 2006), HFLE represents a considerable shift in its prescribed mode of teaching which contrasts sharply with more vertical, information-focused and didactic teaching methods. In contrast to other more traditional classroom based programs, HFLE is skills based, explores gender differences and explores values and attitudes. The evaluation found that there was a:

- Greater receptivity to interactive methodologies in the classroom
- Teaching of HFLE is widespread in 75% of teachers training colleges
- National policy formulation is important to the long-term survival of HFLE
- Developing and implementing effective project evaluation was important to feedback and improvement processes
- Although targeting in-school youth was critical it was important to expand the programme to out-of-school youth

HFLE has also been introduced as an academic course; the University of the West Indies has recently launched a Diploma in Health and Family Life Education Instruction and, Macmillan runs an HFLE course which has been written to follow the Caribbean Community (CARICOM) Health and Family Life Education Regional Curriculum Framework developed under the CARICOM Multi-Agency Health and Family Life Education (HFLE) Project as agreed at the April 2003 CARICOM Council on Human and Social Development (COHSOD), with funding and assistance from UNICEF, UNESCO, EDC, the World Bank and the Global Fund to fight AIDS, Tuberculosis and Malaria. The CARICOM Regional Curriculum Framework was launched in 2005 with sample lessons and trialled in Antigua and Barbuda, Barbados, Grenada and St Lucia.

The regional objectives for HFLE included:
A 2009 HFLE process evaluation of four Caribbean country experiences with implementing HFLE programmes found that:

- Implementation issues are a major factor in all pilot countries and that the success of the programme relies on the ability of Ministries to sustain support for HFLE;
- Observations and documentation of classroom delivery support the importance of providing a standardized curriculum which is especially important in instances of high teacher turnover and the fact that many teachers assigned to HFLE have limited experience with the HFLE content or pedagogy;
- Even with the introduction of specified lessons, it was found that classroom delivery varied across countries, schools, and classrooms. To maximize benefits to students, monitoring and documenting classroom implementation is important;
- Competing priorities for classroom time must be balanced with the goals of HFLE.

In addition, UNICEF’s Global Life Skills Evaluation made several key findings as it relates to the Caribbean including:

- Although there is greater visibility of HFLE events in the media a higher profile is needed to obtain “full support from communities and leaders and thereby strengthen sustainability”.
- Where Life Skills Education is within the formal education system, periodic reviews and assessments were conducted but the frameworks used varied throughout the Caribbean. The report found that in Barbados for example, the HFLE curriculum was in a “constant state of evolution and subject to regular M&E and revision on a regional level”.
- In the East Caribbean, a three-year M&E project revealed that in selected schools across three regions, “students knowledge about sexuality and sexual health had increased and negative attitudes toward people living with HIV had decreased. However, sexual behaviour had not changed.

1.3 HFLE in Guyana and the HFLE Pilot

The evolution of HFLE in Guyana broadly reflects trends, practices and priorities within the Caribbean among CARICOM member states. The policies and programmes of the Ministry of Education, a seminal Duty Bearer for children, are closely aligned to achieving the Millennium Development Goals and the achievement of Education for All. Although the interest in HFLE has been consistent since the 1980s, its implementation has been defined at various stages by various leads, approaches and most crucially, the availability of technical support and funding. In the 1990s, there were a number of meetings and consultations held regionally with representation from various multi-agency teams from Guyana (including Ministry of Health and

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14 The study, Strengthening Health And Family Life Education In The Region The Implementation, Monitoring, and Evaluation of HFLE in Four CARICOM Countries, was conducted by UNICEF and was the first evaluation to examine the HFLE process in the Caribbean.

15 Guyana also has a stated goal of equity in education, which includes gender, geographic and disability considerations.
the Ministry of Education) funded in part by UNICEF. During the 1990s, the CARICOM prescription of, *inter alia*, developing a national policy, strengthening the capacity of teachers strongly influenced and informed HFLE in Guyana resulting in a landmark event, the *National Consultation on Health and Family Life Education*, which was held in October 1997 by the Ministry of Education, the Ministry of Health and UNICEF, which identified key issues to be addressed in Guyana's national HFLE policy.

There is a draft 1998 policy document, “Health and Family Life Education” National Policy Document Guyana” which attests to early efforts to implement the CARICOM framework. The policy design was informed by the Focussing Resources on Effective School Health (FRESH) Framework and the EDUCAIDS Framework, both reflecting the strong influence of the HIV/AIDS response that was prevalent in Guyana at the time that the policy was developed. In addition, the use of the “infusion” method, as outlined in the CARICOM Framework, was also implemented but this was largely discontinued because of a perceived lack of effectiveness. Guyana’s Health and Family Life Education initiative sought to:

1. Empower young people with skills for healthy living and focuses on the development of the whole person (emotional, social, mental, physical and spiritual) and is a comprehensive life-skills program focused on teaching students “critical” life skills,
2. Help young people to become independent thinkers and actively participate as responsible citizens.
3. Ensure consistent and sustained exposure to skills-based health education in an effort to increase the knowledge, skills, attitudes and behaviours of Caribbean children to facilitate their adoption of healthy and productive lifestyles and consequently their long term contribution to a healthy Caribbean society; and
4. Increase the awareness of children and youth, in formal and non-formal sectors, of the fact that the choices they make daily will profoundly influence their health and personal development.

### Table 1: HFLE Pilot Schools

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Port Mourant Secondary School</td>
<td>Belladrum Secondary</td>
<td>Harmony Secondary School</td>
</tr>
<tr>
<td>West Demerara Secondary School</td>
<td>New Amsterdam Secondary</td>
<td>Linden Foundation</td>
</tr>
<tr>
<td>Hope Secondary School</td>
<td>Canje Secondary School</td>
<td>New Silver City</td>
</tr>
<tr>
<td>St Rose’s High Secondary</td>
<td>Tutorial High School</td>
<td>Vryman’s Erven Secondary School</td>
</tr>
</tbody>
</table>

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16 The FRESH framework (2000) is a strategy for the effective coordination and organization of SHN&HIV responses and EUCAIDS is a framework that includes five essential components for comprehensive education sector response to HIV&AIDS.

17 Infusion is defined by CARICOM as “Infusion - An HFLE topic area and related skills are infused into another subject area. For example, strategies for developing healthy interpersonal relationships skills may be infused into a biology lesson that critiques the range of relationships found in living organisms. Decision-making and goal setting skills related to promoting abstinence or delaying sexual activity may be infused into a mathematics lesson that explores statistical data related to the rates of incidence of HIV/AIDS among young persons of various age groups.”
In the 1990s, the Ministry of Health played a key role in supporting the implementation of HFLE in Guyana, and took the lead in coordinating HFLE through the use of specialized committees and working groups. The strong emphasis on health that marked this early period is reflected in the former HFLE Coordinator’s position being originally the “Health Desk within the Ministry of Education”\(^{18}\). The introduction of the HFLE Coordinator and the decision to make the schools and education system the home for HFLE meant that there was a shift away from the Ministry of Health to the Ministry of Education. Many international agencies such as UNICEF, UNFPA, and USAID have been credited with providing resources (both human and financial) as well as technical assistance in the implementation of HFLE in Guyana.

Like in many other countries, UNICEF Guyana has historically played a significant role in the implementation of HFLE in Guyana and the Caribbean. According to a 2012 report, “a global stocktaking exercise in 2006/7 to assess progress in LSE at country levels found 156 countries with UNICEF, supported LSE activities, of which 145 had integrated LSE into the curriculum at primary and/or secondary levels, and 70 had made LSE a compulsory subject.” UNICEF has provided funding and technical support for HFLE in Guyana. The HFLE program is also inextricably linked to other UNICEF Guyana investments in both in-school and out-of-school initiatives including the Child Friendly Schools, the TELL Campaign and the establishment of Care Points in partnership with the Ministry of Education and the Ministry of Human Services and Social Security. It is also closely linked to UNICEF’s efforts to support the effective targeting of Young Key Affected Populations (YKAP).

This evaluation, commissioned by UNICEF and the Ministry of Education in 2013, comes at a critical juncture in the history of HFLE in Guyana. Since the introduction of HFLE as a timetabled subject it has been expanded to at least eighty additional schools throughout Guyana during 2011 to 2012. Although the design of the 2010 pilot, placed a strong emphasis on the collection of baseline information and on monitoring, much of this data has not been analyzed, nor has it necessarily informed the implementation of HFLE, or future planning.

The Ministry of Education’s Strategic Planning process for the next five years is currently underway and the current data and information on the HFLE programme should inform this process. Another key characteristic of the current Guyanese context is a significant decrease in the funding and resource allocation of several donors and agencies that have traditionally supported HFLE, such as USAID\(^{19}\) and UNICEF, which will potentially have a significant impact on the programme and which will require effective strategies to ensure HFLE’s continuation.

The tools used in the evaluation are linked primarily to obtaining information on short and medium-term outcomes including student attitudes and the improvement in their skills. The tools used included a student outcome survey developed at the start of the pilot (2010), a teacher questionnaire, and semi-structured interviews with key stakeholders, as well as focus groups with both parents and students (HFLE and non-HFLE). Further information on the tools is provided in the next chapter.

The Evaluation Framework was developed in conjunction with UNICEF and MoE and a copy of the complete framework is available in the annex section of this report.

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\(^{18}\) Interview with Lorna McPherson, former HFLE Coordinator, 20 May 2013

\(^{19}\) The Guyana HIV/AIDS Reduction and Prevention Project, which was a key partner in the 2010 roll-out of HFLE as a timetabled subject has closed, and USAID’s presence in Guyana has reduced.
1.4 HFLE 2010 PILOT CORE COMPONENTS

1.4.1 HFLE Implementation Structure & Coordination

The Ministry of Education, under the School Health, Nutrition and HIV&AIDS Unit, which was developed to implement the School Health, Nutrition and HIV&AIDS Policy, implements the HFLE programme. According to official documentation, “the Unit is headed by a Coordinator who will have a reporting relationship to the Permanent Secretary.” There are three officers in the unit: the Health and Safety Officer, the Special Needs Education Officer and the Health and Family Life Officer.

Based on the Terms of Reference (ToR) for the HFLE Coordinator position, the responsibilities of the Georgetown-based, HFLE Coordinator includes:

- Review and modify if necessary, the HFLE curriculum and its implementation within all schools in Guyana
- Ensure the availability of appropriate resource materials for the delivery of the curriculum
- Infusion of the acquisition of life skills as an outcome of all tuition i.e. even in subjects other than HFLE
- The establishment and continuous support of the Regional and School-based HFLE committees
- Serve as the focal point in the Ministry of Education on matters related to HFLE
- Ensure smooth networking with agencies as they relate to the Ministry of Education.

The National HFLE Steering Committee was developed to realize a key objective of, “ensuring that there is improved coordination among all agencies/groups at the national levels in the area of HFLE, and to increase advocacy and funding for the overall strengthening of HFLE programmes in and out of schools.” The Committee has met four times since 2011 and has formed sub-committees including field officers, training materials and teachers training. A key achievement of the sub-committee is the drafting of the HFLE Field Officers Manual, which supports the implementation of a Field Officers Programme. The HFLE Coordinator also represents the Ministry of Education on the regional CARICOM Working Group.

1.4.2 Government of Guyana-National NGO Collaboration

The implementation of the pilot project, in keeping with the approach outlined in the School Health, Nutrition and HIV&AIDS Policy, included collaboration with various regionally based NGOs (see Table 2). The NGOs selected were largely influenced by the partnership with MoE and GHARP II at the time (2010). These NGOs were involved in the implementation of USAID’s In-School Youth/Out of School Youth (ISY-OSY) Project, which had goals that were compatible with HFLE. The NGOs conducted these functions for one school year (2010-2011).

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20 This position is reflected as Officer in the documentation, but is known now as the HFLE Coordinator.
21 Operational Procedure 6.3 of the policy states, “MoE shall seek to implement mechanisms for the provision of psycho-social support in schools. It shall also work with NGOs, CBOs and FBOs under operational procedures (3.1.1.) to promote the development and implementation of systems that provide employees and students with such psychosocial, physical, emotional, educational and spiritual support and counselling as they shall need” (page 19).
In addition, NGOs also contributed various inputs including financial and technical resources (See Efficiency Section 3.2).

### 1.4.3 Strengthened Capacity of Teachers

Guyana’s National Centre for Educational Resource Development (NCERD) and the Cyril Potter College for Education (CPCE), have historically been involved in both the development of HFLE curriculum guides and the training of teachers. CPCE currently has one qualified and experienced trainer, who sits on the National HFLE Steering Committee. CPCE provides one semester of HFLE training to each CPCE student. The training college had more than 1,700 students between 2010- and 2012.

Since 2010, training programmes also expanded to include other key groups such as District Education Officers and Head Teachers as part of a school wide approach, which was then being followed. Dr Kenneth Hunte supported the introduction of the spiral curriculum approach to HFLE.

The HFLE programme was piloted in thirty secondary schools (there are currently 117 secondary schools in country). The majority of the secondary schools are located in the capital (Georgetown), which for the purpose of the Ministry of Education’s data management is counted as separate from the administrative region (Region 4) in which it falls.

Region 6 (16) and Region 3 (13) have the third and fourth highest numbers of secondary schools following Georgetown and Region 4. In total, there are eight hundred and eighty two (882) nursery, primary and secondary schools in Guyana.

Training was an important component of the HFLE pilot and training was conducted each year and commenced with a Training of Trainers (ToT) workshop conducted by Dr. Jennifer Crichlow, a regional HFLE expert, with funding from GHARP II/USAID. The table below (Table 3) shows the training received by HFLE teachers from 2010-2012.
Table 3: Summary of HFLE Training days 2010-2012

<table>
<thead>
<tr>
<th>Pilot School Teachers</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pilot School Teachers</td>
<td>10 days Trainer of Trainers (TOT) workshop (Grade 7)</td>
<td>3 days training to continue HFLE implementation in Grade 8</td>
<td>3 days training to continue HFLE implementation in Grade 9</td>
</tr>
<tr>
<td>Teachers of 40 schools added in 2011</td>
<td>-</td>
<td>5 Days training to implement HFLE in Grade 7</td>
<td>3 days training to continue HFLE implementation in Grade 8</td>
</tr>
<tr>
<td>Teachers of 28 schools added in 2012</td>
<td>-</td>
<td>-</td>
<td>5 Days training to implement HFLE in Grade 7</td>
</tr>
</tbody>
</table>

1.4.4 Key National HFLE Research and Evaluations

The desk review revealed that there were two key evaluations of the HFLE programme done in 2008 as follows:

- UNICEF (2008) Evaluation of the Implementation of Health and Family Life Education in Schools in which Teachers were Trained to Deliver the Curriculum, researched and authored by Dereck Springer
- UNESCO (2009) Assessment of the Pre and In-Service Teacher Training on Health and Family Life Education in Guyana

The 2008 evaluation focused on determining “the extent to which the curriculum was used and to identify constraints to implementation and recommendations for overcoming them. The evaluation used questionnaires and targeted head teachers and teachers in Nursery, Primary, Primary Top, Community High and Secondary schools in eight of the 10 administrative regions in Guyana.”

Key recommendations pointed to several key weaknesses including – issues of teacher capacity, the implementing policy provisions for linking students to services in collaboration with NGOs, an HFLE monitoring system and the proactive targeting of Grade 7 teachers for HFLE education. Several of these recommendations are reflected in the 2010 pilot programme. The UNESCO report highlighted the need for political will and commitment at the national level, time allocation for topics and “more examples of interactive and participative activities”.

1.4.5 Life-Skills Based Training Materials

Another key component of the HFLE pilot was to “increase the availability and quality of teaching materials”. The following materials were provided to teachers:

1. Sample Lessons – Self and Interpersonal Relationships and Sex and Sexual Health
2. HLFE materials
3. Merundoi produced CD
4. Sexuality Education Text Book
5. Compact disc with Video Clips
6. You your Life and Dream Text
7. Workshop handouts
The HFLE unit has also developed posters, leaflets and other communication tools for the HFLE programme.

1.4.6 On-going Monitoring and Evaluation
Following the first training in 2010, a baseline survey tool was developed and then delivered by the trained HFLE teachers to the students in the school. In addition, the HFLE Coordinator also uses a monitoring form, “Administrator’s Survey” to monitor the implementation in the schools. The teachers are required to send copies of the school timetable to the HFLE Coordinator. The monitoring tool used in the schools measures areas such as general information on implementation, a classroom observation instrument and teacher assessment and satisfaction instrument.

1.5 Definition of Key Terms
The following terms are central to the reading of the report and for the purpose of the evaluation UNICEF’s definitions were adopted, specifically:

Knowledge and “information” are used interchangeably in many contexts, but in discussions of life skills education, "information" refers to what is communicated about a particular fact or subject, while “knowledge” refers to a state or condition of understanding that permits factual information to be related to other information and knowledge, synthesized into broader concepts and usefully applied.

Attitudes is used in the context of life skills education to encompass the broad domain of social norms, ethics, morals, values, rights, culture, tradition, spirituality and religion, and feelings about self and others.

Life skills are defined as psychosocial abilities for adaptive and positive behaviour that enable individuals to deal effectively with the demands and challenges of everyday life. They are loosely grouped into three broad categories of skills: cognitive skills for analyzing and using information, personal skills for developing personal agency and managing oneself, and interpersonal skills for communicating and interacting effectively with others.

Life skills education is a structured programme of needs- and outcomes-based participatory learning that aims to increase positive and adaptive behaviour by assisting individuals to develop and practice psychosocial skills that minimize risk factors and maximize protective factors. Life skills education programmes are theory and evidenced-based, learner-focused, delivered by competent facilitators, and appropriately evaluated to ensure continuous improvement of documented results.

1.6 Structure of the Report
The structure of the report was developed to present the findings of the evaluation in a logical and sequential manner, and to comply with UN reporting standards. Section I (this section), is largely introductory and provides information on the evaluation and general related background information as well as on the HFLE pilot programme. Section II outlines the methodology and tools used in conducting the evaluation, the limitations and challenges encountered (full details of the methodology can be found in the Annex section).

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22 There is no widely accepted definition of “life skills” the definitions used in this document can be accessed on the UNICEF website (www.unicef.org/lifeskills/index_7308.html) and were last accessed in July 2013
23 The outline of this report is guided by the UNICEF – Adapted UNEG Evaluation Reports Standards (version July 2010)
**Section III** contains the HFLE evaluation results, which are presented in five sub-sections based on the requirements of the Terms of Reference (ToR); and specifically in the areas of relevance, effectiveness, efficiency, impact and sustainability. Conclusions and recommendations are presented in the final section: **Section IV**. The Annex section of this report contains several supporting documents: the Terms of Reference (Annex 1), the Evaluation Framework (Annex 2), the full methodology of the evaluation, including the evaluation framework (Annex 3); a list of schools (HFLE and non-HFLE) – Annex 4, a list of people consulted during the evaluation (Annex 5), the bibliography of background materials used in the desk review that informed Section III (Annex 6).
Section II: Evaluation Framework and Methodology

The HFLE Programme Logic

The logic model was devised to guide the evaluation and specifically, to ensure effective focus on key areas of evaluation such as planned interventions and expected programme outcomes and impact. The model also allowed the evaluation team to explore exogenous project factors that had a bearing on project outcomes. Below is a description of the HFLE programme logic and how the program elements were expected to address the situation in the field.

Figure 2: The Logic Model developed for the HFLE Evaluation

The diagram above presents a series of activities and outcomes that are expected to occur for parents, teachers and children who participated in the HFLE program for at least one year, but preferably for all three years. The HFLE logic model progresses linearly, and presents a chain of events that may be read as a logical progression using “if… then” statements. However, given that the programme involves behaviour change, attitude and skill development where exogenous factors also play a critical role, the events and stages in the logic model are recursive and may not be as linear as expected.

As reflected in the diagram above, HFLE as a timetabled subject was largely in response to perceived social problems, which needed to be solved, including alcohol and drug consumption, bullying and HIV/AIDS. The main activities were:

- Two timetabled periods per week (70-80 minutes)
- NGO conducted classes
- Annual training of teachers
- Periodic monitoring
- Referrals to the SWO/Guidance Counsellor
- Partnerships with other agencies

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24 The programme logic outlined in the diagram below was developed with UNICEF and MoE in the absence of an existing logic model for the programme.
The key project inputs were financial resources, technical assistance and the provision of NGO volunteers to support implementation. It was anticipated that there would be strong participation from teachers, parents, regional officials and students in Grades 7, 8 and 9.

The stage one outcomes (learning) were to include: increased skills, knowledge and awareness based on the HFLE curriculum and improved attitudes among students. In the medium-term (action) it was expected that skills would be applied, improved decision-making would take place and policy provisions and investments within HFLE would improve. In the long-term (conditions) this would result in improvements in productivity and economic performance as well as school performance.

2.1 The Evaluation: Purpose Objectives and Scope

The impetus for this HFLE evaluation stemmed from the perceived importance by the Ministry of Education and UNICEF of systematically determining the extent to which the HFLE pilot project had achieved planned objectives and expected results. The evaluation of the HFLE pilot programme began in May 2013, and fieldwork was concluded in June of the same year.

As stated in the ToR (Annex 1), the evaluation was meant to help to support a better understanding among policy makers of inter alia the relevance, effectiveness, efficiency and impact, sustainability and crosscutting contributions of the HFLE program.

The evaluation combined two key evaluation approaches: process and impact evaluation. The process evaluation allowed the HFLE process to be evaluated, including prescribed activities and implementation mechanisms. The impact evaluation assessed the pilot project’s outcomes, which were measured through a standardized instrument aimed at determining attitudes, skills, knowledge and behaviours of HFLE and non-HFLE students. A combination of quantitative and qualitative approaches was employed in for the HFLE evaluation.

The evaluation included a desk review. Interviews and discussions were held with HFLE officials, UNICEF officers, government and NGO officials between May-June 2013. The formal evaluation began on June 2013, and it overlapped with the first phase insofar as the inception report was not yet formally approved. However, through discussion with the UNICEF and MoE representatives, it was determined that the methodological issues were sufficiently addressed to allow the start of the second phase. This decision was also taken with consideration given to the pre-established availability issues and to the approaching closing date of the secondary schools in Guyana.

The qualitative approaches used in this evaluation include:

1. Focus group discussions (FGDs) with students in both the HFLE and non-HFLE schools
2. Focus group discussions/IDI with HFLE teachers in the selected HFLE schools
3. Interviews with the head teachers of both the HFLE and non-HFLE schools
4. Focus group discussions/IDI with the parents of the HFLE students
5. Interviewers with the regional stakeholders
6. Interviews/discussions with MoE staff

The quantitative approaches included a student outcome survey and a survey of the HFLE teachers in the selected HFLE schools.

### 2.2 Purpose and Objectives of the Evaluation

The purpose and objectives of the evaluation are:

1. Determine the extent to which and how were HFLE Life Skills Based Curriculum Pilot Programme, as a timetabled subject, has and is achieving its objectives;
2. Based on the findings with regards to number 1, identify sources, facilitating factors and challenges encountered in the pilot program;
3. Drawing on findings in 1 and 2 compile lessons learned and elaborate their implications for the design of the programme to expand HFLE as a timetable subject to cover all schools in country.

### 2.3 Scope and Focus

The evaluation was meant to garner information from sixteen HFLE pilot schools in seven regions: Region 2 (Pomeroon-Supenaam), Region 3 (Essequibo Islands-West Demerara), Region 4 (Demerara Mahaica), Region 5 (Mahaica-Berbice), Region 6 (East Berbice-Corentyne), Region 7 (Cuyuni-Mazaruni), Region 10 (Upper Demerara-Berbice) and Georgetown (Georgetown, the capital, was classified as separate from the administrative region in which it falls, Region 4). These regions represent seven out of Guyana’s ten administrative regions.

<table>
<thead>
<tr>
<th>HFLE School</th>
<th>Location</th>
<th>Student Population</th>
<th>Non-HFLE Schools</th>
<th>Location</th>
<th>Student Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Charity Secondary School</td>
<td>Region 2/7</td>
<td>460</td>
<td>Cotton Field Secondary</td>
<td>Region 2/7</td>
<td>631</td>
</tr>
<tr>
<td>Patentia Secondary School</td>
<td>Region 3</td>
<td>1,102</td>
<td>L’Aventure Secondary</td>
<td>Region 3</td>
<td>704</td>
</tr>
<tr>
<td>West Demerara Secondary</td>
<td>Region 3</td>
<td>682</td>
<td>Sterwartville Secondary</td>
<td>Region 3</td>
<td>808</td>
</tr>
<tr>
<td>Hope Secondary</td>
<td>Region 4</td>
<td>852</td>
<td>Lancaster Secondary</td>
<td>Region 4</td>
<td>344</td>
</tr>
<tr>
<td>Buxton Secondary School</td>
<td>Region 4</td>
<td>462</td>
<td>Diamond Secondary</td>
<td>Region 4</td>
<td>678</td>
</tr>
<tr>
<td>Kingston Secondary School</td>
<td>G/town</td>
<td>276</td>
<td>Brickdam Secondary</td>
<td>G/town</td>
<td>467</td>
</tr>
<tr>
<td>North Georgetown Secondary School</td>
<td>G/town</td>
<td>563</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lodge Secondary School</td>
<td>G/town</td>
<td>332</td>
<td>La Bonne Intention Secondary School</td>
<td>G/town</td>
<td>395</td>
</tr>
<tr>
<td>St Rose’s High Secondary School</td>
<td>G/town</td>
<td>859</td>
<td>St. Stanislaus College</td>
<td>G/town</td>
<td>557</td>
</tr>
<tr>
<td>Rosignol Secondary School</td>
<td>Region 5</td>
<td>760</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Belladrum Secondary</td>
<td>Region 5</td>
<td>377</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New Amsterdam Secondary School</td>
<td>Region 6</td>
<td>814</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 4: Table showing the Location and School Population of the HFLE and Non-HFLE school included in the evaluation
**HFLE School** | **Location** | **Student Population** | **Non-HFLE Schools** | **Location** | **Student Population**
--- | --- | --- | --- | --- | ---
Canje Secondary School | Region 6 | 572 |  |  |  
Christianburg-Wismar Secondary School | Region 10 | 1,140 |  |  |  
Wisburg Secondary School | Region 10 | 651 |  |  |  

*The statistics provided in this table were obtained directly from the school administration during the fieldwork component of the evaluation and can therefore be considered to be current*

In addition, nine non-HFLE schools were selected to compare HFLE and non-HFLE performance. The main evaluation participants were schools, students, teachers and parents in addition to several key agencies identified in the ToR including the Ministry of Education, the Ministry of Health, MOE and Cyril Potter College of Education, the Ministry of Human Services and Social Security, UNICEF, UNFPA and national and international partners.

2.4 **Evaluation Methods and Tools**

2.4.1 **Student Focus Group Discussion**

The guide for the FGDs was developed in collaboration with UNICEF Guyana personnel. The first section of the FGD guide was applied to both HFLE and non-HFLE schools. Executing this required modifications to the second section of the FGD guide in order to avoid duplications and to ensure that the content was applicable to only HFLE schools.

The student FGDs were done after the students had completed the student outcome questionnaire with a subset (6-12 male and female adolescents) of the said respondents and lasted approximately 45 minutes. Although there were a few departures from this general rule, due to uncontrollable circumstances, the student FGDs were done with the students of Grade 9. In the case of the HFLE schools, the Grade 9 students were the first batch to be exposed to HFLE as a timetabled subject. For consistency, the Grade 9 students were also selected for the FGDs in the non-HFLE schools. In the data collection process, the age and gender of the participating students were also collected (see Table 5).

The HFLE teachers and school administration identified the participants for the FGDs. The decision to have them identify the participants was made after considering the time constraints imposed by ongoing student examinations. In many cases, the evaluation team had to wait on students to come out of the examination rooms and as such, the teachers often resorted to selecting the students based on availability. In some cases, the students were waiting to enter another examination and then they were asked to participate only if they believed that they were done with their preparations. The student FGDs were to be done with six boys and six girls, but due to the constraints, the distribution was unbalanced in many cases. The majority of both the male and female FGD participants were 14 years old and 15 years old respectively. A total of one hundred and eighteen students participated in the focus group discussions.
### Table 5: Disaggregated HFLE Focus Group Participants Data

<table>
<thead>
<tr>
<th>SCHOOL</th>
<th>MALE PARTICIPANTS (Age)</th>
<th>FEMALE PARTICIPANTS (Age)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>12</td>
<td>13</td>
</tr>
<tr>
<td>North Georgetown Secondary</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Charlestown Secondary</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>St. Stanislaus Secondary</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>New Campbellville Secondary</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Kingston Secondary</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>St. Rose's High</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Lodge Secondary</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Buxton Secondary</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>LBI Secondary</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Hope Secondary</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Diamond Secondary</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>L’aventure Secondary</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>West Demerara Secondary</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Patenia Secondary</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Stewartville Secondary</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Rosignol Secondary</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Belladrum Secondary</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>New Amsterdam</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Canje Secondary</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Christianburg-Wismar Multilateral</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Wisburg Secondary</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Charity Secondary</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Cotton field Secondary</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>3</td>
<td>8</td>
</tr>
</tbody>
</table>

#### 2.4.2 Student Outcome Survey

The Student Outcome Survey tool was based largely on that developed by Dr Crichlow in 2010, with a few additional items. The tool is designed to measure several constructs as shown in Table 6.

### Table 6: HFLE Constructs Measured

<table>
<thead>
<tr>
<th>Construct</th>
<th>Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>School Life Satisfaction</td>
<td>Items 1 – 5 and 8</td>
</tr>
<tr>
<td>Family Relationships</td>
<td>Items 6, 7, 10 and 14</td>
</tr>
<tr>
<td>Self-Concept/Self-Esteem</td>
<td>Items 9, 11, 12, 17 and 18</td>
</tr>
<tr>
<td>Decision Making (skill)</td>
<td>Items 13, 15, 16, 19 and 20</td>
</tr>
<tr>
<td>Sex, Sexuality and Sexual Health (knowledge and attitude)</td>
<td>Items 21 – 25</td>
</tr>
<tr>
<td>Transmission of STDs (knowledge)</td>
<td>Items 26 – 30</td>
</tr>
<tr>
<td>Sexual Abuse/Exploitation (knowledge and skill)</td>
<td>Items 31 – 34</td>
</tr>
<tr>
<td>Drug use and Abuse (knowledge and attitude)</td>
<td>Items 35 – 40</td>
</tr>
<tr>
<td>Conflict and Anger Management (attitude)</td>
<td>Items 41 – 43</td>
</tr>
<tr>
<td>Peer Pressure and Negative Influences (skill)</td>
<td>Items 45 – 27</td>
</tr>
</tbody>
</table>
The Students Outcome Survey was administered to 1,086 male and female students in both the HFLE and the non-HFLE schools: 439 females and 359 males from HFLE schools, and 109 females and 102 males from non-HFLE schools. Fifty-three persons did not state their sex. The general approach was to identify 10 students each from Grades 7, 8 and 9 to participate in the survey.

Students were to be uniformly distributed, based on gender. However, students participated based on their availability.

Grades 7, 8 and 9 were identified based on the understanding that these were the groups of students that were exposed to the HFLE as a timetabled subject so far. In some cases, these groups were exposed to HFLE only while they were in Grade 7, while in others, the HFLE classes continued into Grade 8 and Grade 9. These extensions were made subsequent to the 2010 HFLE implementation.

### 2.4.3 HFLE Teacher Questionnaire

The evaluation team developed the HFLE Teacher Questionnaire. The questionnaire is designed to measure several factors (see Table 7).

While based on the items used, the interpretations of the measures appear to be reasonable; the Teacher Questionnaire was not tested on a large sample. The interpretations of the constructs are therefore preliminary and the questionnaire should be evaluated further and updated accordingly.

**Table 7 Teacher Factors Measured**

<table>
<thead>
<tr>
<th>Factor</th>
<th>Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Satisfaction with resources/training</td>
<td>Items 1 – 3</td>
</tr>
<tr>
<td>Satisfaction with support</td>
<td>Items 4 – 8</td>
</tr>
<tr>
<td>Appropriateness of the Skills-based methodology</td>
<td>Items 8 – 12</td>
</tr>
<tr>
<td>Teacher comfort and self-Efficacy</td>
<td>Items 13—15</td>
</tr>
<tr>
<td>Parental support</td>
<td>Items 16</td>
</tr>
<tr>
<td>Teacher growth</td>
<td>Items 17</td>
</tr>
<tr>
<td>HFLE effectiveness</td>
<td>Items 18 – 22</td>
</tr>
<tr>
<td>Attitude towards HFLE in schools</td>
<td>Items 23 – 26</td>
</tr>
<tr>
<td>HFLE examination</td>
<td>Items 27 – 29</td>
</tr>
</tbody>
</table>
The *Teacher Questionnaire* was completed by the teachers then returned to the evaluation team. This was done before the commencement of the interviews with the teachers. Due to the small sample size for the teacher data, significance tests are not done. The analysis is exploratory and the results are represented using tables, charts and graphs.

The *Teacher Questionnaire* also includes a few items that require free responses. These free responses are about the major benefits of the HFLE programme, issues encountered in implementing the HFLE classes, the level of school support for HFLE, and recommendations. These are explored to identify the themes that emerge.

The data collected from the teachers with the *Teacher Questionnaire* contribute to the assessment of the effectiveness of the HFLE programme and of the sustainability at the level of the school. The results are combined with the information obtained from the teacher discussion to provide a more comprehensive overview of the pertinent issues.

Participation in the data collection activities was voluntary. The MoE notified the schools of the visit of the evaluation team and the schools were subsequently contacted directly by the evaluation firm to make further arrangements. The head teachers indicated that the students were in the process of writing their examinations and that the time to interact with the students would be limited. This led to some modifications in the selection procedure outlined in the Inception Report.

Apart from the discussions with the MoE officers, each of the qualitative data collection attempts was guided by a list of pre-established questions. This was done to ensure that the appropriate information was obtained from the participants and to provide some consistency in the approach to obtaining the information. However, the process remained flexible and the sequence of questions could be modified based on the issues raised by the participants.

### 2.4.4 Limitations

A major issue in the interpretation of the data relates to the permitted causal inference. In the absence of a control population, it is difficult to attribute any obtained effects entirely the HFLE programme. The random selection of the schools does assist in making this inference since it may be assumed that the students of both the HFLE and then non-HFLE schools within the regions were exposed to similar external stimuli over time. As such, differences between these two categories of schools are likely to reflect the effect of the HFLE programme.
The baseline data may also be compromised due to unclear management procedures over the last three years. However, the information provided is still useful. The baseline versus end-line comparisons is also not straightforward before and after samples (no panel data set). Whereas the evaluation sample is distributed over the three grades, the baseline data was collected from only the students of one of these grades, and these students were not tracked from the beginning. The difference in the samples of respondents at the beginning of the project and the end line, evaluation sample may affect the findings and conclusion. Consequently, the baseline versus end line comparisons are not used in isolation, and are not given higher priority than the HFLE versus non-HFLE comparisons. Although the causal implications are affected, the results are expected to give some reflection of the effectiveness and impact of the HFLE programme. In particular, larger differences are more convincing than smaller differences.

Due to the expansion of the HFLE programme since 2010, the number of non-HFLE schools is limited in some regions. This is particularly the case in Region 5, 6 and 10 (more rural). As such, the HFLE students in these regions cannot be compared with non-HFLE students in the same regions. The approach was therefore modified so that HFLE versus non-HFLE comparisons are done only in Region 2, 3, and 4 (more urban) with the consequence that the effectiveness and impact of the programme in urban regions may not be reflective of its effectiveness and impact in the more rural regions.

The evaluation used an existing data collection tool, which was used to establish the baseline in 2010. However, some items resulted in very low construct reliability and had to be removed. In particular, all the negatively worded items were removed. The dropped items may have resulted in construct modification, which affects the interpretation of the indicators.

There are also limitations in respect of the scope of the evaluation. For example, data was not collected on the extent to which the curriculum was covered. Impact is usually felt over time. The three years that have elapsed between implementation of HFLE as a timetabled subject in the secondary schools may not be long enough for the impacts to be felt or for significant changes to have occurred. If significant changes occur, the effects are likely to be small.

In addition to these issues, there is the potential for response styles to affect the result adversely since much of the data is collected with rating scales (Van Vaeranbergh and Thomas, 2013). Response styles which are the respondents’ tendencies to use rating scales in systematic ways regardless of the content of the items can affect both the uni-variate and the multivariate distributions in the data and can distort substantive results (Baumgartner and Steenkamp, 2001). In particular, significant rural-urban differences in response styles exist in Guyana (Thomas, Abts and Vander Weyden, 2013) and as such, the ecological effects of the response styles may be confounded with the findings about the indicators (constructs) analysed in this evaluation. While response styles are often not controlled in such data analysis, the fact that they are not measured and controlled is a limitation of the analysis.

In spite of the issues and limitations outlined, it is believed that the data do offer important insights into the effects of the HFLE programme. Furthermore, the data also provide rich insights into the issues faced by the students at schools and about how they cope with these issues. One of the issues that became apparent when the results of the analysis are considered is the extent to which the intended HLFE curriculum was covered in the various schools. However, the evaluation did not examine the coverage of the curriculum so this issue remains unanswered in this evaluation.
Section III: HFLE Evaluation Findings

This section presents the findings of the HFLE evaluation and addresses the questions and criteria in the evaluation framework (Annex 2). The section was developed using findings from the desk review, data collection in six regions and 26 schools through student outcome surveys and interviews with key stakeholders, including teachers (HFLE teacher questionnaire), parents and head teachers. The findings are presented under the criteria that the evaluation aimed to address: relevance, efficiency, effectiveness, impact and sustainability.

3.1 Relevance

Key Questions in the Evaluation Framework related to Relevance:
- What MDGs and CARICOM COHSOD goals does the HFLE programme contribute?
- Does the HFLE programme contribute to the achievement of national development outcomes?
- Does the programme integrate with the local education context and approach to education in schools?
- Has the programme responded to perceived needs (alcohol, teenage pregnancy) within the school system and among youth where was implemented?

Summary of Key Findings

The evaluation found that the HFLE programme content is relevant and contributes to several MDGs (1-7). This is because the HFLE modules cover various relevant topics which could, depending on the quality of the transfer of knowledge, contribute to the realization of these goals in Guyana through awareness raising and influencing behaviour change in school going adolescents.

The evaluation also found that there is a strong nexus between COHSOD goals as CARICOM’s HFLE initiative guides the implementation in Guyana, and as such the national programme is integrated into the regional response. There are however, some inconsistencies within both the CARICOM HFLE Framework and the content of national policy, namely the School, Health Nutrition and HIV&AIDS Policy. There are also gaps in the implementation of national policy in areas such as (1) having modules that reflect cultural and religious diversity, (2) HFLE should be taught from Grades 1-9 and (3) as a modularized course from Grade 10-11. There is strong support among HFLE teachers for the latter to be addressed: 69.5% of them felt that “HFLE should be taught in Grades 10-12” in keeping with Guyana’s national school policy.

The results from the evaluation related to the integration of HFLE in the local education context were mixed. For example, 52% of HFLE teachers felt that the subject “fits well with the teaching culture,” and empowers students (96%), only 47% said that they were comfortable teaching the HFLE topics and 39% of teachers were neutral on whether parents were supportive of HFLE. This highlighted that local stakeholders and implementers may not always be on-board with the importance of HFLE with regard to the local context.

The majority of stakeholders who were interviewed for the evaluation, including education officials, NGO staff and teachers viewed the program as relevant in particular as a response to key social-economic issues which need to be addressed such as, HIV&AIDS, bullying, violence, gambling, peer pressure, teenage pregnancy.

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25 According to the UNICEF Evaluation Report Standards (2004) relevance is defined as “the extent to which the objectives of a development intervention are consistent with duty bearers and rights holders requirements, country needs, global priorities and partners’ and donors’ policies (2004: 31)
The evaluation explored the relevance of the HFLE programme in terms of broader international, regional and national context and development goals such as the MDGs, CARICOM’s COHSOD goals and national development plans and priorities. The evaluation found a direct, and relevant connection to national and regional goals, in particular given the emphasis on the broad investment in human capital in the area of education and specifically in the stated prioritization of HFLE both nationally and regionally. The national and regional development plans are in turn, explicitly linked to the achievement of MDG objectives by 2015.

Both education and health are generally viewed as being essential to addressing global challenges including poverty, inequality and socio-economic under-development, which is also a priority of the Government of Guyana. In 2012, Guyana ranked 112 on UNDP’s Human Development Index pacing Guyana in the “Medium Human Development” category. Since HFLE aims to contribute the development of Guyanese adolescents in a multi-dimensional manner, it is directly aligned with the MDGs.

A 2012 UNICEF report stated, “Health is a primary concern for all nations and relates to several Millennium Development Goals (MDGs) – clean water, sanitation and hygiene; maternal and infant mortality; control of HIV, sexually transmitted infections (STIs) and other preventable diseases such as malaria. Ill health contributes to poor attendance, performance and completion of basic schooling. In all nations there are additional concerns such as substance abuse and risky sexual behaviour which may contribute to crime and violence” (UNICEF 2012: 18). Therefore, because HFLE potentially contributes to supporting human development it has a link to the MDGs. Similarly, CARICOM has reported, “the main thrust of HFLE is to improve human development and the quality life for all. If we are to prevent, reduce, and control the various health-related and social ills that pervade the Region, we must begin by addressing the common, underlying, contributory factors, of which the manifested behaviours are, but the symptoms. Promotion of Health and Wellness, therefore, underpins the entire HFLE curriculum.”

The HFLE curriculum contributes to the MDGs by potentially raising awareness on key issues, which may in turn strengthen both knowledge and practice among young children and adolescents. As the table below (Table 8) shows, the following MDGs are directly addressed in the HFLE curriculum: MDGs 1-7.

<table>
<thead>
<tr>
<th>Millennium Development Goal</th>
<th>HFLE Curriculum Module</th>
<th>Module Description</th>
<th>Topics</th>
</tr>
</thead>
</table>
| MDG 2&3: Universal Primary Education and Promote Gender Equality and Empower Women | Self & Interpersonal Relationships | This module deals with knowing who we are (self-concept) and our place in society. A healthy self-concept leads to healthy interpersonal relationships. | - Conflict management  
- Self esteem  
- The world of work |
| MDG 4: Reduce Child Mortality | Appropriate Eating & Fitness | This module deals with understanding healthy eating, fitness and their relation to health throughout the life cycle. The goal is to reduce the incidence of diet-related and lifestyle-diseases e.g. diabetes and heart disease, and to reduce the burden | - The influence of personal situations on eating habits  
- Food groups  
- The healthy body  
- Personal fitness |
<table>
<thead>
<tr>
<th>Millennium Development Goal</th>
<th>HFLE Curriculum Module</th>
<th>Module Description</th>
<th>Topics</th>
</tr>
</thead>
</table>
| MDG 5: Improve Maternal Health (MDG1) Eradicate extreme poverty and hunger | Appropriate Eating & Fitness | This module deals with understanding healthy eating, fitness and their relation to health throughout the life cycle. The goal is to reduce the incidence of diet-related and lifestyle-diseases e.g. diabetes and heart disease, and to reduce the burden to the health sector of caring for persons with these illnesses. | • The influence of personal situations on eating habits  
• Food groups  
• The healthy body  
• Personal fitness |
| MDG 6: Combat HIV/AIDS, malaria and other diseases | Sexuality & Sexual Health | This module deals with the distinction between sexuality and sexual health, in addition to the way we feel about and deal with the situations that sexual roles and values give rise to. Its content also aims to help reduce the rates at which students become pregnant or contract sexually transmitted infections (STIs). | • STIs & HIV/AIDS  
• Sexual harassment & sexual abuse  
• Communication & decision-making about sex  
• Factors & risks affecting reproductive health  
• Human rights & HIV |
| MDG 7: Ensure Environmental Sustainability | Managing the Environment | This module deals with the interdependence of man and the natural environment. It aims to raise awareness of the personal and collective responsibility to ensure a healthy environment and consequently, healthy humans. | • Working to keep my surroundings clean & healthy  
• Natural risks & hazards  
• Managing the environment’s assets  
• Guyana’s environmental laws  
• Renewable energy—our future? |

In relation to the achievement of universal primary education (MDG 2), both teachers and students reported that the interactive and relaxed nature of the HFLE classes also increased the interest of students to participate in the program.

3.1.1 CARICOM Goals
The HFLE programme is a priority of CARICOM’s COHSOD and Guyana, like several other Caribbean nations, has subscribed to implementing HFLE in keeping with CARICOM’s guidelines. As the CARICOM framework states, “the Sixth Special Meeting of the Council for Human and Social Development (COSHOD) held in April 2003, further endorsed the need for urgent strengthening of the HFLE programme and for making it a core area of instruction at the primary, secondary and tertiary levels. Additionally, COHSOD recommended that the focus of HFLE programmes should shift from an information-based model to a skills-development model, and that a Regional Curriculum Framework should be developed, which could be adapted by Member States to meet their specific needs.”
CARICOM’s implementation of HFLE has traditionally been based on realizing comprehensive and sustained changes in key areas as reflected in the key objectives of CARICOM’s implementation and the HFLE programme in Guyana is strongly aligned with the CARICOM’s goals.

Table 9: Alignment of CARICOM and Guyana’s HFLE Objectives

<table>
<thead>
<tr>
<th>CARICOM Objectives</th>
<th>Guyana HFLE Programme Objectives*</th>
</tr>
</thead>
<tbody>
<tr>
<td>To develop policy, including advocacy and funding, for the overall strengthening of HFLE in and out of schools</td>
<td>To increase advocacy and funding for the overall strengthening of HFLE programmes in and out of schools. To ensure that monitoring and evaluation is ongoing.</td>
</tr>
<tr>
<td>To strengthen the capacity of teachers to deliver HFLE programmes</td>
<td>To strengthen the capacity of teachers to deliver HFLE programme.</td>
</tr>
<tr>
<td>To develop comprehensive life-skills based teaching materials</td>
<td>To ensure the development of comprehensive life skills-based teaching materials so as to reduce the burden on the curriculum brought about by vertical programmes.</td>
</tr>
<tr>
<td>To improve coordination among all the agencies at the regional and national levels in the area of HFLE</td>
<td>To ensure that there is improved coordination among all agencies / groups at the national levels in the area of HFLE.</td>
</tr>
</tbody>
</table>

* Source: HFLE Guyana Project Documents

The HFLE thematic areas mirror those that are used by CARICOM and the curriculum, as well as key training, has been coordinated/supported by CARICOM. Guyana has also been a part of the shift from the old HFLE curriculum that was subject-based and focused on information, to a new curriculum that promotes life skills and explores values and attitudes. However, a key divergence is the comprehensive scope of HFLE, targeting students throughout their school life from Kindergarten to Grade 12 (K-12) whereas HFLE largely stops at Grade 9 and is not found in kindergarten, or in all primary schools.

3.1.2 Relevance to National Development Policies

Overall, the evaluation found that HFLE was integrated into Guyana’s national plans and policies, which is consistent with global trends. UNICEF’s Global LSE Report 2012 found that: “LSE programmes have generally been introduced as part of national responses to identified priorities, and are thus closely aligned to national and sectoral policies and plans.”

Guyana’s Poverty Reduction Strategy (PRS) 2011-2015 states a commitment to HFLE. The PRS is aligned to the MDGs and specifically makes reference in Chapter 11 (“Investing in Human Capital”) to the link between sector approaches and
the attainment of the MDGs. The strategy has various relevant objectives that are linked to the implementation of the HFLE programme including improving access to quality and equitable education at the pre-primary, primary level; improving literacy and numeracy; strengthening school health, nutrition, HIV& AIDS in the curriculum and attaining universal secondary education.

Within the PRS, in the area of education, the policy provides a framework for School Health, Nutrition, HIV&AIDS (2009). The latter includes a specific strategy for the implementation of HFLE and includes several actions including:

1. Continued training of teachers and sector management staff;
2. Strengthening the unit implementing the HFLE programme
3. Conducting two health and nutrition surveys
4. Establishing a mechanism for psycho-social counselling in schools in collaboration with NGOs and CBOs

The policy outlines several important procedures for the implementation of HFLE (Section 4.0 Life Skills Based Health Education):

- Provision of information, training and education will be based on accurate information
- Information shall be gender appropriate, sensitive to religious, cultural and socio-economic diversity, age and developmentally appropriate;
- Parents should participate in, and should provide their “backing” to programmes;
- Sufficient time should be allocated and should be supplemented with a curriculum;
- HFLE shall be taught as a time-tabled subject for Grades 1-9 and as a modularised course in Grades 10-11
- MoE shall foster out-of-classroom learning through school-based youth clubs and organizations;
- Peer education strategies should be promoted;
- All CPCE trainees shall undertake a compulsory module in teaching the HFLE curriculum via Continuous Professional Development sessions;
- Distance education programmes shall incorporate a module on HFLE.

Linked to this, the National Education Policy 2008-2013 specifically lists HFLE as a priority; it also acknowledges the need for “additional training and effective monitoring of the teachers trained to deliver the programme”. The policy also identified the rolling-out of HFLE to “300 additional schools by 2013” and the link to the Ministry of Health and the Health Promoting School Programme. Importantly, it also identifies several challenges, which will have a direct bearing on the delivery of HFLE such as the high turnover of teachers (3.9), limited technology for the classroom (3.3.4), high absenteeism (3.3.3), child friendly initiatives (3.3.2) and the need to improve teacher education and training (4.8). In an interview with the Deputy Chief Education Officer, the importance of the HFLE programme was highlighted and it was stated that the programme would continue to feature as a priority for the sector in the new strategy. Likewise, interviews with various education officials reinforced the perception that the programme is integral to the Ministry of Education’s work. This included both regional and national education officials including the Deputy Education Officers (Regions 4 and 6) and the DCEO for Educational Development. Since, many of these officers were long-standing staff of the Ministry, they had been involved with HFLE since the 1980s.

Table 10: Disparities between National School Policy and Practice in Select Areas
<table>
<thead>
<tr>
<th>School Health, Nutrition and HIV&amp;AIDS Policy Prescription</th>
<th>HFLE Implementation in Guyana</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender appropriate, sensitive to religious, cultural and socio-economic diversity, age and developmentally appropriate;</td>
<td>There are no modules that specifically reflect cultural or religious diversity per se and much of this interpretation is generally left to the teacher.</td>
</tr>
<tr>
<td>Parents should participate in, and should provide their “backing” to programmes</td>
<td>Overall the evaluation found low levels of awareness among parents on what HFLE is and many were not aware that it was being taught to their children. Parent participation in the programme has not been strong.</td>
</tr>
<tr>
<td>Sufficient time should be allocated and should be supplemented with a curriculum</td>
<td>It is recommended that a double period be allocated for HFLE but it was not determined the extent to which a double period can be deemed as “sufficient”.</td>
</tr>
<tr>
<td>HFLE shall be taught as a time-tabled subject for Grades 1-9 and as a modularised course in Grades 10-11</td>
<td>HFLE is not taught as a timetabled subject from Grades 1-9 and is not modularized from Grades 10-11.</td>
</tr>
<tr>
<td>MoE shall foster out-of-classroom learning through school-based youth clubs and organizations;</td>
<td>Out of classroom learning is present in schools though not standard or wide spread and limited incidence of the schools fostering this.</td>
</tr>
</tbody>
</table>

The Ministry of Education’s policy prescribes several relevant key actions including:

- Continue training of teachers and sector management staff
- Strengthen unit implementing HFLE programme
- Conduct two health and nutrition surveys and establish a system for regular screening
- Establish a mechanism for psycho-social counselling in schools in collaboration with NGOs and CBOs

There is no exclusive, stand-alone HFLE policy in Guyana as in other Caribbean nations; rather it is integrated with other areas in the School Health, Nutrition and HIV&AIDS Policy, which outlines the implementation of an integrated programme within the nation’s education sector. The HFLE component of the policy provides guidelines but there are currently several disparities with how the programme is currently implemented (see Table 10). It should be noted that 91% of HFLE teachers agreed, or strongly agreed with the statement that HFLE should be taught in Grades 10-12, in keeping with Guyana’s national school policy.

### 3.1.3 HFLE as a Response to address Social Issues

The majority of stakeholders who were interviewed for the evaluation, including education officials, NGO staff and teachers, felt strongly that the programme was highly relevant to the country, community and school context. The stakeholders framed their perception of the relevance of the HFLE programme in terms of it being a response to key social-economic issues. The thirty schools selected for the pilot programme in 2010 were perceived to contain a high percentage of students who were especially vulnerable because of the high prevalence of poverty and other associated social issues among them. For example the REDO of one region identified several of the issues that youth are exposed to, “their siblings running households (as parents are working in the bush in some cases); there are single-parent households; neglect by parents – some children go to school hungry and this results in deviant

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26 Interview with the HFLE Coordinator, May 2013.
behaviour; exposure to drugs and marijuana use occasionally”. It was also reported that the HFLE class provided a space for students to discuss issues that they may be unwilling, or unable to discuss with their parents.

Similarly, interviews with stakeholders such as regional education officials and head teachers resulted in a long list of key challenges both in school and out-of-school that students faced. These included bullying, gambling, peer pressure, teenage pregnancy, and single parenthood, which some parents also acknowledged. Parents also reported benefits of the programme in areas such as keeping the environment clean, disease control and supporting physical development. Within the school context, violence emerged as a major issue as well as unwanted social behaviours such as students being disrespectful to teachers and having little regard for school property. HFLE was felt to be relevant to addressing behavioural issues such as low self-esteem.

The perceived relevance of the programme is strongly linked to its perceived importance in generating desired social behaviour, which is clearly reflected in the HFLE teacher responses to key evaluation questions. In total 96% of HFLE teachers who participated in the evaluation stated that the subject is “influencing students positively and empowering them.”

Several teachers, when asked what was the greatest benefit of HFLE, (Teachers Questionnaire Question 13) gave responses related to students being better able to deal with social issues:

“It's an excellent subject area, making the students aware of real life situation as it relates to sexuality, crime, HIV/AIDS.”

“Students become well rounded individuals and there is a marked reduction of disciplinary problems in the school in the grades 7-9.

“Students are equip with the knowledge and skills to deal with the challenges of life. The HFLE approach helps students become aware of the various social issues in society and how to apply life skills to deal with the problems.”

Even in non-HFLE schools, head teachers and teachers alike, said that they wanted to have the programme introduced in order to address issues in the school which ranged from bullying, violence, teenage pregnancy, gambling and alcohol and drug use.

3.1.4 Integration into Local Education Context

There was a noticeable effort by the MoE and its partners, to ensure that the pilot programme was effectively introduced and integrated into the local context. The majority, 78% of HFLE teachers interviewed, felt that the subject fits well into the teaching culture. The HFLE pilot programme was launched through a start-up process that included the use of an experienced HFLE specialist (Dr Crichlow), a ten-day training for teachers prior to the start of the school term and the development of a monitoring mechanism and related tools.
Following the September 2010 training, HFLE teachers were then visited by the HFLE Coordinator to support the implementation including, in some instances, introducing HFLE at the PTA meetings and to students. In discussion, many of the teachers reported being enthusiastic about being a part of the 2010 pilot, and this strengthened their buy-in to the programme to which some of them already had some exposure. Teachers and head teachers also stated that having the programme timetabled made a positive difference to the introduction of the programme.

What is important to note is how HFLE is perceived. Some stakeholders including head teachers, equated HFLE with other traditional subjects in schools such as “moral education,” “Thoughts for Teens”, “Guidance and Counselling” and “Pastoral Care” suggesting that the programme was not very well understood by all key stakeholders. The introduction of HFLE as a taught subject, did represent a significant shift in both the content and approach typically used in schools, which is didactic “chalk and talk,” and based on a relationship between students and teachers that is top-down and disciplinarian. Even though, the majority of teachers (74%), strongly agree that HFLE should be taught in all schools, many of them also hold conservative views influenced by the social conditioning and religion.

However, the commitment to teaching the subject is high. For example, even though the 2010 pilot added an additional subject that teachers were required to deliver, the majority of teachers (60%) strongly disagreed with the statement that “HFLE classes take valuable time away from other examinable subjects”, which reinforces the point that they viewed HFLE as important and relevant.

A few teachers reported being uncomfortable teaching certain topics, for example a teacher in Region 4 said that he was worried that the children would “lose respect for him” and that they would “go on the negative side,” because of exposure to topics especially those related to sex. This was also reported by a few other stakeholders who said that some teachers were unwilling to teach “sex education,” and others who recognized that there was a common misconception that HFLE was about “sex education” referring inter alia to teachers (including non-HFLE

27 Interview with the HFLE Coordinator and review of HFLE schedule.
subject teachers) and parents. The evaluation revealed that an improved knowledge of the programme, its objectives and content helped to reduce these concerns.

The Head Teacher at one secondary school stated that, “some parents initially had some problems with the subject. They didn’t know what it was about. This changed as the ones that had the difficulties were told about what was going on.” HFLE Teachers also reported being willing to set aside personal views because they understood the importance and relevance of the programme. For example, one teacher stated that even though initially she had concerns about teaching a module that contained information on homosexuality, which she is opposed to, she was able to put her own values and beliefs aside and teach the module.

These challenges were by no means predominant and at the time of the evaluation the majority of teachers were comfortable teaching HFLE topics, which also reinforces the perceived relevance of the programme.

In one interview, an HFLE teacher expressed the view that she appreciates that everyone is entitled to his or her personal views on various issues e.g. same sex relationships. Another teacher said, “I do the politically correct thing, despite my personal views on topics such as same-sex relationships. I point out the need to respect a person’s personal choice and the need to respect everyone – regardless of who they are.”

Another HFLE teacher said “I explain same-sex relationships as there being various models for partnerships – male/female, male/male, female/female, which a person adopts is his/her personal choice.” Yet another teacher said “In terms of condom use versus abstinence, while I believe in abstinence until a person is old enough, I recognize that in some home situations, early sex is the norm. As such abstinence does not gel. I thus use a scale starting from abstinence to condom use for safe sex.”

One head teacher admitted that she sometimes needs assurance from HFLE teachers that the topics and content being taught is appropriate. She however, “gives the HFLE teacher the benefit of the doubt” – in the absence of any HFLE training provided to her (the head teacher). An HFLE teacher stated that some students started crying when she was teaching the topic of “sexual abuse”. When she brought this to the HM’s attention, the HM expressed the view that, “the teacher is getting too much into the business of the students.” This view - which the HFLE teacher, “is getting into the students’ business” is also shared by some non-HFLE teachers, who feel that some of the subject matter is inappropriate for the students, again suggesting that there is a lack of awareness and information among other non-HFLE personnel within the school.
3.2 Effectiveness

- To what extent have the intended outcomes been realised as it relates to the knowledge, attitudes and practices of students?
- Has HFLE led to better participation in other subject areas?

Summary of Key Findings
Although the pilot of HFLE as a time-tabled subject appears to have been effective in some aspects of equipping the students with knowledge and skills that are relevant to their everyday lives, these effects are either moderate or small which means that the achievements are marginal overall.

There are also some areas in which no improvements are discerned. Moderate or small effects occur for 50% (5) of the indicators whereas no effect occurs for 40% (4) and the results for 10% (1) of the indicators are inconclusive. HFLE as a time-tabled subject has effected:

1. moderate improvements in school life satisfaction, and skills for dealing with peer pressure and negative influences;
2. small improvements in knowledge about and attitude toward sex, sexuality and sexual health, knowledge about transmission of STDs and in conflict and anger management; and
3. no improvements in self-concept/self-esteem, family relationships and knowledge, skills for dealing with sex abuse/sex exploitation and knowledge about and attitude towards drug use and abuse whereas the results for its effect on decision making skills is inconclusive. Some of these indicators evaluated the knowledge of the students and the overall failure of the HFLE students to acquire adequate levels of knowledge points to issues with the delivery of the content by the teachers.

There is some evidence of rural-urban and gender disparities in some of the effects of the HFLE as a time-tabled subject. Whenever these occur, the rural regions and the boys are at a disadvantage. There is little evidence to suggest that the HFLE programme has resulted in better participation in other subject areas.

The effectiveness of the HFLE programme is determined in this evaluation based on several comparisons made as follows based on the Students Outcome survey:

a) Comparison of student responses at the time of baseline versus the end-line survey in HFLE schools that participated in the programme. Here the baseline data\(^\text{29}\) refers to the data collected at the beginning of the HFLE pilot (2010) and the end-line data refers to the data collected during the HFLE evaluation (2013).

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\(^{28}\) According to the UNICEF Evaluation Report Standards (2004) **effectiveness** is defined as "A measure of the extent to which an aid programme attains its objectives or produces its desired results (2004: 30)"

\(^{29}\) The baseline versus end-line is not a before and after evaluation in a strict sense since the students who responded in the two samples are different. This should be taken into consideration when looking at the results for this comparison.
b) Comparison of end-line survey responses of HFLE students and students of those schools where HFLE is not being implemented.  

c) Comparison of end-line survey responses of students in urban HFLE schools (Region 2, 3 and 4) with those of students in rural schools (Region 5, 6 and 10). This is done mainly to determine whether the programme is uniformly effective across the geographic areas included. Here the urban group is the same as the HFLE group used in the HFLE versus non-HFLE comparison.

d) Comparison of end-line survey responses of male and female HFLE students. A gender comparison of the HFLE students’ outcomes helps in determining whether the outcomes are similar for males and females or whether the programme is differentially effective for these groups.

These quantitative results are supported, where possible, with results of the qualitative components of the evaluation.

It is important to note that no targets for the effectiveness of the HLFE as a timetabled subject were set when the programme was piloted and as such, there are no benchmarks against which to evaluate the programme. This evaluation takes the approach of comparing the groups identified to provide impressions of the relative effectiveness of the programme. The presentation of the results is organised according to the indicators used in the evaluation.

### 3.2.1 School Life Satisfaction

School life satisfaction captures the extent to which the students are happy and comfortable at school, including their sense of belonging. Five items measure this indicator:

1. I am happy to be at this school
2. I feel like I am part of this school.
3. I have close friends at school.
4. I like going to school.
5. I get along well with teachers.

#### Table 11 Performance with respect to School Life Satisfaction

<table>
<thead>
<tr>
<th>Construct</th>
<th>Means</th>
<th>Which Performs Better?</th>
<th>Effect</th>
<th>Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline versus End-Line</td>
<td>Baseline (16.03)</td>
<td>End-Line (16.78)</td>
<td>0.26*</td>
<td>Small improvement</td>
</tr>
<tr>
<td>HFLE versus non-HFLE</td>
<td>HFLE (17.06)</td>
<td>Non-HFLE (16.34)</td>
<td>0.31*</td>
<td>Moderate improvement</td>
</tr>
<tr>
<td>HFLE: Urban versus Rural</td>
<td>Rural (17.19)</td>
<td>Urban (17.06)</td>
<td>0.06</td>
<td>No disparity</td>
</tr>
<tr>
<td>HFLE: Males versus Females</td>
<td>Males (16.90)</td>
<td>Females (17.27)</td>
<td>0.15*</td>
<td>Small disparity</td>
</tr>
</tbody>
</table>

* Significance at the 5% level.

The effect size is calculated as the mean difference divided by the standard deviation of one group.

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30 These regions are included because both categories of schools are sampled within them whereas only HFLE schools are found in the other regions that are included in this evaluation.
The results of the students’ outcome survey (Table 11) indicate that there are moderate gains in school life satisfaction by the HFLE students and that these HFLE students are also moderately better-off than non-HFLE students with respect to this indicator. The mean level of school life satisfaction is also similar across rural and urban schools. However, there is a small gender gap among HFLE students. In particular, the girls are more satisfied and happy with school than the boys.

The qualitative data supports the general improvement in school life satisfaction. Both the HFLE teachers and students indicated that they feel a stronger bond with each other. The students feel more comfortable in confiding in the HFLE teacher and reported that they respect and admire these teachers. Notably, this does not necessarily extend to the relationships between the students and the teachers of other subjects since the students indicated clearly that they have to be careful about which teachers they approach. In addition to developing stronger bonds with the students, the HFLE teachers indicated that they are in a better position to understand the issues faced by the students and they believe that they have developed better self-management skills and are more contented with their work as a result of the HFLE training and their involvement with the students. These teachers also acknowledge that they have acquired other skills such as anger management, leadership and assertiveness. This growth in the HFLE teachers may have played a major role in effecting improvement in the students’ satisfaction with school.

In general, the HFLE programme appears to have effected small to moderate gains in school life satisfaction. The HFLE classroom has become an oasis from many of the daily pressures on the students since they feel freer in this environment. At the same time, the girls may be benefiting a little more than the boys.

3.2.2 Family Relationships
Family relationship is a measure of the students’ connection with their respective families. This allows assessment of whether the family relationships are more or less positive. Four items measure this indicator:

1. I have a good relationship with my family.
2. When I have a problem, I can tell my parents/guardian.
3. My family does not understand me.\(^{31}\)
4. I value the opinions of my friends more than my family.

<table>
<thead>
<tr>
<th>Construct</th>
<th>Means</th>
<th>Which Performs Better?</th>
<th>Effect</th>
<th>Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline versus End-Line</td>
<td>Baseline (10.28)</td>
<td>End-Line (10.24)</td>
<td>Same</td>
<td>0.02</td>
</tr>
<tr>
<td>HFLE versus non-HFLE</td>
<td>HFLE (13.37)</td>
<td>Non-HFLE (16.34)</td>
<td>HFLE</td>
<td>0.13*</td>
</tr>
<tr>
<td>HFLE: Urban versus Rural</td>
<td>Rural (13.21)</td>
<td>Urban (13.37)</td>
<td>Neither</td>
<td>0.08</td>
</tr>
<tr>
<td>HFLE: Males versus Females</td>
<td>Males (10.57)</td>
<td>Females (10.38)</td>
<td>Neither</td>
<td>0.11</td>
</tr>
</tbody>
</table>

\(^{31}\) Not included in baseline versus end-line and gender comparisons due to reliability issues.
Construct | Means | Which Performs Better? | Effect | Findings
--- | --- | --- | --- | ---
Baseline versus End-Line | Baseline (13.35) | End-Line (13.97) | End-line | 0.27* Small improvement
HFLE versus non-HFLE | HFLE (14.17) | Non-HFLE (14.07) | Neither | 0.06 No improvement

*Significance at the 5% level.
The effect size is calculated as the mean difference divided by the standard deviation of one group.

The results of the students’ outcome survey (Table 12) indicate that there were no real improvement in family relationship between the baseline and the end-line data, but that the HFLE students report marginally better family relationships than the non-HFLE students. There are also no rural-urban or gender differences across the HFLE schools.

When asked about family relationships in the FGDs, the students were generally reserved about suggesting that there were impacts. Some indicated that they were able to get a better understanding of their parents and are better able to deal with issues that arise at home. Some also indicated that they developed better communication with the mothers mainly as a result of the students themselves becoming more aware of the difficulties that their parents face on a daily basis. However, these observations were not very widespread and cannot be taken as reflective of the views of all of those who were involved in the discussions.

The responses of the parents, who attended the discussions, indicated that while some of them are aware that their children are being taught HFLE, they are not very familiar with all the issues being covered. It was also clear that some parents knew more about the HFLE programme (especially those who were teachers themselves) than others. As such, it is unlikely that the HFLE issues are reinforced at home. In particular, the programme may be more effective in improving the family relationships of the students if the families of the students (at least the parents) are involved in the HFLE programme. Given the current format, influencing family relationships may remain difficult.

Both the students’ outcome survey and the information obtained from the FGDs indicate that the impact of the HFLE programme on the family relationships were minimal to negligible. The HFLE programme therefore appears to have not been effective in improving family relationships.

### 3.2.3 Self-Concept and Self-Esteem

Self-concept/ self-esteem is a measure of the students’ self-image and self-worth. Four items measure this indicator:

1. I am a person with self-confidence.
2. When I look in the mirror, I like what I see.
3. I am clear about my personal values.
4. I have chosen several goals that I want to achieve in life.

<table>
<thead>
<tr>
<th>Construct</th>
<th>Means</th>
<th>Which Performs Better?</th>
<th>Effect</th>
<th>Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline versus End-Line</td>
<td>Baseline (13.35)</td>
<td>End-Line (13.97)</td>
<td>End-line</td>
<td>0.27* Small improvement</td>
</tr>
<tr>
<td>HFLE versus non-HFLE</td>
<td>HFLE (14.17)</td>
<td>Non-HFLE (14.07)</td>
<td>Neither</td>
<td>0.06 No improvement</td>
</tr>
</tbody>
</table>
Although there is a small improvement in self-concept/self-esteem among the HFLE students (baseline versus end-line), the HLFE students are no better off than the non-HFLE students with respect to this indicator (Table 13). There is also no regional, or gender inequalities in the levels of self-esteem across HFLE schools.

Consistent with the baseline versus end-line comparison, a number of students felt that the HFLE classes helped to build their confidence, improve their relationships with others. However, the lack of HFLE versus non-HFLE difference in the quantitative data is striking. If indeed the HFLE programme was effective in raising self-esteem, the effect is very small and as such this evaluation concludes that the program was not effective in raising the self-esteem of the students.

Self-concept/Self-esteem may have much to do with the students’ experiences and how they are treated at home, at school and in the community. It is therefore not anticipated that improvements in this indicator will be very rapid. A more prolonged exposure to self-esteem building activities may be needed.

### 3.2.4 Decision-Making Skills

Decision-making skills measure the extent to which the students follow good practices in making decisions. Four items measure this indicator:

1. If my friends tell me to wear a certain style, I would do it even if I may not like it.
2. When I have to make a choice, I usually ask someone what to do.
3. I often make the wrong decision.
4. I have friends who solve my problems for me.

<table>
<thead>
<tr>
<th>Table 14 Performance with respect to Decision Making Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>Construct</td>
</tr>
<tr>
<td>Baseline versus End-Line</td>
</tr>
<tr>
<td>HFLE versus non-HFLE</td>
</tr>
<tr>
<td>HFLE: Urban versus Rural</td>
</tr>
<tr>
<td>HFLE: Males versus Females</td>
</tr>
</tbody>
</table>

* Significance at the 5% level.

The effect size is calculated as the mean difference divided by the standard deviation of one group.
Small differences in the level of decision-making skills are observed for both the baseline versus end-line and the HFLE versus non-HFLE comparisons (Table 14). However, the directions of these differences are contradictory. On the one hand, it appears as though decision-making skills became poorer among the HFLE students, but on the other, the HFLE students appear to be better off than non-HFLE students. It is difficult to reconcile these two outcomes and equally difficult to interpret the result of the baseline versus end-line comparison. The negative result seems illogical, as the worse result that is expected under normal circumstances is no difference. The negative outcome for the baseline versus end-line data is therefore cause for concern.

The results also indicate that the urban HFLE students have better decision-making skills than the rural HFLE students, but this difference is small. Notably, there is no gender disparity in decision-making skills among the HFLE students.

The information obtained from the FGDs indicates that the students believe that they have acquired decision-making skills. Several students allude to this. However, they were generally unable to provide examples of incidents in which they used the decision-making skills or to identify particular strategies used in making decisions. On the one hand, this suggests that the concept may still be quite abstract to the students and as such the teaching of decision-making skills may need to be addressed. On the other hand, the students may not have had “big” decisions to make and they may feel that the examples that they can think of are not worthy of being mentioned.

The conflicting quantitative results and muted qualitative indications make a clear conclusion about the effectiveness of the programme in teaching decision-making skills difficult. The findings in relation to decision-making skills are inconclusive.

3.2.5 Peer Pressure and Negative Influences
Peer pressure and negative influences measures the students’ level of skills for dealing with peer pressure including their assertiveness. Two items measure this indicator:

1. If I love someone, I do things to please them even if I don’t feel like it.
2. I don’t stand up to my friends when they talk badly about me.

<table>
<thead>
<tr>
<th>Construct</th>
<th>Means</th>
<th>Which Performs Better?</th>
<th>Effect</th>
<th>Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline versus End-Line</td>
<td>Baseline (4.47) End-Line (4.72)</td>
<td>Neither</td>
<td>0.14</td>
<td>No improvement</td>
</tr>
<tr>
<td>HFLE versus non-HFLE</td>
<td>HFLE (4.72) Non-HFLE (5.07)</td>
<td>HFLE</td>
<td>0.34*</td>
<td>Moderate improvement</td>
</tr>
<tr>
<td>HFLE: Urban versus Rural</td>
<td>Rural (4.91) Urban (4.47)</td>
<td>Urban</td>
<td>0.25*</td>
<td>Small disparity</td>
</tr>
<tr>
<td>HFLE: Males versus Females</td>
<td>Males (5.05) Females (4.35)</td>
<td>Female</td>
<td>0.42*</td>
<td>Moderate disparity</td>
</tr>
</tbody>
</table>

* Significance at the 5% level.

The effect size is calculated as the mean difference divided by the standard deviation of one group.
There is no significant difference between the average levels of the construct when the baseline and end-line data are compared, but that the average level for the HFLE students is moderately higher than that for the non-HFLE students (Table 15). There are also both regional (rural-urban) and gender disparities in the outcomes for the HFLE students. The skill level of the urban HFLE students surpasses that of the rural HFLE students by a small margin whereas in the case of the gender comparison, the margin is more moderate and the girls are ahead of the boys.

Issues related to peer pressure and negative influences arose often in the FGDs with the students. The students indicated that they learnt how to how to deal with peer pressure – skits have been very useful in illustrating how to deal with this. A number of HFLE students also stated that they have learnt how to deal with bullying. One of the pressures that students face is that of not walking away from a physical fight. If they do, they are thought of as weak and boys as not manly. Although the HFLE students admit that they still find it difficult, they often draw on what they have learnt from HFLE to help them cope with the pressures.

Although no change is indicated by the baseline versus end-line comparison, both the HFLE versus non-HFLE comparison and the qualitative data suggest that the HFLE programme has improved skills for dealing with peer pressure and negative influences. This effect is moderate. However, the gender disparity with respect to this construct is also moderate and should be addressed.

### 3.2.6 Conflict and Anger Management

Conflict and anger management measures the students’ attitude inclusive of the extent to which they accept violence as a means of solving problems. This indicator is measured by three items:

1. I often get into fights when people do bad things to me.
2. I have difficulty controlling my anger.
3. If a boy backs away from a fight, I see him as a coward.

<table>
<thead>
<tr>
<th>Construct</th>
<th>Means</th>
<th>Which Performs Better?</th>
<th>Effect</th>
<th>Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline versus End-Line</td>
<td>Baseline (5.80)</td>
<td>End-Line (5.50)</td>
<td>End-line</td>
<td>0.16* Small improvement</td>
</tr>
<tr>
<td>HFLE versus non-HFLE</td>
<td>HFLE (6.84)</td>
<td>Non-HFLE (7.33)</td>
<td>HFLE</td>
<td>0.23* Small improvement</td>
</tr>
<tr>
<td>HFLE: Urban versus Rural</td>
<td>Rural (7.53)</td>
<td>Urban (6.84)</td>
<td>Urban</td>
<td>0.32* Moderate disparity</td>
</tr>
<tr>
<td>HFLE: Males versus Females</td>
<td>Males (7.24)</td>
<td>Females (6.97)</td>
<td>Neither</td>
<td>0.13 No disparity</td>
</tr>
</tbody>
</table>

* Significance at the 5% level.

The effect size is calculated as the mean difference divided by the standard deviation of one group.

There are significant differences between the baseline and end-line data and between the HFLE and non-HFLE data for conflict and anger management (Table 16). The results indicate

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32 Excluded from baseline versus end-line comparison.
that the attitude of the students are “more positive” after exposure to the HFLE programme and that the attitude of the HFLE students are “more positive” than that of the non-HFLE students. However, these improvements are small. Attitudes towards conflict and anger management are also moderately better among urban HFLE students compared to rural HFLE students, and HFLE boys and girls have similar average levels of attitude towards conflict and anger management.

Both the students and the teachers indicate that there have been improvements in conflict and anger management. The students were able to explain the steps that they would take to control anger. They gave examples of counting backward from 10-0 and other or parallel examples. According to one student “You take a walk, scream into a pillow, count from 1 –10.” Another student said, “Yes, when something irritate you, you just close your eyes and let things go.” Another student said, “One way to deal with anger is to walk away, or sing a song.” Some students acknowledged that HFLE helps them to “fight less”. One student actually stopped a fight by talking to the persons and “cooling them down.” The teachers indicated that they could see the students practicing some of the steps that they were taught.

Given the evidence of improvement both the quantitative and the qualitative data, this evaluation concludes that the HFLE programme has been effective in improving conflict and anger management. In spite of this, the extent of the improvements is small and there is rural-urban disparity, which gives the urban students an advantage over the students of rural schools.

3.2.7 Sex, Sexuality and Sexual Health

“Sex, sexuality and sexual health,” is a summary measure of knowledge about and attitude towards sex, sexuality and sexual health. Four items measure this indicator:

1. Sexuality is the same thing as having sex or sexual intercourse
2. It is more important for girls to abstain from sex than boys.
3. A girl cannot get pregnant if she has sex only one time.
4. Women should not look to do jobs that only men should do.33
5. Movies, videos and songs teach young people good information about sex.

Table 17 Performance with respect to Sex, Sexuality and Sexual Health

<table>
<thead>
<tr>
<th>Construct</th>
<th>Means</th>
<th>Which Performs Better?</th>
<th>Effect</th>
<th>Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline versus End-Line</td>
<td>Baseline (12.28)</td>
<td>End-Line (12.58)</td>
<td>Neither</td>
<td>0.09</td>
</tr>
<tr>
<td>HFLE versus non-HFLE</td>
<td>HFLE (9.49)</td>
<td>Non-HFLE (9.89)</td>
<td>HFLE</td>
<td>0.16*</td>
</tr>
<tr>
<td>HFLE: Urban versus Rural</td>
<td>Rural (13.04)</td>
<td>Urban (11.76)</td>
<td>Urban</td>
<td>0.42*</td>
</tr>
<tr>
<td>HFLE: Males versus Females</td>
<td>Males (12.18)</td>
<td>Females (12.18)</td>
<td>Neither</td>
<td>0.00</td>
</tr>
</tbody>
</table>

* Significance at the 5% level.

The effect size is calculated as the mean difference divided by the standard deviation of one group.

33 Not included in the HFLE versus Non-HFLE comparison due to reliability issues.
The results (Table 17) indicate that there is no improvement in knowledge and attitude towards sex, sexuality and sexual health among the HFLE students, but that the HFLE students are slightly better positioned than the non-HFLE students. In contrast there is a moderate rural-urban disparity, which favours the urban students.

In the FGDs the students often referred to learning about sex, sexuality and sexual health and this seems contradictory to the observed lack of significant effect among the HFLE students (baseline versus end-line). A female student described a scenario and techniques she would use to abstain from sex: avoiding male students who are known to try to solicit sex from girls or by explaining to them that her education is a priority. A number of students said, “HFLE helps you to understand things that are happening in your life”, for example puberty, and it helps you to “control your feelings”. More than one student said that HFLE teaches you “sexuality is not the same as sex.” Some students indicated that the HFLE classes taught them how to use a condom. In contrast, one non-HFLE male student reported that females could drink “ice-water” after sex, to prevent pregnancy.

The general enthusiasm and spontaneity with which the students spoke about this issue suggests that there is more to the effect than indicated by the comparison of construct means. It is clear that this issue was addressed in the HFLE classes; however, the effect of the programme in relation to this indicator appears to be marginal. At the same time there is a moderate rural-urban gap that raises concerns. It may be that there are rural-urban differences in the teachers’ attitudes to teaching sex education.

The HFLE and non-HFLE students are compared based on almost entirely knowledge items (item 4 not included). As such, the very small difference in performance between these two groups likely reflects a teaching issue in the HFLE programme. The mean of this construct can have a minimum of 4 in this comparison. This value would indicate that all the students are very certain of the answers. That it is in reality as high as 9.49 means that the HFLE students are just as likely to either get the answers correct or incorrect. That is, they give an answer that on average falls between 2 and 3 on the 4-point rating scales. The teaching of the content therefore seems to be an issue here.

### 3.2.8 Transmission of STDs

Transmission of STDs measures knowledge about transmission of STDs, which can give an indication of the students’ abilities to protect their reproductive health. Four items measure this indicator:

1. Young people do not get sexually transmitted diseases (STDs) easily.
2. You can always tell if someone has an STD if you have sex with them.
3. People can protect themselves from any STD by using a condom
4. Having HIV is the same as having AIDS.

#### Table 18 Performance with respect to Transmission of STDs

<table>
<thead>
<tr>
<th>Construct</th>
<th>Means</th>
<th>Which Performs Better?</th>
<th>Effect</th>
<th>Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline versus End-Line</td>
<td>Baseline (10.68)</td>
<td>End-Line (10.68)</td>
<td>0.00</td>
<td>No improvement</td>
</tr>
<tr>
<td>HFLE versus non-HFLE</td>
<td>HFLE (9.83)</td>
<td>Non-HFLE (10.36)</td>
<td>0.20*</td>
<td>Small improvement</td>
</tr>
</tbody>
</table>
The results of the students’ outcome survey (Table 18) indicate that there is no difference in the level of knowledge about the transmission of STDs between the baseline and end-line data. In spite of this, the HFLE students appear to have an average level of knowledge that is higher than that of the non-HFLE students. This latter observation suggests that the HFLE programme has had some positive effect, but that the effect is small. There are also both rural-urban and gender inequality with respect to this measure. Urban HFLE students seem to know more on average than rural HFLE students and the HFLE girls have more relevant knowledge than the HFLE boys. The rural-urban inequality is moderate and the gender inequality is small.

The FGDs revealed that the students did learn about STDs from HFLE. One parent indicated that “Yes, my son learnt certain things early example about HIV, stigma and the consequences of risky behaviour. He shares this information with his adult brothers and at his church camp, he led a group and spoke openly about these topics – he knows a lot at age 12. He is very independent and travels alone.” The students did acknowledge that they learnt about STDs from other sources as well; for example, Science class, Social Studies, television.

The HFLE programme seems to show a tendency to have some effects on knowledge about the transmission of STDs, but the results to date are marginal. In addition, the regional disparity in students’ knowledge about another sex-related issue reinforces the notion that there might be rural-urban differences in the teachers’ approach towards teaching sex education which results in less effective delivery of the content.

As in the case of the previous indicator, the measurement of this indicator relies on knowledge items. Hence, the small difference between HFLE and non-HFLE students seems to reflect a teaching problem especially given that the overall performance with respect to the indicator is poor. With the answers provided on 4-point rating scales, an average of at most 8 would indicate that the students are more likely to give the correct answers even if they are not very certain. However, the average for the HFLE students is consistent with them giving an answer that is on average between 2 and 3 on the scale.

### 3.2.9 Sex Abuse/ Sex Exploitation

Sex abuse/ sex exploitation measures the students’ knowledge and skill for dealing with sex abuse based on the following three items:

1. I know things a young person could do to reduce the chance of being abused.
2. You should always tell someone about abuse no matter what.
3. People don’t tell about abuse because they don’t know whom to tell.
4. I have a parent or older relative that I can talk to about sex.\textsuperscript{34}

The items designated for sex abuse/sexual exploitation did not show adequate reliability in the baseline versus end-line data and hence, this aspect of the analysis is not done in the same way as the others. Instead, the results for the items are shown in Figure 6. This figure shows the averages for each of the items in the scale along with error bars for the 95% confidence intervals for the averages.

![Figure 6 Knowledge to Deal with Sex Abuse/ Sexual Exploitation](image)

**Figure 6 Knowledge to Deal with Sex Abuse/ Sexual Exploitation**

The averages for the items show no significant differences between the baseline and the end-line data except for “People don’t tell about abuse because they don’t know whom to tell”. In this case, the students provide higher ratings in the end-line data. Overall, there are no substantial differences. This suggests that the programme was not effective in improving the HFLE students’ knowledge to deal with sex abuse/ sexual exploitation.

A similar conclusion is reached from the HFLE versus non-HFLE comparison (Table 19). There is no significant difference between the average levels of knowledge when HFLE schools are compared with non-HFLE schools. There is also no regional (rural-urban) disparity, but the HFLE girls have a small advantage over the HFLE boys.

<table>
<thead>
<tr>
<th>Construct</th>
<th>Means</th>
<th>Which Performs Better?</th>
<th>Effect</th>
<th>Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline versus End-Line</td>
<td>Baseline (---)</td>
<td>End-Line (---)</td>
<td>Neither</td>
<td>---</td>
</tr>
<tr>
<td>HFLE versus non-HFLE</td>
<td>HFLE (12.66)</td>
<td>Non-HFLE (12.52)</td>
<td>Neither</td>
<td>0.07</td>
</tr>
<tr>
<td>HFLE: Urban versus Rural</td>
<td>Rural (9.75)</td>
<td>Urban (9.91)</td>
<td>Neither</td>
<td>0.10</td>
</tr>
<tr>
<td>HFLE: Males versus Females</td>
<td>Males (12.48)</td>
<td>Females</td>
<td>0.21*</td>
<td>Small disparity</td>
</tr>
</tbody>
</table>

\textsuperscript{34} Not included in rural-urban comparison due to reliability issues.
**Construct** | **Means** | **Which Performs Better?** | **Effect** | **Findings**
---|---|---|---|---
Females | (12.90) |  |  |  

* Significance at the 5% level.

The effect size is calculated as the mean difference divided by the standard deviation of one group.

Although there is an apparent lack of effects in the quantitative data, it is evident that the students had some exposure to issues relevant to sex abuse. For example, a female student described a scenario and techniques she would use to remain abstinent: avoiding male students who are known to try to solicit sex from girls or by explaining to them that her education is a priority.

Overall, the results of the outcome survey reveal no improvement in knowledge about sex abuse/sex exploitation.

### 3.2.10 Drug Use and Abuse

Drug use and abuse measures the students’ knowledge about the effects of and their attitude towards the use and abuse of drugs based on the following items:

1. Using drugs or alcohol does not prevent a person from making good decisions.  
2. Marijuana is a plant and is not harmful to a person who is using it.  
3. I would go along with friends and do drugs at a party, even if I wouldn’t when I am by myself.  
4. Doing drugs can affect your schoolwork.  
5. Drugs and alcohol are good to make people forget about their problems.  
6. When people use drugs and alcohol they often make bad choices.

#### Table 20 Performance with respect to Drug Use and Abuse

<table>
<thead>
<tr>
<th>Construct</th>
<th>Means</th>
<th>Which Performs Better?</th>
<th>Effect</th>
<th>Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline versus End-Line</td>
<td>Baseline (5.16) End-Line (4.98)</td>
<td>Neither</td>
<td>0.10</td>
<td>No improvement</td>
</tr>
<tr>
<td>HFLE versus non-HFLE</td>
<td>HFLE (4.79) Non-HFLE (4.09)</td>
<td>Non-HFLE</td>
<td>0.35*</td>
<td>Moderate Decline</td>
</tr>
<tr>
<td>HFLE: Urban versus Rural</td>
<td>Rural (8.18) Urban (7.57)</td>
<td>Urban</td>
<td>0.26*</td>
<td>Small disparity</td>
</tr>
<tr>
<td>HFLE: Males versus Females</td>
<td>Males (4.88) Females (4.87)</td>
<td>Neither</td>
<td>0.00</td>
<td>No disparity</td>
</tr>
</tbody>
</table>

* Significance at the 5% level.

The effect size is calculated as the mean difference divided by the standard deviation of one group.

The items measuring this indicator are generally worded such that higher values reflect less knowledge and a more negative attitude. As such all the items are recoded to be consistent with this interpretation. The results of the students’ outcome survey (Table 20) indicate no significant improvement in knowledge about and attitude towards drug use and abuse among the HFLE students (baseline versus end-line), but contrary to expectations, the non-HFLE students have a moderate advantage over the HFLE students. The urban HFLE students also...
appear to have a small advantage over the rural HFLE students, but there is no difference between the levels of knowledge and attitude of male and female HFLE students.

The result that the non-HFLE students seem better off than the HFLE students is particularly troubling. On the one hand, it suggests that there may be problems with the delivery of the content inclusive of the possibility that the topic was not covered adequately. On the other hand, it may be that the HFLE schools were worse off to begin with and the programme has had no effect as suggested by the baseline versus end-line comparison. Discussions with representatives of the MoE suggest that some of the HFLE pilot schools were selected because the students had more problems. From the perspective of this evaluation, it appears that the observed results for knowledge and attitude towards drug use and abuse may be reflective of this initial condition in combination with a lack of effectiveness of the programme in this regard. This evaluation therefore concludes that HFLE as a timetabled subject seems to have been ineffective in improving knowledge about and attitude towards drug use and abuse.

3.2.11 Participation in Other Subject Areas
In general, there were mixed views with regard to whether HFLE impacted on participation in other subject areas. There was no overwhelming evidence to support whether or not there were any effects. A few students said it helped to build their confidence and thus their participation in other classes. Most of those who said yes, referred mainly to increased participation in Social Studies since this subject had some overlapping subject matter with HFLE. One student reported on reduced absence from other classes and indicated that HFLE gave him greater confidence to participate. Some students felt that they were more actively involved in discussions during the HFLE class but that their level of participation remained the same in other classes. A few students mentioned that the anger management component of the HFLE class assisted them in “coping” with some of the teachers in the other subject areas. There were no real comments from the teachers or parents in relation to whether HFLE affected the students’ participation in other subject areas.

The examples of better participation in other subject areas are quite few and as such this evaluation concludes that the HFLE programme does not appear to have resulted in better participation in other subject areas.

3.2.12 Comparison to Life Skills Education Globally
The Global Evaluation of Life Skills Education Programmes (UNICEF, 2012) provides an opportunity for some comparisons with findings about the effectiveness of the HFLE programme in Guyana with global trends. Consistent with the global evaluation, the HFLE programme in Guyana appears to be developing relevant knowledge and skills among students and these covers both in thematic risk areas and general psychosocial skills. For example, the global evaluation report, and this evaluation, found improved knowledge about STDs and the transmission of STDs; reduction in susceptibility to peer pressures and societal influences on unhealthy behaviours. However, whereas globally family relationships and participation have improved, such improvements are not reflected in this evaluation of the programme in Guyana. The “strong evidence” of the effectiveness of the HFLE programme globally (UNICEF, 2012) appears to be too optimistic a qualification for the HFLE programme in Guyana.
3.3 Efficiency

Key Questions in the Evaluation Framework related to the “efficiency” of the HFLE project implementation:

- Is the current approach to HFLE management and implementation cost-effective?
- How can we maximize cost/benefit in the HFLE programme implementation?
- To what extent have the HFLE guidelines been implemented in pilot schools in a standardized way?
- What factors contributed to the effective implementation of HFLE as a timetabled subject?
- Is the HFLE programme delivered in a culturally and/or gender sensitive appropriate manner?

This section uses several sources of information to determine whether the HFLE pilot-programme was efficient. These sources include key informant interviews, focussed discussion, and data collection. UNICEF also required a Cost-Effectiveness Analysis (CEA) to be conducted. A CEA rests on the idea that healthcare interventions contribute to social welfare separately from the social welfare gained by the consumption of non-health goods and services.

Summary of Key Findings

The overall direct investment in HFLE has been relatively low, with the program being funded largely by a grant of US $107,000 (GY $21,450,387) since 2010, which equates to approximately seven million Guyana dollars per annum. The figure includes costs for the additional schools introduced to the HFLE programme as a timetabled subject in 2011 (40 schools) and in 2012 (40 schools).

The evaluation found no record of a strategic assessment, or resultant budget, which reflects the actual cost to run the programme. Instead activities seem to have been implemented based on funding availability and key annual actions such as training. UNICEF provided the majority of funds for implementing the HFLE programme.

The evaluation revealed several limitations to the implementation of HFLE as a timetabled subject which generally pointed to capacity and resource constraints including the inadequacy of teaching materials, teaching aides, communication infrastructure and space. Observation and reviews of material found, as has been reported in other Caribbean countries, that there were disparities in how HFLE is taught, the number of periods assigned, and in the use of the curriculum, which the majority of teachers said that they, “sometimes followed,” and 43% of them improvised. There is also evidence, based on a 2011 internal review of the programme by MoE, which suggests that these challenges have existed for some time and have persisted. Teachers tended to teach the topics using tools with which they were most comfortable. Despite the fact that there was a strong effort made to train teachers, more than half (56%) of the HFLE teachers surveyed said that they had not been trained, and 54% felt that implementing the methodology was easy to do. There was little evidence that a culturally or gender sensitive approach was being utilized.

There was little visibility of coordination and collaboration at the regional level. It was unclear as to the extent to which the National HFLE Steering Committee has supported coordination – including with local NGOs, with Ministry of Health officials as originally envisioned. The Committee has not realized its potential to guide the implementation of HFLE since it met infrequently and plays a minimal role in the programme.

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A key evaluation question under the ‘efficiency’ criteria was whether the current approach to HFLE management and implementation was cost effective. However, in order to evaluate the cost effectiveness of an intervention in terms of productivity gains is the subject of cost-benefit analysis, which is not applicable to the evaluation of HFLE because of the intangible nature of the effects. To carry out useful cost effectiveness analyses, it is important that the costs of undertaking an intervention are defined and evaluated on a categorical basis and then compared to the effects of the intervention by the use of a Cost-Effectiveness Ratio (CER). However, the evaluators did not obtain enough data required to determine the cost-effectiveness ratio.

The information made available by the Ministry of Education, between 2010-June 2013, indicates that the total expenditure for HFLE had reached GY $21,450,387 (approximately US $107,000) the majority of which had been sourced from UNICEF and treated as project funds. The funding was used for various activities including teacher training, monitoring activities, printing, capacity-development (a study tour) and management costs of the HFLE Unit. The exact cost of each activity is unknown as is the investment made by the Ministry of Education. There was also no systematic costing of the HFLE programme and much of its implementation was not based on an established understanding of the actual deficit, which would usually inform resource allocation or mobilization, but rather on funding that was available. The inception of the project was based largely on a discussion of available resources with USAID and UNICEF.

The HFLE programme itself is largely manned by a single Coordinator, who is required to coordinate and monitor activities in more than one hundred schools across Guyana’s ten administrative regions (an area of 214,970 square kilometers/83,000 square miles). By year two of the project, the Coordinator saw a more than 100% increase in the number of schools that required support. Despite the scaling up, no analysis of the institutional structure or resources that would be required to adequately implement the project was done and to date this has not been done. The implementation is done largely by the central Ministry with limited monitoring support from the regional administration. Within the schools, the head teachers were not widely involved in the programme and few of them had received training or had specialized arrangements in place for the teaching of the subject (space, referral system, monitoring etc).

As the section below outlines, the current delivery of training to teachers, and the management arrangements, cannot be considered as being efficient or effective since several significant deficits were identified in key areas such as teaching, monitoring, material and equipment resources, and the availability of a specific classroom space for HFLE. The Ministry of Education reported that, “at the end of every training workshop teachers are given a training package. Whether or not upon the return to the school the same teacher teaches the subject, or another teacher is assigned, the handing over process does not always take place.”

38 The financial data provided was not sufficient in scope or depth to pronounce on the cost-effectiveness or efficiency of the HFLE project. A transaction list for the period 1999-2011 was made available, but without transaction dates. Otherwise only summary data was available from the MOE, which does not permit deeper examination. An analysis of efficiency will require additional records particularly related to procurement of goods and services. An analysis of cost-effectiveness, in itself an extensive undertaking, will require a complete list of dated transactions directly related to the project, and additional information from the implementing agency (MOE).

39 Feedback from the HFLE Coordinator on the content of this evaluation report.
HFLE Coordinator reported having intervened in some such instances because in some cases teachers had not handed over materials obtained in training workshops to the school. It was also reported by the HFLE Coordinator that in some schools, head teachers sometimes take the decision not to use trained teachers for the delivery of HFLE.

3.3.1 Maximizing the Benefits of the HFLE Programme

Several of the recommendations for maximizing the benefits of the programme that were made by HFLE teachers centred on programmatic changes to the current programme, infrastructure improvement and capacity development.

These recommendations include the provision of resources (infrastructure, space, training materials) – 70% of the teachers were dissatisfied. An official response by the MoE to this evaluation report noted that, “when clarification was sought in relation to the unavailability of teaching resources which were stated in some teachers’ reports, teachers indicated that it was not that they did not have enough training resources to work with, but in fact they said that they had too much, but they were experiencing difficulties to photocopy documents for each child”.

Several teachers, and a few head teachers, recommended having a specific room for HFLE. A separate room would provide the kind of privacy needed for the HFLE activities and would at the same time avoid the problem of disturbing other classes. Such disturbances are due to the nature of the HFLE sessions. There was also a common call for the creation of an HFLE teachers’ network. One HFLE teacher suggested that a social network for HFLE teachers would be useful in providing support since they can learn how their colleagues are dealing with issues that they may have difficulty in teaching. The purpose of the network would include – peer support and sharing experiences. Sixty-five percent (65%) of teachers were satisfied with the support from head teachers and their peers. Fifty-two percent (52%) were satisfied with the support provided by NGOs, which was largely in the first year of the project 2010-2011.

In some schools, it was found that only a single teacher teaches the subject. This impacts the quality of HFLE delivery since if that teacher is absent, leaves the school or is transferred to another school, there is nobody to deliver the content.

Some teachers felt that the time allocated for HFLE was insufficient and their commitment to the delivery of the classes was also clear. For example, the majority of teachers strongly disagreed with the statement that “HFLE classes take valuable time away from other examinable subjects”, which reinforces the point that they viewed HFLE as important and relevant. However, it was noted by one HFLE teacher, that some teachers of other subjects do not see the value of the HFLE programme. Those teachers actually believe that it takes valuable time away from other subjects. In such an environment, it is likely that the HFLE teacher would receive limited cooperation from his/her colleagues. To deal with this situation, it appears that the teaching staff who are not directly involved in the HFLE programme should be sensitised about the relevance and importance of the programme.

In general, the students, HFLE teachers, and the head teachers believe that the methodology for delivering the HFLE topics should be modified to include more outdoor activities – youth camps, field trips, interaction with students from other schools, etc. Some students also felt that HFLE should include music, videos, brochures, and more skits. A few teachers and students also felt that there should be sharing of information among students via e-mail to foster relationships among schools. One regional official suggested that more HFLE-related topics should be aired on the Learning Channel and that there should be jingles on HFLE topics.
A few HFLE teachers, and head teachers, suggested that HFLE should be included in the CPCE training curriculum, as a speciality subject. HFLE is being taught at CPCE but not as a speciality subject. A number of the head teachers recommended that they should also be provided with training in HFLE if they are to properly monitor their HFLE teachers. One teacher recommended that MoE should partner with non-governmental organizations to better support HFLE delivery in schools, which since 2010 was largely discontinued. Some HFLE teachers, head teachers and students suggested that the programme should be extended to the higher grades (10-12) while some felt that it should commence earlier also – from primary school level. Most of the HFLE teachers and head teachers felt that there should be greater monitoring and support for the programme by the Ministry of Education and the Regional officials. In general, the HFLE teachers, the HMs, the Regional officials and some students felt that HFLE should be an examinable subject – “It tends to be put on the back burner giving priority to the examinable subjects.”

3.3.2 Conformity with HFLE Guidelines and Effective Implementation

The rollout of the HFLE programme centred on the following features: (1) HFLE being a double-period subject and (2) that teachers would be trained and would have access to teaching materials some of which were distributed in 2010. The MoE reported that during this time head teachers also received a half-day training about their role in the delivery of HFLE.

During the piloting of HFLE, the Ministry of Education prescribed a double period for teaching the subject. When HFLE teachers were given various options to describe how often HFLE is taught, the majority, 18 out of the 23 (78%) teachers surveyed, stated that they taught the HFLE two times a week as stipulated by the project and reflected in the logic model.

When HFLE teachers were asked, “how long does the HFLE class session usually last,” the majority (83%) indicated that the classes were usually a double period with only a small number stating that it was a single period.

The table below examines the allocation of periods within Grade 7 of one of the schools visited:

![Figure 7: Graph showing Number of Periods for Subjects in one Secondary School](image)

It was also found in discussions with teachers that sometimes they taught for a single period only, or used the period occasionally to teach other subjects. The monitoring and
implementation of this requirement has a lot to do with the head teacher. The Head Master at the New Amsterdam Secondary school, for example, ensures that classes are held and not taken off the timetable for any reason.

As stated in a previous section (Relevance), the majority of the teachers reported that they were in possession of the curriculum, and that they were comfortable teaching the HFLE curriculum. When asked how closely they followed the curriculum guide the majority responded that they "sometimes" follow the guide.

Forty-three percent of HFLE Teachers Improvise with the HFLE Guide and 26% always follow it. (There were five non-responses)

The school reports observed at the Regional Education Office in Region 6 also highlight the different teaching styles used for the delivery of HFLE, including an extended amount of time spent on one topic, multiple topics in quick succession and in rare cases a topic that is not on the curriculum, “street children”. This sentence is not clear

Although 87% of teachers said that they were comfortable teaching the HFLE content, some of them were not and this was confirmed in interviews. The only course content that they explicitly mentioned being uncomfortable with is in the delivery of topics related to sex and sexuality. The discomfort among these teachers may be a factor in the poor responses of students in these areas. The evaluation found that there were no specific skills or activities to help teachers to more effectively deliver subject content with which they were not comfortable.

However, only 52% percent of the teachers interviewed felt that the subject fits in well with the teaching culture. This is significant given the lack of a School Wide Approach, which means that much of how the programme is interpreted and delivered now centres largely on the HFLE teacher. At the same time, a high percentage (65%) was satisfied with the support provided by the head teachers and other teachers in the school.
When teachers were asked to describe a typical HFLE class, the responses included:

- “Based on the curriculum, lessons are centred around the activities for that particular topic.”
- “Discussion on various social issues e.g. dramatising ways in which you can prevent or manage these issues e.g. conflict or suicide.”
- “Introduction and description or definition of topics, activity or discussion of content. Identification of skills.”
- “Topics are being selected from guides and teachers plan session. In classrooms teacher will use aides related to topic to introduce lessons after which discussion will follow. Notes will then be written on board and students will read. Sometimes depending on the content of the topic, a game will be played to conclude lesson.”

The combination of the teacher survey and the discussions with the HFLE teachers revealed that while most schools are following the MoE’s two-period stipulation, some schools are not complying. In addition, the HFLE teachers sometimes use the time allocated officially for HFLE to teach other subjects. In addition to these inconsistencies, there are others depending on the extent to which the teachers focus on or emphasize certain topics based on their level of
comfort. As a result, even the two periods per week guideline is not adequate for ensuring that the programme is delivered uniformly.

One key factor that contributes to efficiency and which was a key consideration in introducing HFLE, as a timetabled subject, is that training would be provided to teachers.

**Table 21: HFLE Training 2010-2013**

<table>
<thead>
<tr>
<th>Year</th>
<th>Training</th>
<th>Trainer</th>
<th>Content</th>
<th>Duration</th>
<th>Number of Persons Trained</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td><strong>Health and Family Life Education</strong></td>
<td>Dr. Jennifer Crichlow</td>
<td>Training of Trainers</td>
<td>10 days</td>
<td>43 (30 secondary school teachers, 8 Ministry of Education Officials, 5 NGO participants)</td>
</tr>
<tr>
<td></td>
<td>(1) What is HFLE? The benefits of HFLE to both school and community; (2) The HFLE teacher; (3) Teaching Methods; (4) Assessment of HFLE</td>
<td></td>
<td>Training Curriculum</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2011</td>
<td><strong>Health and Family Life Education</strong></td>
<td>Esther Utoh (CPCE Lecturer), Lorna Mc Pherson Consultant, Dr. Sarah Gordon Donna Chapman DCEO - Admin Colleen King-Cameron</td>
<td>Training of Teachers</td>
<td>5 days</td>
<td>75 persons</td>
</tr>
<tr>
<td></td>
<td>(1) What is HFLE? The benefits of HFLE to both school and community; (2) Life Skills development</td>
<td></td>
<td></td>
<td>3 days</td>
<td></td>
</tr>
<tr>
<td>2012</td>
<td><strong>Health and Family Life Education</strong></td>
<td>Esther Utoh-Lecturer, Lorna Mc Pherson Consultant, Dr. Sarah Gordon Donna Chapman DCEO - Admin Colleen King-Cameron</td>
<td>Training of Teachers</td>
<td>5 days</td>
<td>98 persons</td>
</tr>
<tr>
<td></td>
<td>(1) What is HFLE? The benefits of HFLE to both school and community; (2) Life Skills development</td>
<td></td>
<td></td>
<td>3 days</td>
<td></td>
</tr>
<tr>
<td>2013</td>
<td><strong>Health and Family Life Education</strong></td>
<td>Dr Sarah Gordon</td>
<td>Training of Teachers</td>
<td>3 days</td>
<td>14 persons</td>
</tr>
<tr>
<td></td>
<td>(1) What is HFLE? The benefits of HFLE to both school and community; (2) Life skills development (3) Day 1 – Understanding Life Skills, Day 2 – Using Life Skills, Practice and presentation of HFLE Units</td>
<td></td>
<td></td>
<td>3 days</td>
<td></td>
</tr>
</tbody>
</table>

* This list does not include regional training that was provided

A significant number of teachers of HFLE reported that they had not been trained. However, this can be attributed to high staff turnover, new teachers being introduced into the system and the fact that although several teachers might be identified to teach HFLE a much smaller number, usually 1-2 would receive training\(^*\). It was also evident that this lack of training was

\(^*\) According to the HFLE Coordinator, the schools were clearly informed of the number of teachers who should be trained.
directly impacting the quality of HFLE delivery. For example, one teacher admitted that although she had been teaching HFLE since 2010, it was not until she attended a training workshop in 2012 that she realized that HFLE was skills centred and began to emphasize the skills aspect of the subject rather than the content which she had been doing up until then\textsuperscript{41}.

The programme’s success in being implemented efficiently also hinged on other factors such as:
1. The receptiveness of students to HFLE and the use of methods;
2. The fact that it was introduced through the school structure which is well equipped to manage and implement the programme and already had a history of having HFLE as part of the curriculum;
3. The availability of resources to allow for a qualified HFLE Coordinator as well as for the development of materials including materials provided by NGOs such as Merundoi;
4. The strong emphasis on monitoring and to a lesser extent mentoring, meant that the HFLE coordinator was able to provide direct support to teachers and provide advice and training at training events;
5. The widespread support for the programme from key persons including education officials and teachers.

3.3.3 Monitoring of the HFLE Pilot Programme
The evaluation found that only 47\% of the HFLE teachers were satisfied with the level of monitoring that the project received. Monitoring (visits) plays an important role within the project and visits are used by the HFLE Coordinator to mentor teachers and school officials. It should be noted that the monitoring of the more than one hundred HFLE schools falls largely, at the national level, on the HFLE Coordinator and no special monitoring arrangement/prioritisation was put in place for the HFLE pilot schools.

The Global LSE Report (UNICEF, 2012) found similarly that, “The use of standards and benchmarks in LSE programs is limited and there are significant gaps in the monitoring and evaluation of LSE outcomes, particularly of attitudes and behaviors.”

\textsuperscript{41} According to feedback from MoE and the HFLE Coordinator, all pilot schoolteachers were invited to attend HFLE training annually.
The analysis on the quality of monitoring under HFLE presented in this section is based on thirty-two (32) forms administered over a three (3) year period (2010-2012) in nineteen (19) schools, as well as the HFLE Co-ordinator’s schedule over this period.

Following the first training in 2010, a baseline survey tool was developed and then administered by the teachers to the students in the school. In addition, the HFLE Coordinator uses a monitoring tool, called the “Administrator’s Survey,” to monitor implementation in the schools. The teachers were also required to send copies of the school timetable to the HFLE Coordinator. The monitoring tool used in the schools measures areas such as general information on implementation, a classroom observation instrument and teacher assessment and satisfaction instrument. In addition, the Regional Education Officers/District Education Officers also have a responsibility at the regional level to monitor the implementation of HFLE. This is done using mandatory monthly and quarterly reports, which are submitted by each participating school.

The HFLE Coordinator provided the monitoring schedule for select months over a three-year period and these were analysed for the purpose of this evaluation. In 2010, the first year of the pilot, sixteen of the schools chosen for evaluation were visited over the period November-December 2010 and each school was visited once during the period. During the Administrator’s interviews, several challenges were identified by the HFLE teachers. These included the need for teaching materials and more parental involvement. Four teachers (17%) cited the need for teaching materials, two (8%) the need for students to be more open with teachers and parents, and three (13%) the need for parental involvement. The necessity for greater NGO support was also raised, in addition to fitting HFLE into the timetable and more training for teachers.

In 2011, thirteen of the evaluated schools were visited over the period January-February and May 2011 and each school was visited twice during the period. In the interviews, there was an increasing emphasis on the need for parental awareness and involvement, and additional teaching materials. Six of the schools (23%) stressed the need for parents to be made aware of the HFLE subject and the benefits of its content, or for parents to become more involved in the subject. Four schools reiterated the need for teaching materials and two the need for more NGO support. The NGO involvement in the HFLE programme ended formally in 2011. The need for student enthusiasm and adequate training of teachers was also mentioned.
## Overview of Monitoring Visits over Select Months 2010-2012

<table>
<thead>
<tr>
<th>REGION</th>
<th>SCHOOL</th>
<th>MONTH &amp; YEAR</th>
<th>NUMBER OF VISITS</th>
<th>TOTAL NUMBER OF VISITS</th>
<th>KEY ISSUES</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Charity Secondary</td>
<td>Dec 2010</td>
<td>1</td>
<td>1</td>
<td>Lack of audio/visual equipment</td>
</tr>
<tr>
<td>3</td>
<td>Stewartville Secondary</td>
<td>June 2012</td>
<td>1</td>
<td>1</td>
<td>Need for teaching/learning materials</td>
</tr>
<tr>
<td>3</td>
<td>Patenia Secondary</td>
<td>Nov 2010</td>
<td>1</td>
<td>1</td>
<td>Need for more NGO support, student enthusiasm</td>
</tr>
<tr>
<td>3</td>
<td>West Demerara Secondary</td>
<td>Nov 2010</td>
<td>1</td>
<td>1</td>
<td>None</td>
</tr>
<tr>
<td>4</td>
<td>Hope Secondary</td>
<td>Nov 2010, April 2011</td>
<td>1</td>
<td>2</td>
<td>Availability of materials, training of staff</td>
</tr>
<tr>
<td>4</td>
<td>Lodge Secondary</td>
<td>Nov 2010, Jan 2011</td>
<td>1</td>
<td>3</td>
<td>Need for workshops and practical material</td>
</tr>
<tr>
<td>4</td>
<td>St Rose’s High</td>
<td>Nov 2010, Jan 2011</td>
<td>1</td>
<td>3</td>
<td>Need for teachers who choose to study HFLE as opposed to those who have no choice but to teach it</td>
</tr>
<tr>
<td>4</td>
<td>Kingston Secondary</td>
<td>Nov 2010, Jan 2011</td>
<td>1</td>
<td>3</td>
<td>Need for more NGOs on board</td>
</tr>
<tr>
<td>4</td>
<td>North Georgetown Secondary</td>
<td>Nov 2010, Jan 2011</td>
<td>1</td>
<td>6</td>
<td>Parents need to be on board</td>
</tr>
<tr>
<td>4</td>
<td>New Campbeville Secondary</td>
<td>Nov 2010, Jan 2011</td>
<td>1</td>
<td>3</td>
<td>Teaching materials</td>
</tr>
<tr>
<td>4</td>
<td>Buxton Secondary</td>
<td>Dec 2010</td>
<td>1</td>
<td>1</td>
<td>Students need to be more open with teachers and parents</td>
</tr>
<tr>
<td>5</td>
<td>Belladrum Secondary</td>
<td>Nov 2010</td>
<td>1</td>
<td>1</td>
<td>Need for resource materials, parental involvement</td>
</tr>
<tr>
<td>5</td>
<td>Rosignol Secondary</td>
<td>Nov 2010, June 2011</td>
<td>1</td>
<td>2</td>
<td>Need for parental involvement</td>
</tr>
<tr>
<td>6</td>
<td>Vryman’s Erven</td>
<td>Nov 2010, Jan 2011</td>
<td>1</td>
<td>2</td>
<td>Need for teaching materials</td>
</tr>
<tr>
<td>6</td>
<td>New Amsterdam Secondary</td>
<td>Nov 2010, Jan 2011</td>
<td>1</td>
<td>2</td>
<td>Need for adequate resources and in-service training</td>
</tr>
<tr>
<td>6</td>
<td>Canje Secondary</td>
<td>Nov 2010, May 2011</td>
<td>1</td>
<td>2</td>
<td>Need for increased awareness of subject among parents</td>
</tr>
<tr>
<td>6</td>
<td>Port Mourant Secondary</td>
<td>Nov 2010, May 2011</td>
<td>1</td>
<td>2</td>
<td>Need for increased awareness of subject among parents</td>
</tr>
<tr>
<td>10</td>
<td>Wisburg Secondary</td>
<td>Nov 2010, June 2012</td>
<td>1</td>
<td>2</td>
<td>Need for teaching materials</td>
</tr>
<tr>
<td>10</td>
<td>Christianburg-Wismar Secondary</td>
<td>Nov 2010, June 2012</td>
<td>1</td>
<td>2</td>
<td>Need for NGO support</td>
</tr>
</tbody>
</table>

In 2011, a one-day HFLE review workshop was held with twenty-five HFLE Secondary School teachers, Health Promotions Officer, HIV/AIDS Coordinator and the HFLE Coordinator.[42] A

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[42] In total thirty six persons attended
number of challenges to HFLE implementation was identified in the workshop including: low literacy levels of students, not enough time being allocated to teach the subject, unavailability of teaching resources, inconvenient space, reduction in student participation in “sensitive sessions” and unclear definitions of the role of teachers in the delivery of HFLE. This is consistent with the findings of the Global LSE Report (UNICEF, 2012), which found that “life skills education suffers from the systemic resource constraints of many education systems in terms of human resources, teaching and learning materials, curriculum time, school capacities, etc.”

The HFLE Coordinator stated that in general, the programme usually tried to respond as much as possible to the needs and challenges identified during the monitoring process. However, as noted in the 2013 evaluation findings presented in the following sections, these issues such as the need for training, awareness of parents and the lack of materials still persist.

3.3.4 Culture and Gender Appropriateness of HFLE

A requirement of the evaluation was to determine the extent to which the programme was delivered in a culture and gender appropriate manner. The evaluation found that the Ministry of Education School Health, Nutrition and HIV&AIDS prescribes that information provided under the HFLE programme should be, “gender appropriate, sensitive to religious, cultural and socio-economic diversity, age and developmentally appropriate.”

The evaluation found no guidelines per se for the teacher on how this could be done practically. Some students stated that there were some sensitive topics (such as puberty), in which their preference is to be taught separately since they would feel freer to share information. A few students indicated that they were not comfortable discussing topics such as puberty, sexual intercourse, sexual abuse and menstruation. One student indicated that “We needed to have a few separate classes – it would allow for better interaction”. Some were simply not comfortable talking about their feelings and one student suggested that “The HFLE teacher should have the students list the things that they are uncomfortable talking about.”

However, the majority of students felt that same sex groups were not necessary in delivering the HFLE topics. According to them, “boys and girls need to learn about each other, separating them would not be useful. However, discomfort was also reported in a Georgetown school where students shared the experience of one girl “running away” from class because she didn’t want to participate in the class that covered the topic of oral sex. A few HFLE teachers felt that there should be a few separate sessions for boys and girls – to discuss topics that they were not comfortable discussing in each other’s company. Some HFLE teachers and a few students also felt that there should be a greater number of male HFLE teachers (most were female) – “This would have a greater impact on the boys.”

Confidentiality among peers in a group setting was in some cases reported as a concern. Some students were concerned that their peers would disclose experiences shared in the classroom to persons outside of the HFLE class. According to one student “Sometimes some of the things you say in the HFLE class some of the students talk about afterwards even though the HFLE teacher asks for confidentiality.” A few girls also reported that, “the boys would make fun of the girls after discussing topics like puberty.”

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43 Source: Report, Health and Family Life Workshop held on Thursday May 12th 2011
In some instances FGDs participants identified themselves as belonging to a particular religious group. For example, when Muslim youth (both female and male), were asked whether they had any difficulty with the HFLE topics taught, they stated that they did not. In the case of one Christian youth, it was reported that the issues covered in the HFLE topics were comparable to those included in activities in a church group to which the student belonged. In other words, although there was no significant effort identified in terms of religious sensitivity. Based on limited, anecdotal evidence from parents, teachers and a head teacher interview, there were no sensitivities or issues identified vis-à-vis the religious or cultural practices of students as being a constraint to their receptiveness to the programme. An HFLE teacher also mentioned that a male student started crying when she discussed the topic “domestic violence”.

The issue of sensitivities is also reflected in the teacher’s response to the question of whether “students are comfortable with the topics in the HFLE curriculum. While overall, the programme seems to have been delivered in a culturally and gender appropriate manner, some topics pose different sensitivity issues for some students.

In summary the programme’s success in being implemented efficiently hinged on factors such as:

- The receptiveness of students to HFLE and the use of methods;
- The fact that it was introduced through the school structure which is well equipped to manage and implement the programme and already had a history of having HFLE as part of the curriculum;
- The availability of resources to allow for a qualified HFLE Coordinator as well as for the development of materials including materials provided by NGOs such as Merundoi;
- The strong emphasis on monitoring and to a lesser extent mentoring, meant that the HFLE coordinator was able to provide direct support to teachers and provide advice and training at training events;
- The widespread support for the programme from key persons including education officials and teachers.

The evaluation revealed several areas in which conditions were not present such as a school system that was not knowledgeable about the programme, lack of teacher capabilities and resources, and discomfort in delivering aspects of the programme.
3.4 Impact

Key Questions in the Evaluation Framework related to the “impact” of the HFLE project implementation:

- Has the HFLE Programme intervention led to a reduction in unwanted behaviours among students e.g. teenage pregnancy, bullying?
- Has the HFLE initiative also impacted upon knowledge, attitude and practices in the families of participating students?
- What is the impact of the HFLE pilot programme on academic performance of students?

Summary of Key Findings

HFLE as a timetabled subject has had an impact on unwanted behaviours overall (57% (4) of the indicators), but no significant impacts are detected with respect to some indicators (43% (3) of the indicators) and concurrently, there are also gender and ecological disparities in the results. In particular, moderate effects are observed for 14% (1) of the indicators and marginal effects are observed for 43% (3) of the indicators of impact. The programme has impacted:

1. Moderately on being a victim of bullying;
2. Marginally on personal use of alcohol or drugs, early consensual sex and forced early sex encounters.

It has had no measurable impact on ‘having friends who bully others’, ‘having friends who use alcohol and drugs’ and ‘teenage pregnancy’. The reluctance of the teachers and parents to pronounce on whether or not the programme is achieving its goals suggests that the impact is not readily discernable. In general, the rural-urban and gender disparities in the impacts of the HFLE programme reflect more negatively on the rural regions and the boys respectively.

The impact of the HFLE as a timetabled subject is judged on various comparisons as follows, and each is based on the reduction of unwanted behaviours detected in the responses to the items in the student outcome questionnaire:

a) Comparison of student responses at the time of baseline versus the end-line survey in HFLE schools that participated in the programme. Here the baseline data refers to the data collected at the beginning of the HFLE pilot (2010) and the end-line data refers to the data collected during the HFLE evaluation (2013).

b) Comparison of end-line survey responses of HFLE students and students of those schools where HFLE is not being implemented.

c) Comparison of end-line survey responses of students in urban HFLE schools (Region 2, 3 and 4) with those of students in rural schools (Region 5, 6 and 10). This is done

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44 According to the UNICEF Evaluation Report Standards (2004) impact is defined as “an economic term referring to the measure of the relative cost of resources used in a programme to achieve its objectives (2004: 30).

45 The baseline versus end-line is not a before and after evaluation in a strict sense since the students who responded in the two samples are different. This should be taken into consideration when looking at the results for this comparison.

46 These regions are included because both categories of schools are sampled within them whereas only HFLE schools are found in the other regions that are included in this evaluation.
mainly to determine whether the programme is uniformly effective across the geographic areas included. Here the urban group is the same as the HFLE group used in the HFLE versus non-HFLE comparison.

d) Comparison of end-line survey responses of male and female HFLE students. A gender comparison of the HFLE students’ outcomes helps in determining whether the outcomes are similar for males and females or whether the programme is differentially effective for these groups.

These quantitative results are supported where possible with results of the qualitative components of the evaluation.

No targets were set for the HFLE programme and as such the impacts cannot be evaluated against specific benchmarks. This evaluation takes the approach of comparing the groups identified to get a sense of the relative impact of the programme.

3.4.1 Bullying

To provide a basis for evaluating bullying behaviour, the students were asked two questions:

1. Have you ever been a victim of bullying?
2. Do any of your school friends bully other students?

The proportion of students who report that they have been a victim of bullying at some point (Figure 8) is lower in the end-line data compared to the baseline data and among the HFLE students compared to the non-HFLE students. These reductions in the proportions of students being bullied are moderate (effect size=0.42) and small (effect size=0.24) respectively for the baseline versus end-line data and the HFLE versus non-HFLE students and they suggest that the students have become better at avoiding bullies or have developed skills that discourage bullies from targeting them. In addition, no significant rural-urban disparity in the incidence of HFLE students being bullied is detected, but the HFLE boys are more likely than the girls to be bullied (Boys 40%, Girls 31%; effect=0.19).

![Figure 8 Being Bullied](image)

When asked about their friends, most of the HFLE and non-HFLE students acknowledged having friends that bully others47 (Figure 9). Interestingly, the proportion of HFLE students who agreed is higher than the non-HFLE students, as do the rural students compared to the urban

47 Several students may have the same friend who bully others, hence these results should be interpreted with caution.
students and the boys compared to the girls. This is not interpreted as the HFLE programme having the effect of increasing the likelihood of students having friends who are bullies. Rather, it seems more likely that the HFLE students are more aware of what their friends (including those who have not been exposed to the HFLE programme) are doing. This might be due to increased knowledge of what constitutes bullying.

Figure 9 Having Friends Who Bully Others

Bullying is a problem identified by both HFLE and non-HFLE students and judging from the proportions of students who have been bullied in both groups, it remains an important problem to tackle. There is a 34% chance that an HFLE student has been bullied at school and more than 60% of the students know at least one bully. In contrast, there is a 60% chance that a non-HFLE student has been bullied at school.

Both non-HFLE and HFLE students commented on bullying during the FGDs. In one FGD with non-HFLE students in a school in Georgetown, the students described what bullies often do in their school. For example, they would drop money, or other objects on the floor, or in the yard as if someone lost it then physically assault anyone who picks it up. They would also take away books, writing instruments and money from younger students. Many students indicated that in such circumstances there is very little that they can do about the situation and they would often have to give in. This kind of bullying activity was not reported by HFLE students. However, the HFLE students indicate that some students sometimes bully others for writing instruments and money among other possessions. In other schools (HFLE and non-HFLE), bullying was often linked to other negative student behaviour faced in schools such as extortion of funds and the payment of protection money. Students generally agreed that bullying is hurtful to the victims and that it is something that they would like to have stopped. In some focus groups in non-HFLE and HFLE schools, especially among males, the discussion included giggling and laughter and it was presented as a part of school culture. Some of the males in the focus groups openly stated that they bullied students, especially in lower grades. They also stated that they had previously been victims of bullying.

In relation to bullying, there is also general violence in the schools, and these two areas were among the most frequent responses by teachers and head teachers in terms of what issues they had to deal with in the school. The students, both HFLE and non-HFLE, recall witnessing fights between students (both between males and between females) which often escalate into fights among groups which they describe as gangs. One group of non-HFLE students indicated that they would become very scared when a fight starts among students because it usually escalates into fights among groups (gangs) of students after school and the students would also use weapons. Some HFLE students even admit to having been involved in a fight recently.
On male HFLE student said that “I don’t talk-talk too lang (long)” and admitted that he was quite close to fighting with a female student who was also in the FGD at the time. From the account, the feeling was mutual between the two students and they seem unashamed to confess that they would have fought. Another HFLE female from another school indicated that she was in a fight “a few weeks ago” with another girl. It is apparent that while some HFLE students have gotten better at managing their anger avoiding fights and have even assisted others in avoiding fights recently, this does not extend to all HFLE students.

One Head Master of a non-HFLE school indicated that he has had to get the police involved in fights among students on many occasions. The students of a non-HFLE school in Georgetown shared that when the festival Diwali is near, the students from two nearby schools would have what they refer to as “war”. The student would launch firecrackers, stones, pieces of wood etc. across the fence and into the yard of the adjoining school. At such times, it is difficult to proceed through the schoolyard as per normal without getting hurt. The teachers of the HFLE schools also indicated that violence among the students is a problem among students from their schools. Some of them also had cause to get the police or the MoE involved in such problems over the years. While some HFLE teachers believe that they have seen a decline in fights and acts of violence, some are still concerned about violence among students.

This evaluation finds that the HFLE programme has resulted in moderate reductions in the proportions of the students who have been bullied at school, and that bullying is still a problem for both the HFLE and the Non-HFLE students. In addition, general violence among students in the form of fights between individuals and sometimes fights among groups of students is a problem in both HFLE and non-HFLE schools.

3.4.2 Alcohol and Drug Use
Alcohol and drug use is evaluated based on the responses to two questions:

1. Do you use alcohol or any drugs?
2. Do any of your school friends use alcohol or drugs?

The proportion of students who personally use alcohol or drugs is higher among the non-HFLE students compared to the HFLE students, but the implied reduction in the proportion among the HFLE students is small (effect=0.20). Notably, the proportion of rural HFLE students who report that they use alcohol or drugs is similar to the proportion of non-HFLE students who acknowledge that they use alcohol or drugs. The rural HFLE students are more likely than the urban HFLE students to use alcohol and drugs (Urban – 12%, Rural – 20%; effect=0.24) and the HFLE boys are more likely than the girls to use alcohol and drugs (Boys 19%, Girls 12%, effect=0.23).
The HFLE programme seems to have had a small impact on the proportion of students who use alcohol and drugs, but at the same time, the rural-urban and the gender inequalities in its effects are larger than this overall impact (HFLE versus non-HFLE). Whereas approximately 12% of the urban and the female HFLE students use alcohol or drugs, approximately 20% of the rural and the male students indicate that they use alcohol and drugs.

HFLE students are just as likely as the non-HFLE students to have friends who use alcohol or drugs (approximately 46%). This also holds for the comparison between boys and girls who were exposed to HFLE as a timetabled subject (approximately 50%). In contrast, rural HFLE students are more likely than urban HFLE students to have friends who use alcohol and drugs, but the effect is small (Urban – 46%, Rural – 57%; effect=0.22). One possibility that affects the interpretation of these results is that several students may have the same friend or set of friends that use alcohol and drugs. Hence, the proportions (all larger than 40%) do not represent the prevalence of alcohol and drug use overall.

The use of alcohol in schools in particular appears to be something that occurs mainly on the last day of school in each term and at the time of school parties and school sports activities. This was reported by both the HFLE and non-HFLE students, and by other informants such as teachers. The students also indicated that the teachers would often not know about such activities. From all accounts, this is generally an experimental experience for many of the students who would do this. However, there are some cases in which the use of alcohol does not appear to be experimental. In one rural HFLE school the students indicated that some boys would sometimes have alcohol at school and that they would consume alcohol after school. One boy from a rural HFLE school also referred to alcohol consumption on the weekends.
In relation to the use of drugs, both HFLE and non-HFLE students indicate that they know of students who either have used, or who currently use drugs. Both the HFLE and non-HFLE students indicate that the use of drugs is associated with particular students. When referring to the use of alcohol and drugs, they typically referred to other students and as such the extent to which the HFLE students themselves use alcohol and drugs cannot be estimated from this information.

The HFLE programme seems to have resulted in a small reduction in the proportion of students who use alcohol and drugs. This small reduction is nonetheless important. The position of the MoE is that any change in the use of alcohol and drug use is developmental. At the same time, there are small rural-urban and gender inequalities in its effects with the urban students and the girls respectively being better-off than their counterparts (rural students and boys respectively).

3.4.3 Early Sexual Encounters

Early sexual encounters are evaluated based on two questions, which tap two different types of sexual encounters: consensual and forced sex. These questions are:

1. Have you ever had sex with someone with whom you wanted to?
2. Did you ever have sex because you were forced to?

The proportion of students who report that they have engaged in early consensual sex has declined moderately among the HFLE students (Baseline versus end-line: effect =0.27) (Figure 12). There is also a small decline in the proportion when the HFLE students are compared to the non-HFLE students (effect=0.11). The HFLE programme therefore appears to have been effective in addressing early consensual sex overall.

At a more disaggregated level, there is a large gender gap in its impact on early consensual sex, which reflects more negatively on the boys (Boys 22%, Girls 5%; effect=0.72). The boys seem to be much more likely than the girls to engage in early consensual sex.

The results for an issue such as consensual sex are likely to be subject to cultural effects. It is generally more likely for the boys to engage in sex while at the same time the girls are expected to abstain. This may result in over-reporting by boys who want to over-represent their masculinity and an underreporting by the girls who want to create a more acceptable

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48 Feedback on this evaluation report from MoE
impression. This may occur even in a paper-and-pencil survey. As such these results should be viewed with caution.

The results for forced sex encounters show that the HFLE students are less likely than non-HFLE students (effect=0.27) to have had such an experience (Figure 13). The HFLE students therefore seem to have acquired skills that help them to avoid situations leading to forced sex. The impact of the programme is also uniform across the rural and urban regions and gender.

![Figure 13 Forced Sex Encounter](image)

The issue of sex is generally sensitive and as such the students were not very vocal about it in the FGDs. As would be expected, the students were much more likely to speak about what they know of others, rather than about their own experiences. In general, both HFLE and non-HFLE students highlighted early sexual encounters as a reality. Mainly, there were reports of girls having relationships with older men, including those that had left school. It was not established whether these were actually HFLE students in the case of the HFLE schools. One student of an HFLE school also reported that there are sex gangs of school students. Participation in these gangs is voluntary and would either feature several boys with one girl, or several boys with several girls. Notably, all the students in this particular FGD were not aware of this in the school.

The head teachers of both the HFLE and non-HFLE schools corroborated some of the stories told by the students. One head teacher of an HFLE school indicated that some boys who have completed school and who are not working would sometimes come around the area where the school is located and that they are able to get the attention of some of the girls in this way. A head teacher of a non-HFLE school indicated that the girls would obtain money from older men because they are sexually involved. Apart from this, one parent from a rural community who attended a discussion at an HFLE school indicated that some parents encourage relationships between older men and their younger daughters. The assertion by this parent is that this is a means of achieving some kind of economic security. This evaluation could not establish whether this situation described is widespread; however, it is noteworthy that this was the only time at which this issue was raised and as such this may be atypical of student experiences.

HFLE as a time-tabled subject appears to have resulted in a small reduction in the likelihood that the students have engaged in early consensual sex and a small reduction in the chances of them being forced into sex. The impact of the programme on early consensual sex is uniform across the rural and urban regions, but there is large gender inequality in its impact, which reflects more poorly on the boys. However, the girls are more likely than the boys to be forced...
into sex. The qualitative data indicates that early sexual activities are still problematic in the HFLE schools, but though small, the reduction in the cases of forced sex is encouraging.

3.4.4 Teenage Pregnancy
The incidence of teenage pregnancy is evaluated base on a single survey question:

1. Have you or any of your school friends gotten pregnant?49

Given the question asked, it is likely that several students would report on the same case. As such, the results should not be taken as the overall rate of teenage pregnancy. The difference in the proportion of HFLE and non-HFLE students who responded, “yes” to the question lacks significance. The HFLE and non-HFLE students are therefore just as likely to know of someone from school who have gotten pregnant. In contrast, the rural-urban and gender comparisons are significant. The rural students responded in the affirmative more often than urban students (Urban – 18%, Rural – 27%; effect = 0.21) as did the girls compared to boys (Girls 24%, Boys 17%; effect = 0.17). In both cases, the effects are small.

In the FGDs, the HFLE students indicated that they were not aware of any recent cases of teenage pregnancy in their schools. Some students had heard of such cases from other schools, or have friends who know of other students from other schools. Some students from one non-HFLE indicated that they know of a female student who got pregnant within the last three years. One non-HFLE head teacher described the school as the “wild west” alluding to the fact that anything was possible. The same head teacher also reported that pregnancy was no longer an indication of sexual activity since female students were known to have abortions. In general, the teachers of the HFLE schools could not say whether or not there was a reduction in teenage pregnancy. Some indicated that this kind of situation has occurred from time-to-time but they could not say how regularly it happened and hence could not evaluate whether the incidences have reduced.

The HFLE programme appears to have had no impact on whether or not students got pregnant or know of another student who got pregnant. However, the rates are below 20% for the HFLE students. Given the lack of impact, the ecological and gender disparities cannot be attributed to the programme. Instead, these are more likely reflective of the initial conditions at programme start-up.

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49 The boys answered “yes” if they were the partner in the pregnancy.
3.4.5 Academic Performance

According to the teachers and head teachers, it is too soon to determine the impact of the HFLE programme on the academic performance of students. One teacher stated, “HFLE is not known to impact on the overall academic grades of students.” The students also indicated that HFLE has not improved their level of participation in other classes - except for Social Studies, which has some similar topics to HFLE.

Appropriate data to facilitate an evaluation of the impact on academic performance were not available. The first batch of HFLE students is scheduled to take the National Grade 9 Examination across the country in the current year. The results of this examination can give some indication of the relative performance of the HFLE and non-HFLE students.

3.4.6 Views on Overall Impact

In many cases, the responses given by the various stakeholders about the impact of the programme are quite general. These general comments are summarised in this subsection.

At the regional level, there is a sense of optimism about the potential impact of the HFLE programme. One of the Regional Education Officers interviewed described the programme as “excellent,” and highlighted several of the perceived returns of the HFLE programme including, an improvement in student behaviour, a decrease in teenage pregnancy and violence. Another regional stakeholder felt that such improvements varied from school to school. In general, regional officials felt that the subject matter did equip youth to address the social issues that they may encounter, and it also helps them to be more open in talking about these issues, including with their parents.

Some of the teachers at the HFLE schools and the parents remain cautious about drawing conclusions about the overall impact of HFLE as a timetabled subject. In reference to the HFLE students, one HFLE teacher said that it is uncertain whether they apply what they learn to their life’s experiences. In some instances, they have not had occasion to do so. One Deputy Head Mistress indicated that she wasn’t sure about the impact of HFLE on the students; “their demeanour is no worse than the average student thus HFLE is probably helping.” Another HM advised that it is difficult to say how effective the programme has actually been – “The teachers have advised however that the student behaviour is slightly better than before, but the reason for this is not quite known.” One parent also indicated, “It is too early to decide whether the programme is achieving its goals. I coached my children about things about life before they started attending HFLE classes.” Another parent said, “I can't be sure whether it is the HFLE programme or the home upbringing - only when they are older then I can judge.”

In contrast, some teachers are more optimistic about the impact of the HFLE programme so far. These teachers believe that they have begun to see some results. For instance, a few
teachers indicated that the HFLE students would correct each other when they do something considered to be against the principles learnt from HFLE. They would tell each other that that is not what they learnt in the HFLE as a means of getting the offender to correct his/her actions. Some indicated that other negative behaviours such as “car riding” and conflict have been reduced.

One important indirect benefit of the programme is that the skills-based approach also helped them to not only gain new skills, but also to improve their relationships with students and in their own personal development (confirmed by 91% of the teachers – see Figure 16). One teacher stated that she was helped, “mentally, psychologically and emotionally” and it helped her to deal better with situations both inside and outside of the classroom.

The views expressed by the teachers and parents, suggest that while there is some evidence of behaviour changes, the changes may not be generalizable. This is consistent with the overall small effects detected in the quantitative data. As such, this evaluation concludes that while there is some evidence of impacts, these impacts are small overall and in many cases impacts are not discernible and have not extended to the families of the participating students.
3.5 **Sustainability**^50^

To what extent are the HFLE programme implementation and management arrangements and funding sustainable?

The sustainability of the HFLE programme is of central importance for many reasons, including the demand among users (both teachers and students), paucity of funding and resources within MoE for the programme and the significant amount of investment that has been made to date. In this section, the sustainability is examined by looking at several variables including:

1. The availability of financial resources
2. Political will and support for the programme
3. Material and human capacity
4. Institutionalized arrangements for HFLE’s delivery
5. Perceived benefits and importance of HFLE’s sustainability by teachers, government officials and other Duty Bearers

**Summary of Key Findings**

The implementation of the HFLE pilot-programme was heavily reliant on external, non-GoG, funding from sources such as USAID/GHARP II, and more significantly UNICEF, which has emerged as the highest funder of the programme. The amount of funding available for the programme in the coming years could not be determined during the evaluation.

The Ministry of Education will most likely sustain the position of the HFLE Coordinator, albeit at a reduced salary, since UNICEF currently subsidizes it. As such the sustainability of the programme is in question if new funding (and potentially higher levels of funding) are not identified and sourced.

The Government of Guyana, and in particular senior officials within the Ministry of Education have demonstrated high levels of political will and ownership of the HFLE programme (as reflected in several key policy documents and plans) though this has not been matched with resource allocation. The programme is managed and implemented exclusively by the MoE. There is also strong support among teachers and the school administration for the programme.

The pilot did build capacity primarily at an individual level, and to a lesser extent at the organizational or institutional levels with large investments being made in teacher training and less on the issues such as governance (national committee), monitoring and adequate resource development.

Monitoring of the project was weak (analyzing data obtained, generating reports and routinely visiting schools) given the low levels of human resources to do so effectively, with namely one Coordinator being responsible for all aspects of the project.

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^50^ According to the UNICEF Evaluation Report Standards (2004) sustainability is defined as “The continuation of benefits from a development intervention after major development assistance has been completed (2004: 32).
3.5.1 Sustainability of Implementation, Funding and Management Arrangements

At the time of writing no additional external financial resources for HFLE had been secured for beyond 2013, including from UNICEF arguably the most critical partner for HFLE to date.

The Government’s Poverty Reduction Strategy has a stated commitment to HFLE until 2015, however, at the time of the evaluation, the Ministry of Education was in the process of drafting its new strategy and deciding on priorities and funding arrangements for the next five years. It is expected that the government will continue to prioritize the HFLE programme. However, since HFLE’s introduction as a timetabled subject there has been no significant increase in the government’s allocation of funding for HFLE this has largely been reliant on external actors. The USAID/GHARP funding which was instrumental in the introduction of HFLE as a time-tabled subject, no longer exists, and other major donors such as UNICEF had experienced significant reductions and the current decrease in AID could potentially have a significant impact on the ability of the only programme to proactively address several core social issues at an early stage, and compromise the ability to attain a level of quality, efficiency, effectiveness and impact of HFLE.

The HFLE Coordinator’s salary, a position that is central to the implementation of HFLE, may incur a reduction (10%) if funding from UNICEF is not continued and this may affect the attractiveness of the position. According to one MoE official, UNICEF’s support for HFLE constitutes as much as 90% of the total investment in the pilot programme to date with only minor investments by other actors including the Ministry of Education and other INGOs. Overall, this is largely consistent with the findings of UNICEF’s Global LSE report (2012) which stated that: “there appears to be increasingly visible political recognition of life skills education, with inclusion in relevant policies, plans and strategies of governments and the agendas of donors and implementing partners. The institutionalization of life skills education beyond these documents is more mixed, however, with gaps in the institutionalization of implementation and monitoring functions. LSE interventions are also still reliant on external resources.”

Based on the information available at the time of the evaluation it was found that the HFLE programme seems only moderately sustainable and there is a risk that the lack of resources will affect the quality of programme delivery and its impact.

As the report has highlighted, the HFLE pilot was able to develop a good level of capacity both in the HFLE Coordinator and the HFLE teachers primarily, as well as of the key stakeholders such as District Education Officers and other members of the School Health, Nutrition and HIV&AIDS Unit. Between 2010 and 2013 approximately, more than 230 persons (the majority of whom were teachers) have been
trained by the Ministry of Education’s HFLE Unit. This has complemented the one semester of training that teachers receive at the Cyril Potter College for Education, which is the first introduction to teachers to the subject. During the period from 2010 – 2012 CPCE had trained more than 1,700 teachers all of whom had some exposure to HFLE.

As highlighted in previous sections, the stated commitment of teachers is high. This is evident in the strong commitment demonstrated by many of the teachers who were interviewed and who often made personal sacrifices to ensure that resources for the classes were available and came up with creative and innovative ways to promote HFLE.

Teachers and other school personnel clearly saw the HFLE programme as being important and felt that it should be sustained (96%). In interviews with teachers and head teachers in the non-HFLE schools that were included in the evaluation, there was a high demand for the program to be introduced. In the HFLE schools, and among key stakeholders who supported the program, there was no consensus on whether the program should be made examinable or not. Some felt that HFLE should be examinable so that it would be “taken more seriously” by students and teachers alike, but others felt that it would lose the essence of what it was developed to achieve. This is significant, since it highlights that reforms are being proposed which have a cost implication that could significantly exceed the amounts that have been allocated to the programme during the three years under review. These nationally generated recommendations would also result in a mode of HFLE implementation, which is in line with the direction that CARICOM proposes or is considering, namely making HFLE an examinable subject.

The response of HFLE teachers to the statement of whether HFLE should be made examinable or not reflects the mixed response of other stakeholders.

The current HFLE management structure, with one sole Coordinator, is wholly inadequate to respond to a national and multi-faceted programme. Although a single Coordinator is common in other Caribbean countries, the number of schools and school population in those countries are significantly less, and does not span the same geographic scope as in Guyana. The HFLE Coordinator cannot adequately monitor more than one hundred schools in ten regions.
The implementation structure of HFLE is as follows:

Figure 17: HFLE Implementation Structure in Guyana
Section IV: Conclusions and Recommendations

The HFLE programme was found to be highly relevant to the Guyanese context with significant endorsement for its implementation coming from a range of stakeholders including government officials, regional education administrative staff, teaching staff at schools and the students themselves. The relevance of the programme is tied into key international (MDG), regional (CARICOM) and national policy frameworks. The endorsement of the programme is also largely because of the long-term presence of the programme in the education system, even though not as a timetabled subject.

Policy Provisions

At a policy and national implementation level, there are a number of challenges, which affects HFLE’s implementation. The first relates to policy provisions, especially those in the MoE’s national policy guidelines (School Health, Nutrition and HIV&AIDS) which are, in several key areas, out of sync with CARICOM’s framework, for example in the delivery of HFLE until Grades 11 (as a modularised course) and not until Grade 12 (CARICOM requirement). More importantly, there are notable disparities between the policy prescriptions and HFLE in practice. The evaluation uncovered several deficits such as the lack of modules that reflect religious and cultural diversity, low levels of awareness among parents and limited out of classroom learning. The policy prescribes that HFLE be taught as a timetabled subject from Grades 1-9 and this was not found to be the case.

According to the 2009 UNICEF study, *Strengthening Health And Family Life Education In The Region The Implementation, Monitoring, and Evaluation of HFLE in Four CARICOM Countries*, implementation issues are a major factor in all pilot countries. The study also revealed that, “even with the introduction of specified lessons, it was found that classroom delivery varied across countries, schools, and classrooms”. It was recommended that to maximize benefits to students, monitoring and documenting classroom implementation is important. However monitoring under the HFLE Guyana programme is weak and widely perceived to be inadequate. It does not currently result in an effective understanding of the challenges and needs of the programme nor do the findings systematically feed into the programme’s response.

Improvisation

There is a lack of consensus on how HFLE should be implemented with some stakeholders feeling that it should be left to the HFLE teachers to determine how and what of the curriculum is delivered. The majority of teachers (forty-three percent) said that they improvised the curriculum, which is consistent with other regional reports which found, “some schools select only parts of the curriculum to impart to students,” and linked to this is the varying styles of teaching, as the teacher reports show whilst some teachers centred all of their teaching on “group discussion” other used a wide array of teaching methods such as debates, the use of journals and other creative methods in keeping with the curriculum. Part of the reason why teachers may also not implement the curriculum effectively, is the lack of materials and basic infrastructure which the curriculum assumes is present, but which was largely found to be lacking.

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51 During the presentation of this report this view was held within MoE, improvisation was encouraged, “to the extent where it does not affect the main objectives of the methodology and guidelines given by the Ministry of Education.”

52 The evaluation team found that schools were using various, inconsistent sources for information. For example, in Lancaster Secondary School the HFLE teacher produced a dated text book published in 1971, titled Decisions for Health (Holt, Reinhart and Winston) and in New Amsterdam Secondary the HFLE teachers produced various literature including “Teaching Human Sexuality in Schools: A Teacher’s Handbook”, the Ministry of Health’s “Shattered Lives” booklet, “You, Your Life, Your Dreams: A Book for Caribbean Adolescents” and the Merundoi/HFLE Support Module 3".
The risk is that teachers may deliver inconsistent quality of pedagogy in the classrooms. It is clear from both observation and document reviews that the approach to HFLE varies significantly. Even as far back as 2008, when HFLE was being infused, several challenges were identified (Springer: 2008) which are consistent with the 2013 evaluation. The Springer report identified issues such as: teacher capacity, the implementing policy provisions for linking students to services in collaboration with NGOs. This link between school and home is especially weak as the majority of parents interviewed were not aware of the programme and this was reinforced by the responses of the HFLE teachers. Another vital link is that between HFLE students who raise issues in the classroom, which require follow up services and support, mainly counselling.

However, this was widely perceived as a weakness of the programme since there are not enough counsellors available and no proper system of following up or monitoring HFLE students who report issues. Confidentiality, which is of great importance to young people, was usually a concern and there was some evidence that this was not widely understood or practiced on the part of school officials.

At a management level, the HFLE programme is implemented on a very lean infrastructure in the form a single national coordinator. In addition, the National HFLE Steering Committee was found to be largely inactive and as such unable to play an effective role in providing strategic guidance and coordination. There are weak linkages with other key non-education sector agencies such as social services and youth employment projects as well as related efforts of NGOs such as the Be Safe programme.

Pilot Schools
The selection of the schools deliberately targeted those which were considered to have a high concentration of students that would benefit from the programme. The fact that these schools were selected based on their pre-disposition to having students with social issues, some degree of illiteracy or from poor households is laudable. However, it has an implication for the potential for significant gains over a three-year period. In addition much of the resources that were injected in the first year of the pilot (2010-2011) were withdrawn at the close of the USAID project. This included the withdrawal of the NGO volunteers.

Capability and Capacity Issues
A central constraint to the programme’s implementation seems to centre around capacity issues; both at an individual capability level and at an organizational level (management, resources, space etc). Although HFLE teachers are largely supportive of, and committed to the project, the majority of them were not trained and as a result, some of them were unsure of how to implement this very dynamic approach to skills transfer. Despite the fact that the majority of teachers said that HFLE fits with the teaching culture, it is a significantly different way of teaching - both in content and in approach. As such, there are notable difficulties with the delivery of certain content, specifically in important areas such as sexuality and sexual health as some teachers, both male and female, said that they felt uncomfortable. Similarly, there were reports of students leaving the classroom when subjects, such as puberty, were taught and some female focus group participants stated that they would prefer to be taught this subject separately. In some cases these subjects were being taught in open plan spaces, which may inhibit the full participation of students.

The evaluation team observed that within the schools, teachers had access to very different types of materials/equipment and these were not suitable and sometimes dated. On the other hand, some schools were more advanced in terms of their access to equipment and teaching infrastructure. A
central feature of the MoE’s response to this has been to strengthen the teachers capacity to use improvised teaching aids but again, this comes with a risk that (a) the teacher is skilled at improvisation and (b) that the use of these improvised approaches may affect the quality of the delivery of the subject. For example, teachers said that they would use the Internet to browse for videos and other materials. However, some of these may be inappropriate or not as effective as materials selected by competent sources. During the presentation of the results of the evaluation, the MoE acknowledged that human and financial resources have long plagued the effective implementation of the programme. The latter is also a challenge since the sustainability of the programme will depend largely on the government funding and/or its ability to mobilize resources on the scale that is required. The HFLE programme also benefitted from a regional and international network that allowed for key components such as curriculum development, training opportunities and workshops to be implemented. These have all positively contributed to the roll-out of HFLE in Guyana.

**Behavioural Change**

The evaluation found that the programme had moderate success in achieving its objectives based on the more than one thousand completed student survey questionnaires. In some areas there were no improvements in the student’s skills or attitudes. Moderate or small effects occur for 50% of the indicators, whereas no effect occurs for 40% of the indicators and the results for 10% of the indicators are inconclusive. The overall failure of the HFLE students to acquire adequate levels of knowledge points, among other things, to issues with the delivery of the content by the teachers. This is evident in both the written responses and the interviews with teachers. For example one teacher stated that it was not until two years after starting to teach HFLE that she understood (after exposure to her first training) that is was skills based and should not be taught like any other subject.

Teachers who are uncomfortable teaching topics related to sex and sexual practices may indirectly contribute to limited knowledge among students. As mentioned earlier, some students may find it difficult to apply knowledge and skills in real life situations given the pressures and propensities to certain behaviour. The latter point, of behavioural change, was highlighted in the 2012 UNICEF YKAP study, which found that even though children were aware of the risks of unprotected sex a significant amount of them still engaged in risky behaviour. It is also evident from the questions that young people are exposed to a wide range of psychosocial challenges such as forced sex and bullying.

HFLE as a time-tabled subject has had impacts on unwanted behaviours overall, but impacts are not detected with respect to some indicators. In some cases, there are geographical and gender disparities. Again the impacts were found to be moderate or marginal in areas such as happiness and bullying and significantly, marginal in the personal use of alcohol and drugs and early consensual and forced sex. No conclusive links are made between the HFLE pilot programme and student performance and participation in other subject areas. There are also no tangible signs of impacts on the families of the HFLE students and this is not surprising given the weak links between home and school.

There are definitely key gaps in both the design and implementation of the programme, which are quite significant. One key issue is determining the frequency with which HFLE should be taught; how is it determined, what is an “adequate” period for HFLE to be taught. Several teachers felt that the double period was not sufficient for students to adequately benefit from the subject.

Although HFLE presents a fundamental change in some instances to both what and how teachers are expected to teach, the training received under the programme (largely 3-5 days) seems inadequate and this is clearly reflected in teacher responses. Only fifty-two percent felt that HFLE fits in with the

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53 Comment made by Mr Olato Sam, CEO, Ministry of Education.
teaching culture and the majority was untrained. As highlighted in key stakeholder interviews, the decision to train a small pool of teachers diverts from the School Wide Approach which was pursued in the 1990s and 2000s. The need for training is clearly reflected in the lack of understanding and misconception about HFLE among non-HFLE teachers in an HFLE school and among head teachers.

4.1 Implications for Scaling Up HFLE

The piloting of HFLE as a timetabled subject provides a rich experience for learning and informing how HFLE should be implemented in future. However, it is important to note that the expansion is already underway. For example, whilst HFLE was being piloted in 30 schools, by the second year when a significant degree of support was lost through the decision to discontinue NGO support – the programme expanded to 40 new schools (2011) and to a further 40 the following year. Even schools that were provided to the evaluation team as non-HFLE were in fact HFLE schools albeit with very poor implementation. There is a risk that rapid expansion of the programme may significantly reduce the quality of delivery especially if this is not matched with effective planning, staged implementation, resources and monitoring.

This expansion was not found to be based on any key lessons learned in year one of the programme (2010), or any planning or consideration given to what would need to be in place in terms of resources for the programme to be adequately expanded.

Although the HFLE Coordinator is central to the implementation, little consideration seems to have been given to equipping the Coordinator to function effectively. For example, there were 70 schools that needed to be supported and by 2012, 110 schools dependent on a single coordinator to ensure quality, compliance and effective implementation. Although this scaled-down model may work in other Caribbean countries with considerably less population and school sizes it is not adequate for the Guyana context.

Figure 18: Chart showing Expansion of HFLE from 2010-2012

A key determinant of the ability of the Ministry of Education to scale up the programme effectively and maintain high rates of quality implementation is the availability of funding. The HFLE programme is currently under-funded and there is a risk that if funding is not adequately infused into the programme it will not meet expectations and there may be an even more significant increase in social issues such as teenage pregnancy and in-school violence. There is a significant body of literature on the positive
impacts that HFLE can have, and has had, on adolescent behaviour both in the region and internationally. This will require a combination of government allocating more resources and a greater emphasis on programme development and creating partnerships that support HFLE, and the implementation of specialized components such as counselling services for students.

If Guyana is to comply with regional standards, as per CARICOM’s HFLE Framework, then the scaling up of the programme should be guided by the framework to ensure compliance:

- Teaching HFLE as a timetabled subject from kindergarten to Grade 12 to ensure that children are exposed to the right knowledge and skills consistently and at each stage of their development.
- Ensuring greater collaboration between home, school and community including the empowerment of parents, and making greater use of community resources as espoused by the Health Promoting School concept. This should include the Ministry and fostering out-of-classroom learning through school-based youth clubs and organizations;
- Strengthening the capacity of all school staff to maintain confidentiality of student records and the exchange of personal information;
- Investing in greater resources and space that facilitate the teaching of HFLE adequately;
- Greater emphasis on ensuring that HFLE is implemented in a gender appropriate manner and is sensitive to religious, cultural and socio-economic diversity, age and developmentally appropriate;

Lastly, investment in upgrading the training provided at CPCE and supporting Guyanese teachers to obtain qualifications at a higher level (including at UWI). This is especially relevant in ensuring that Guyana is forward looking in the current direction in which CARICOM is taking HFLE. It is not currently reflected as mandated by the CARICOM framework.

4.2 Recommendations

4.2.1 Greater Investment in HFLE

HFLE has the potential to address several of the key social issues that affect youth in Guyana including Gender-based violence, teenage pregnancy, the spread of infectious diseases, etc. The HFLE programme cuts across various sectors including health, justice and social development. The presence and importance of the programme should be raised among key stakeholders including other ministries, the private sector and local and international NGOs.

Greater effort should be made to advocate for the allocation of financial and other resources by the international community and the government (in particular, the Ministry of Education) for the programme, since much of its success in the long-term will be hinged on adequate and sustained investment. A revitalized National HFLE Steering Committee should play a role in this since its mandate is to: “ensure that there is improved coordination among all agencies/groups at the national levels in the area of HFLE, and to increase advocacy and funding for the overall strengthening of HFLE programmes in and out of schools.”
4.2.2. Policy Revision
Guyana’s HFLE policy framework should integrate well with CARICOM’s HFLE framework, standards and best practices. This could be ensured by reviewing and revising the current School Health, Nutrition and HIV&AIDS policy.

4.2.3. National HFLE Implementation Plan
The evaluation revealed that the implementation of HFLE as a timetabled subject (especially in the post 2011 period) was at times ad hoc and resulted in gaps and mismatches – untrained teachers, lack of materials, poor understanding of the programme, parents with limited awareness of the programme, etc. This speaks to the need for a comprehensive plan for HFLE with standards, key measurable goals and objectives, an organizational structure, a workplan, logical framework and a budget. These provisions should reflect what is required and should be used as a basis for both planning and resource mobilization.

An institutional review should be carried out to clearly identify roles and responsibilities and to ensure that the structure is adequately geared to support HFLE implementation. This should encompass strategic agencies like CPCE and the regional administration. This action would best be led by the National HFLE Steering Committee, which would oversee its implementation.

4.2.4. Stronger Collaboration between Home, School and Community
The CARICOM HFLE Framework recommends that, “the school must adopt a holistic approach to promoting the health and well-being of all its members. One such approach is the Health Promoting School concept.” HPS, therefore, provides a supportive learning environment and links its efforts with families and communities. To date, the link between school and community has been through the PTA/PTFA and local NGOs. A decision should be taken by the MoE (especially in light of the role identified in the School Policy for NGOs), on what is the role of civil society in the implementation of HFLE.

In addition, greater use can be made of existing opportunities. For example, the list of duties of the nurses at every district health facility includes a provision for health education work in schools. In general the link between civil society and the Ministry of Education under HFLE should be strengthened in keeping with what is outlined in the school policy. Even within the School Health and Nutrition Unit, greater effort should be made to ensure partnerships and coordination.

Parents were identified as one of the most underrepresented groups with limited awareness of the programme and although efforts were made to inform parents at the inception in 2010, this has not been uniform in all schools. Greater efforts should be made to foster partnerships with the private sector and other national groups (such as the Rights of the Child Commission) to allow other agencies to collaborate and support the national implementation of HFLE.

4.2.5. Improved Coordination
A Terms of Reference (ToR) should be developed for the National HFLE Steering Committee that clearly outlines its functions. These should include the monitoring of policy implementation, providing guidance and ensuring compliance and fulfilment of regional/international standards and best practices. The Committee should also undertake analyses and provide advice to the Ministry on the implications and costs associated with preparing Guyana for HFLE becoming a specialized subject and possibly examinable in the near future. Training and capacity development needs of the Committee should also be identified and budgeted. The National Steering Committee should also have strong links and coordination with the CARICOM working group.
The composition of the Committee should also be reviewed and resuscitated as a body so that it can effectively carry out its mandate.

4.2.6. Sustained Capacity Development
HFLE implementation should be supported by a clear plan for training, as well as the monitoring of training impacts. Adequate training should be provided to teachers in schools where HFLE is being implemented and greater use should be made of existing HFLE teachers to support teacher development through mentoring and coaching.

Greater effort should be made to provide pre-service training for HFLE teachers. The HFLE programme would benefit from an institutional analysis of the human resource capacity within the schools and the cost of having specialized HFLE teachers, again in line with regional trends. The goal would be to ensure that the existing human capacity is adequate and standardised across schools and across regions.

There is currently a provision that for every five teachers, there should be an HOD. In several schools, there were as many as 4 HFLE teachers. Thus the MoE could consider creating the position of HOD for HFLE and identify teachers that specialize in HFLE only.

HFLE should move away from teaching a small cadre of persons to a more school wide approach as was initially pursued. This is important for many reasons, which have been highlighted in the report including the need to improve the knowledge and awareness of non-HFLE teachers including Head Teachers.

The HFLE programme requires the use of various training materials and efforts should be made to increase both the quantity and quality of teaching resources that are available to teachers. Given that this is a constraint throughout the education sector, efforts should be made to use partnerships and fundraising, as well as advocacy to increase the availability of resources. Given the potential risk involved in improvisation, this strategy should not be viewed as a substitute for resource mobilization and should ideally be limited to teachers who have been trained in HFLE, and already have some teaching experience.

4.2.7. Psycho-social Provisions
The prominence and provisions for counselling and support are inadequate in schools, and this would require political will at the national level in order for significant changes to occur at the local level. The CARICOM framework obligates teachers to “make appropriate referrals to service providers based on the needs of the student, and monitor progress” and also to, “maintain the confidentiality of student records and exchange personal information only according to prescribed responsibility.”

Greater investment should also be made in increasing the number of qualified counsellors so that students grappling with psychosocial issues can seek assistance. This support should also include the provision of a designated space for counselling. As such, there should be a more coordinated approach and mechanism for dealing with the issue of adequate counselling and support to children.

All staff should be made to understand the importance of confidentiality through a structured training programme and should be trained on the system of referral.

4.2.8. Standardized Assessment
Greater emphasis should be placed on and guidance provided for streamlining HFLE assessment in schools. The evaluation found that in the absence of assessment criteria, teachers were developing
their own methods for measuring HFLE performance. Linked to this, is the importance of being proactive in preparing for the possibility of HFLE being made an examinable subject, and this will require the entire school system to prepare for the change.

4.2.9. Gender and Geographical Disparity Issues
The analysis by gender indicates that the boys have poorer outcomes for ‘engaging early consensual sex’, ‘use of alcohol or drugs’ and ‘being bullied’. In addition, the regional comparisons indicate that outcomes are better in the more urban regions for having friends that bully others and the use of alcohol and drugs. In order to address these disparities in impact of the HFLE programme, greater attention should be paid to its implementation in the more rural and remote areas and to engaging the boys.

4.2.10. Sensitive Topics
A review should be conducted to determine the adequacy and specific needs of HFLE students and teachers especially in the delivery of sensitive topics such as sex and sexuality. This may include the availability of exclusive space that is conducive for the exchange of private information and counselling. HFLE teachers should be equipped to deliver classes on sensitive topics and it should be determined whether these male and female students should be separated. Linked to this is the importance of ensuring both confidentiality and effectiveness.

4.2.11. Monitoring and Evaluation
Monitoring (including data analysis and reporting) is a key component of the HFLE programme and is central to decision making and planning. One of the main purposes of monitoring of HFLE should be to inform quality control and compliance. Monitoring should also be used to determine the impact of the programme on students. However, tracer studies may be more useful in the future.

At present, there are no guidelines or targets for acceptable levels of effectiveness and impact. Appropriate targets for effectiveness and impact should be developed to measure and evaluate progress in the future. These targets should take into consideration the effectiveness and impact disparities that exist (especially regional).
5 Annexes

5.1 Terms of Reference

EVALUATION TERMS OF REFERENCE

Individual / Institutional contract details:

Duration: Two Months (42 Working days)
Location: Guyana
Total Budget:
Budget Code: SC
Start Date:
Supervisor: Abheet Solomon, Deputy Representative, UNICEF

Title:

Evaluation of the Health and Family Life Education (HFLE) Life Skills Based Curriculum Pilot Programme as a timetabled subject

Background

Health is closely linked to development and is described by the World Health Organization (WHO 2005) as a “state of complete physical, mental, social and moral wellbeing and not the mere absence of disease”. The transition from childhood to adulthood is complex involving young people experiencing physical and social changes. Physically their bodies become sexually defined and socially/emotionally they become mature. The whole school approach enunciated by the World Health Organization (WHO) embraces the conceptual models of Health Promoting schools and Community Schools. Here the focus is on the connection and coordination of the curriculum, the school spirit and the environment as well as building partnerships with services. The collaboration and partnerships should include parents, teachers, students, administrators, student and staff groups, community groups and resources from health, the social sector, the private sector and the media.

The life-skills approach that is used in HFLE provides effective prevention education programmes to
address the lifestyle related conditions experienced by young people. Abilities for adaptive and positive behaviour allow youth to deal effectively with the demands and challenges of everyday life. Skills-based health education for HIV prevention (life skills) provides learners with the knowledge and skills they need to avoid HIV infection and maintain reproductive health.

Theories on psychosocial development which detail the way human beings, and especially, children and adolescents grow, learn and behave, provide the foundation for the life skills approach. These include child and adolescent development, social learning, problem behaviour, social influence, cognitive problem solving, multiple intelligences, and risk and resiliency theories (Mangrulkar, Whitman and Posner, 2001). The concept for HFLE has been founded on theories for e.g. Child and Adolescent Development Theory, Constructivist Theory, Social Learning Theory, Problem-Behaviour Theory, Social Influence Theory, Cognitive problem solving, Multiple intelligences and Resiliency Theory regarding the behaviour of children and adolescents including development, social influence and resiliency. Decision making, critical thinking, self-awareness, coping with stress and communication skills are state of the art life skills upon which other skills can be built, while skills for problem solving, creative thinking, the ability to empathize, coping with emotions and interpersonal relationships form the basis of Core skills. Key elements of the life skill programme are skills development, content or information and interactive teaching methodologies.

In the late 1980’s and early 1990s, education personnel across the Caribbean Community (CARICOM) Region noted an increase in problem behaviours being manifested both within and outside the school system limiting the effectiveness of maternal health, child health and development, HIV/AIDS and other development programmes. 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 and for the expressed purpose of mounting a response to curb these adverse youth related situations, 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 the University of the West Indies (UWI). This initiative was endorsed by the Ministers of Education and Health of all CARICOM member states.

The Sixth Special Meeting of the Council for Human and Social Development (COSHOD) held in April 2003 further endorsed the need for urgent strengthening of the HFLE programme and for making it a core area of instruction at the primary, secondary and tertiary levels. Additionally, COHSOD recommended that the focus of HFLE programmes should shift from an information-based model to a skills development model, and that a Regional Curriculum Framework should be developed which could be adapted by Member States to meet their specific needs.

The delivery of Health and Family Life Education in Guyana is therefore part of the broader CARICOM Multi-Agency project developed in response to concerns that Caribbean youths, even
Evaluation Report
Evaluation of the Piloting of HFLE as a Timetabled Subject in Guyana

after completing high schools with the necessary qualifications for either employment or further studies, did not have the psychosocial competence to deal with the challenges of life. The Health and Family Life Education initiative therefore seeks to:

5. empower young people with skills for healthy living and focuses on the development of the whole person (emotional, social, mental, physical and spiritual) and is a comprehensive life-skills program focused on teaching students “critical” life skills,
6. help young people to become independent thinkers and actively participate as responsible citizens.
7. ensure consistent and sustained exposure to skills-based health education in an effort to increase the knowledge, skills, attitudes and behaviours of Caribbean children to facilitate their adoption of healthy and productive lifestyles and consequently their long term contribution to a healthy Caribbean society; and
8. increase the awareness of children and youth, in formal and non-formal sectors, of the fact that the choices they make daily will profoundly influence their health and personal development.

The methodology, utilized in the delivery of HFLE in the curriculum is one that fosters the development of life skills and maximizes student learning and behaviour change. A key characteristic in the delivery of HFLE is to create an environment for participatory, student-centered learning, therefore making it crucial that capacity building opportunities be pursued for teachers and stakeholders.

It is against this background that the Ministry of Education (MoE) in Guyana over the last decade has made several attempts to implement HFLE in both primary and secondary schools by using the infusion methodology. With the infusion methodology, teachers were asked to incorporate HFLE into their curriculum though it was not timetabled. For this purpose, Curriculum Guides for Grades 1 - 9 were produced and distributed to primary schools. Additionally, teachers in several education districts were trained to deliver HFLE. Despite the provision of Curriculum Guides (and other resources such as Merundoi Modules, Teaching of HIV and AIDS in the Caribbean) and training of teachers, this method of infusion was largely unsuccessful as there was little buy-in and many schools are yet to implement HFLE to the entire school population. Many reasons have been given, such as, a lack of resource materials, teaching activities, attrition rate of “trained” teachers and most of all, a lack of confidence to teach the subject.

In September 2010, there was another attempt by the MoE to implement the HFLE programme, this time as a timetabled subject (in its own right), and against the backdrop of a recognition that Guyana is behind the rest of the Caribbean with respect to its stage of implementation. Under this new attempt in Guyana Teachers/educators were trained and the programme was launched as a three-year pilot in thirty (30) secondary schools as a timetabled subject in Grade 7 only. In 2011 the HFLE pilot was expanded as a timetabled subject to forty (40) additional schools making the number of pilot schools seventy (70).

Teachers reported at the 2011 Mid-Term Review Workshop for pilot school teachers that the HFLE programme is creating enormous impact in the lives of students and that positive attitudes and behavioural changes are evident in schools. Further, head teachers have opined and supported the views of teachers (based on feedback gleaned from the Monitoring and Evaluation (M&E) tools – Administrator Interview) that the HFLE programme is a catalyst for positive change and this has begun to manifest these changes. However at best, these reports, though
encouraging are largely anecdotal and do not provide empirical evidence for scaling up of the intervention. It is therefore necessary at this time to conduct an evaluation of this programme with the 30 schools who were initially involved in the piloting of HFLE as a timetabled subject.

**Purpose of the evaluation:**

The HFLE as a timetabled subject is now being evaluated since it is almost 3 years since HFLE was introduced as a timetabled subject in 30 Secondary schools among Grade 7 students. This evaluation is done to:

1. Determine the extent to which and how were HFLE Life Skills Based Curriculum Pilot Programme, as a timetabled subject, has and is achieving its objectives.
2. Based on the findings with regards to number 1, identify sources, facilitating factors and challenges encountered in the pilot programme
3. Drawing on findings in 1 and 2 compile lessons learned and elaborate their implications for the design of the programme to expand HFLE as a timetable subject to cover all schools in country.

**Scope and focus/Objectives:**

The evaluation will provide answers to the following questions:

**Effectiveness**

- The HFLE initiative aims to empower young people with skills for healthy living and focuses on the development of the whole person (emotional, social, mental, physical and spiritual) focusing on “critical” life skills that are necessary for applying values, becoming independent thinkers and actively participating responsible citizens. To what extent have these intended outcomes been realized in the pilot schools as it relates to the knowledge, attitudes and practices of students?
- Has HFLE led to better participation in other subject areas?

**Relevance**

- Does the HFLE programme contribute to the achievement of the MDGs?
- Has the HFLE pilot empowered young people with skills for healthy living and focuses on the development of the whole person (emotional, social, mental, physical and spiritual)?
- Does the HFLE pilot help young people to become independent thinkers and actively participate as responsible citizens?
- Does the HFLE pilot ensure consistent and sustained exposure to skills-based health education? and
- Have the HFLE pilot increased the awareness of children and youth, in formal and non-formal sectors?
Efficiency

- Is the current approach to HFLE management and implementation cost-effective? How can we maximize cost/benefit in the HFLE programme implementation?
- To what extent have the HFLE guidelines been implemented in pilot schools in a standardized way? What factors contributed to the effective implementation of HFLE as a timetabled subject? What are the hindrances?
- Is the HFLE programme delivered in a culturally appropriate manner?

Impact

- Has the HFLE programme resulted in behaviour changes in the lives of students in schools where HFLE is being implemented as a timetabled subject?
- Has the HFLE Programme intervention led to a reduction in unwanted behaviours among students e.g. teenage pregnancy, bullying?
- Has the HFLE initiative also impacted upon knowledge, attitude and practices in the families of participating students?
- What is the impact of the HFLE pilot programme on academic performance of students?

Sustainability

- To what extent are the HFLE programme implementation and management arrangements and funding sustainable?
- What recommendations and lessons learnt in HFLE programme implementation should be considered in the expansion of HFLE as a timetabled subject to schools in the other regions?
  - What are the barriers to expanding HFLE into all secondary schools in Guyana?
  - What are the challenges encountered by the teachers in the implementation of HFLE and how have they been addressed?

Cross cutting contributions

- To what extent has HFLE responded to the needs of adolescent girls and boys?

Existing information sources:

As a background the following material listed below will be made available to the consultant and are expected to be reviewed and referenced, as relevant, in the inception and final report.

- 2009 Evaluation of the Implementation of HFLE in schools in which teachers were trained to deliver the curriculum - This was conducted in 2009 and the purpose was to determine the extent to which the curriculum was used and to identify constraints to implementation and recommendations for overcoming them.
- HFLE in Caribbean Schools, New Approaches, Prospects and Challenges, UNICEF 2006- This is a Regional document which examined key strategies in bringing HFLE to scale in Caribbean countries. Strengthening HFLE in the Region-
- The Implementation, Monitoring and Evaluation of HFLE in four CARICOM Regions examined the development, implementation and impact of the initial roll-out of this Common
Curriculum for youth in Forms 1, 2, and 3,
- The Evaluation of the Pilot HFLE Curriculum in Schools- this evaluation was conducted in Jamaica on the delivery of a pilot curriculum for Health and Family Life Education (HFLE) in 21 of 24 selected schools.
- Reports of HFLE Coordinator from September 2010 to May 2012.
- Reports from feedback workshops-
- Monitoring documents which were submitted to the HFLE coordinator by the teachers of HFLE
- Monitoring tools of the HFLE field visits by the HFLE coordinator
- The consultant is expected to review all relevant documentation relevant to the implementation of HFLE from its inception to the current implementation. This will include but not being limited to studies, reports and previous surveys.

Evaluation process and methodology:

The consultant will commence work in March 1, 2013 and by June 7, 2013 would have concluded and submit the final report which would have incorporated the recommendations after review by MOE and UNICEF.

It is foreseen that the consultant will garner information which will be obtained through FGD/IDI or school completed self-assessment questionnaires in 10 pilot schools in Regions 2, 3, 4, 5, 6, 7, 10 and Georgetown and ten schools where HFLE was not implemented. (Approximately 1½ days will be spent in each pilot school and ½ day in each ‘non-pilot’ school)

The consultant is expected to work closely with the key officials of Ministry of Education, UNICEF and the Ministry of Health. This evaluation is qualitative and the consultant will design, conduct, and analyse participatory In-Depth Interviews (IDIs) and Focus Group Discussions (FGDs) with duty bearers and rights holders. Data will be collected from students, including their communities and families, involved in the HFLE pilot and those who were not; teachers who teach HFLE as a timetabled subject; Head teachers of schools which implement HFLE as a timetabled subject; Regional Education Officers, other key stakeholders of the Ministry of Education.

Phase 1: Desk review, interviews with key stakeholders, development of research instruments, submission of inception report

- Desk review: Review will include but not limited to 2009 Evaluation of the Implementation of HFLE in schools in which teachers were trained to deliver the curriculum, HFLE in Caribbean Schools, New Approaches, Prospects and Challenges, UNICEF 2006, HFLE in Caribbean Schools, New Approaches, Prospects and Challenges, UNICEF 2006, Strengthening HFLE in the Region- The Implementation, Monitoring and Evaluation of HFLE in four CARICOM Regions, The Evaluation of the Pilot HFLE
Curriculum in Schools, Reports of HFLE Coordinator from September 2010 to May 2012. Reports from feedback workshops- Monitoring documents which were submitted to the HFLE coordinator by the teachers of HFLE Monitoring tools of the HFLE field visits by the HFLE coordinator and HFLE quarterly reports.

- Key stakeholder interviews: HFLE Coordinator, MOE Chief Planning Officer, Assistant Chief Education Officer (ACEO) (Development), UNICEF
- An Inception Report must be submitted. The inception report will include an evaluation matrix i.e. a table showing each evaluation question will be answered and how the information will be collected
- Development of research instruments IDI, FGD, Classroom Observation checklist and other instruments
- Meetings with other national stakeholders

**Phase 2: Data collection**

The consultant is expected to work with an in-country team to conduct IDIs with key personnel of the MOE, UNICEF and MOH. S/he is also expected to;

- conduct IDI with teachers of HFLE, Regional Education Officers and other teachers
- conduct IDI and FGDs with students who were and were not involved in the HFLE programme implementation
- Classroom Observations of HFLE being conducted in selected class rooms in all 20 selected schools
- Individual interviews with parents/caregivers
- Progress report to be submitted and presented on April 30, 2013
- Meet with Stakeholders

**Phase 3: Data Analysis, Sharing of findings and writing of report**

- The consultant will be responsible for the data analysis, writing the report and presentation of findings to partners
- For the data analysis the grounded theory methodology will be used, involving verbatim transcription, coding of data, development of themes, comparison and contrasting of themes and recording of findings and theoretical propositions
- The safety of data during the data collection phase will be the total responsibility of the researcher; all information gathered for this evaluation is the property of MoE and UNICEF. No data collected and or reviewed for this evaluation or data to which the researcher is privileged during time of the evaluation as direct or indirect result of being the researcher for this evaluation, can be shared and or used by the researcher neither can s/he approve the use of the whole or any part of it for personal or professional purposes without approval in writing from Ministry of Education and UNICEF.
- The main findings will be presented by the consultant to National Stakeholders and sufficient time will be allocated for comments
- The writing of the report should be done in constant communication with UNICEF and MoE.
- The final report will be approved by UNICEF and MoE
- Final report to be submitted by June 7, 2013


**Ethical Consideration**

To ensure that the key ethical principles for the conduct of evaluation involving human subjects are followed, each potential respondent will be given full information about the evaluation including the purpose and potential benefits of the evaluation, their rights, and how the information collected will be used. They will also be informed that all data will be kept confidentially being only accessible by members of the assessment team. Verbal consent will be collected from all those who agree to participate. All participants will be informed of their right to discontinue their participation at any point and approaches for ensuring confidentiality will be described.

**Stakeholder participation**

The national level stakeholders will comprise of the following:

- MOE and Cyril Potter College of Education
- MOH, MOLHSS and other relevant ministries
- UNICEF and UNFPA
- Other national / international partners

**Evaluation team composition**

This consultancy is for one consultant (Person/Firm) who must possess the following competencies:

- At least a Master’s Degree in the Social Sciences preferably Sociology, Education or Economics
- A minimum of five (5) years’ experience in designing, implementing and supervising Monitoring and Evaluation programmes
- Proven experience in leading and managing outcome and impact evaluations. Good understanding of evaluation methodologies and UNEG norms and standards for Evaluation.
- Proven analytical skills and experiences lending to the ability to identify and evaluate best practices and innovative approaches to be utilized by the project
- Excellent English writing skills
- Excellent and proven analytical skills
- Strong organizational, writing and presentation skills

The consultant may organize and manage local researchers who must possess the following:

- At least a Master’s Degree in the Social Sciences preferably Sociology, Education or Economics
- A minimum of five (5) years’ experience in research especially data collection
- Proven analytical skills and experiences
- Excellent English writing skills
• Strong organizational, writing and presentation skills

**Accountabilities:**

**UNICEF will:**

- Meet initially with the Consultant and the HFLE Coordinator, and other staff identified by the MOE
- Review inception report and provide feedback for adjustment
- Review data collection instruments prepared by consultant
- Attend briefing meetings
- Review draft report
- Review and approve final report before final payment is made to consultant

**The MOE will:**

- Initiate meeting with MOE Officials, UNICEF and other stakeholders
- Prepare and send letters to Regional Education Officers, Head teachers and parents outlining the purpose of the consultancy and the role they are expected to play.
- Provide the consultant with letters to be presented to key stakeholders including head teachers, students, their parents and Regional Education Officers
- Provide the consultant with HFLE materials which will include past evaluations, monitoring reports from September 2010 to May 2012, monitoring reports from teachers, HFLE Coordinator’s monitoring reports and reports from feedback meetings with teachers and implementers of HFLE and any other relevant documents as requested by the consultant
- Review consultants inception report and data collection instruments

**The consultant will:**

- The Lead researcher may use the services of an in-country researcher for fieldwork
- Meet initially with officials from the MOE and UNICEF to discuss the consultancy and timelines in detail.
- Will review all documents as provided by the HFLE Coordinator
- Submit inception report which will include desk review, instruments, workplan for the evaluation and the outline for the final report. Incorporate feedback from UNICEF and MOE and finalise inception report before proceeding for fieldwork
- Make contact with support from the National HFLE Coordinator, with the Regional Education Officers, head teachers, teachers, parents
- Coordinate all activities including field visits with the HFLE Coordinator.
- Prepare draft period reports for discussion with UNICEF, MOE and HFLE Committee
- Will discuss Preliminary findings with HFLE Coordinator, key Ministry of Education Officials and UNICEF, ACEO (Admin) Chief Planning Officer and HFLE Steering Committee
- Prepare and submit comprehensive final report
- The consultant shall act in a manner within the laws of the country of Guyana.
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NB: The MoE and UNICEF shall assume no liability for health and safety of consultant; nor will MoE and UNICEF assume responsibility for the loss or damage of equipment or transport vehicles or any injury done to a third party used in conjunction with this work.

Procedures and Logistics

- UNICEF will provide funds for all in country travel inclusive of DSA if necessary. The Youth and Adolescent Development Officer and HFLE Coordinator will regularly monitor the progress of the consultant’s work. The UNICEF Monitoring and Evaluation Specialist will be closely involved in providing quality assurance
- Consultant will work from his/her private space
- Consultant will use his/her computer and other equipment if necessary
- Consultant will submit final report in an electronic format

Products/Deliverables:

<table>
<thead>
<tr>
<th>Deliverable</th>
<th>Main components</th>
<th>% of Fee</th>
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</table>
| Inception Report     | • Clearly outlined work plan including timelines and strategies for each phase of the study including sampling methodology  
                        • An evaluation matrix i.e. a table showing questions to be answered by the research and how the information will be collected to answer each question. (please see draft template in annex 1)  
                        • Comprehensive document review report  
                        • Interview schedule, data collection instruments i.e. FDG guides, IDI guides and classroom observation checklist  
                        • Outline of final report | 20       |
### Draft Report (in line with UNEG and UNICEF’s Global guidelines on reporting standards)

- Report based on the agreed outline in the inception report, using collected data transcription of interview, coded transcripts of data according to themes checklists and notes on observations and field visits

An Oral presentation of main findings to UNICEF and MOE on:
- Key findings and recommendations
- Constraints, challenges and other critical factors of research implementation
- Outline of the next steps

50

### Final Report (in line with UNEG and UNICEF’s Global guidelines on reporting standards)

- Final Report based on comments on the draft report, together with the Executive Summary

30

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**Conditions:**

- The contract will be temporary and will be between UNICEF and the Consultant.
- The consultant is expected to conduct all work independently of UNICEF with the exception of those cases where support may be needed to attend any high-level meetings.
- Prior to commencing the contract, the individual consultant will be required to sign a Health Statement for consultants/individual contractors, and to document that he/she has appropriate health insurance, if applicable.
- Consultant will adhere to UNEG norms and standards and UNICEF’s global guidelines on reporting standards

**Method of Payment:**

- All fees will be paid in US dollars
- All local related travel will be reimbursed upon submission of receipts
- The fee will be paid in tranches as follows; all fees will be paid in US currency at the current bank rate.
  - Upon acceptance of inception report 20% of the total sum will be paid
  - Upon acceptance of draft report and oral presentation 50% of the total sum will be paid
- Upon approval and acceptance of final report 30% of the total sum will be paid

**Penalties:**

0.5% deduction on fees per day for every day after established deadline, unless agreed in advance
## 5.2 Evaluation Framework:

<table>
<thead>
<tr>
<th>Evaluation Question and Sub-Question</th>
<th>Judgment Criteria</th>
<th>Source of Information / Tool</th>
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<tbody>
<tr>
<td><strong>RELEVANCE</strong></td>
<td></td>
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<tr>
<td>What MDGs and CARICOM COHSOD</td>
<td># Modules with subject matter responding to MDG #1-#7</td>
<td>Curriculum Review</td>
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<tr>
<td>goals does the HFLE programme</td>
<td></td>
<td>MDG goals</td>
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<tr>
<td>contribute to?</td>
<td>Extent to which the Guyana HFLE programme meets the CARICOM HFLE Framework</td>
<td>Review of CARICOM HFLE Framework</td>
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<td></td>
<td>Guidelines</td>
<td>National Steering Committee</td>
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<tr>
<td>Does the HFLE programme contribute</td>
<td>Extent to which the Guyana HFLE programme meets the national social objectives and</td>
<td>Policy review (education, health etc.)</td>
</tr>
<tr>
<td>to the achievement of national</td>
<td>goals</td>
<td>School Health Policy</td>
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<tr>
<td>development outcomes?</td>
<td></td>
<td>Key Informant Interviews with regional and national stakeholders</td>
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<td></td>
<td>Extent to which HFLE has resulted in the creation of new policies, linkages,</td>
<td></td>
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<td></td>
<td>partnerships or related initiatives</td>
<td>IDIs with head teachers.</td>
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<tr>
<td>---Does the programme integrate</td>
<td>Reported ease with which HFLE methodology was implemented into schools</td>
<td>Focus Group Discussion (Parents)</td>
</tr>
<tr>
<td>with the local education context</td>
<td></td>
<td>HFLE Teachers' Questionnaire</td>
</tr>
<tr>
<td>and approach to education in schools?</td>
<td></td>
<td>IDIs with head teachers.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Key Informant Interviews with regional and national stakeholders</td>
</tr>
<tr>
<td>Evaluation Question and Sub-Question</td>
<td>Judgment Criteria</td>
<td>Source of Information / Tool</td>
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</table>
| --- Has the programme responded to perceived needs (alcohol, teenage pregnancy) within the school system and among youth where was implemented? | Perceived relevance of the content to child/youth context  
Perceived reduction/improvements in behaviour, reductions in violence/bullying, alcoholism in schools, peer pressure and teenage pregnancy.  
% of student respondents who report knowledge of these issues (bullying, anger, sex etc.)  
% of schools that report reduction in the use of unwanted behaviours | HFLE Teachers’ Questionnaire  
Baseline  
Student Outcome Survey  
Key Informant Interviews with regional and national stakeholders  
IDIs with head teachers. |
| **EFFICIENCY** | | |
| Is the current approach to HFLE management and implementation cost-effective? | % of financial investment in HFLE management and implementation  
Perceived returns in the achievement of key goals | Expenditure reports  
Budgets  
FGDs/IDIs (Parents, Head teachers, MoE, MoH Staff) |
| How can we maximize cost/benefit in the HFLE programme implementation? | Quality of recommendations provided on improving efficiency of the program | FGDs/IDIs (Head teachers, Parents, MoE, MoH Staff).  
Teacher survey |
| To what extent have the HFLE guidelines been implemented in pilot schools in a standardized way? | % of deviance from mandated HFLE implementation guidelines | HFLE Teachers’ Questionnaire |
| What factors contributed to the effective implementation of HFLE as a timetabled subject? | List of factors given by students on HFLE’s effective implementation  
List of factors given by teacher and parents on HFLE’s effective implementation  
List of hindrances identified | FGDs/IDIs (students, parents, Head teachers)  
HFLE Teachers’ Questionnaire |
| What are the hindrances? | | |

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**Evaluation Report**

Evaluation of the Piloting of HFLE as a Timetabled Subject in Guyana
<table>
<thead>
<tr>
<th>Evaluation Question and Sub-Question</th>
<th>Judgment Criteria</th>
<th>Source of Information / Tool</th>
</tr>
</thead>
</table>
| Is the HFLE programme delivered in a culturally and/or gender sensitive appropriate manner? | Extent to which girls and boys perceive that HFLE is gender/culturally appropriate  
Extent to which the HFLE teachers consider the cultural context in which HFLE is presented. | FGDs with students  
HFLE Teachers Interview |

**EFFECTIVENESS**

| To what extent have the intended outcomes been realised as it relates to the knowledge, attitudes and practices of students? | Mean differences (10 factors relating to knowledge, attitudes and behaviours) between baseline data and data collected in the process of the evaluation (all HFLE schools).  
Mean differences between data for males and females.  
Students’, teachers’ and head teachers’ reports on effectiveness. | Student outcomes survey (HFLE and non-HFLE schools)  
Student FGD.  
HFLE Teachers’ Questionnaire  
IDIs with head teachers. |

| Has HFLE led to better participation in other subject areas? | Teachers’ reports on better student participation.  
Students’ report on better participation.  
Analysis in report on differences between participation in HFLE schools versus non HFLE schools | FGDs with teachers.  
FGDs with students. |

**IMPACT**

| Has the HFLE Programme intervention led to a reduction in unwanted behaviours among students e.g. teenage pregnancy, bullying? | Reports on occurrence of unwanted behaviours in HFLE schools compared to non-HFLE schools. | Student outcomes survey  
FGD with students. |
<table>
<thead>
<tr>
<th>Evaluation Question and Sub-Question</th>
<th>Judgment Criteria</th>
<th>Source of Information / Tool</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-significant regional differences in the occurrence of unwanted behaviours for HFLE schools.</td>
<td>Parents’ reports on the incidence of unwanted behaviours.</td>
<td>Student outcomes survey</td>
</tr>
<tr>
<td>Teachers’ reports on the incidence of unwanted behaviours.</td>
<td></td>
<td>FGDs with parents</td>
</tr>
<tr>
<td>Has the HFLE initiative also impacted upon knowledge, attitude and practices in the families of participating students?</td>
<td>Parents’ reports on impacts in their families.</td>
<td>FGDs with parents</td>
</tr>
<tr>
<td>What is the impact of the HFLE pilot programme on academic performance of students?</td>
<td>Test scores (math, English, science and social studies) for students in HFLE schools versus non-HFLE schools</td>
<td>National grade 9 examination results (not available as yet).</td>
</tr>
<tr>
<td><strong>SUSTAINABILITY</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>To what extent are the HFLE programme implementation and management arrangements and funding sustainable?</td>
<td>Existing funding for HFLE as a timetabled subject</td>
<td>Budget documents. IDIs with MoE officers.</td>
</tr>
<tr>
<td>Technical assistance, voluntary support, training, resource materials provided to the programme since 2010 and future funding commitments.</td>
<td>IDIs with MoE officers and head teachers.</td>
<td></td>
</tr>
<tr>
<td>Perceived adequacy of the HFLE structure to implement HFLE</td>
<td>IDIs with head teachers.</td>
<td></td>
</tr>
<tr>
<td>Availability of trained HFLE teachers</td>
<td>IDIs with head teachers. FGDs with teachers.</td>
<td></td>
</tr>
<tr>
<td>Level of ownership reported by head</td>
<td>HFLE Teachers’ Questionnaire</td>
<td></td>
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</tbody>
</table>
### Evaluation Question and Sub-Question

<table>
<thead>
<tr>
<th>Evaluation Question and Sub-Question</th>
<th>Judgment Criteria</th>
<th>Source of Information / Tool</th>
</tr>
</thead>
<tbody>
<tr>
<td>What recommendations and lessons learnt in HFLE programme implementation should be considered in the expansion of HFLE as a timetabled subject to schools in the other regions?</td>
<td>teachers/teachers within schools</td>
<td>IDIs with head teachers</td>
</tr>
<tr>
<td>List of recommendations given by MoE and head teachers.</td>
<td></td>
<td>IDIs with MoE officers. IDIs with head teachers.</td>
</tr>
</tbody>
</table>

## 5.3 Evaluation Methodology

A combination of quantitative and qualitative approaches was employed in this evaluation. The first phase was a desk review, which led to the documentation of an inception report. This phase also included interviews and discussions with HFLE, UNICEF and MoE officials and it was executed between May-June 2013. The formal evaluation (second phase) began in June 2013 and it overlapped with the first phase insofar as the inception report was not yet formally approved. However, through discussion with the UNICEF representatives, it was determined that the methodological issues were sufficiently clarified to allow the start of the second phase. This decision was taken with consideration given to the
pre-established availability issues and to the approaching closing date of the secondary schools in Guyana.

The qualitative approaches used in this evaluation include:

1. Focus group discussions (FGDs) with students in both the HFLE and non-HFLE schools.
2. Discussion with HFLE teachers in the selected HFLE schools.
3. Interviews with the head teachers of both the HFLE and non-HFLE schools.
4. Discussion with the parents of the HFLE students.
5. Interviews/discussions with regional stakeholders (Regional Education Officer).
6. Interviews/discussions with MoE staff.

The quantitative approaches included a student outcome survey and a survey of the HFLE teachers in the selected HFLE schools.

5.3.1 Data Collection and Management
Participation in the data collection activities was voluntary. The schools were notified of the visit of the evaluation team by the MoE and the schools were subsequently contacted directly by the evaluation firm to make further arrangements. At the time (June 2013), the head teachers indicated that the students were in the process of writing their examinations and the time to interact with the students would be limited. This led to some modifications to the selection procedure outlined in the inception report. The modifications made are discussed subsequently.

Apart from the discussions with the MoE officers, each of the qualitative data collection attempts was guided by lists of pre-established questions. This was done to ensure that the appropriate information is obtained and consistency in the approach to obtaining the information. However, the process remained flexible and the sequence of questions could be modified based on the issues raised by the participants.

5.3.2 Students’ Focus Group Discussion
The guide for the students’ FGD (see Annex 2) was developed by both the evaluation firm and UNICEF. The section developed by the evaluation firm was appended to the section required and provided by UNICEF. The full schedule was applied only to the HFLE schools while the first section only was applied to the non-HFLE schools. Merging the two sections necessitated some modifications to the second section in order to avoid duplications and to ensure that the content of the sections were relevant to the respective groups.

The students’ FGDs were done after the students had completed the Student Outcome Questionnaire with a subset of the said respondents. Although there were a few departures from this general rule, due to uncontrollable circumstances, the students’ FGDs were done with the students of Grade 9. In the case of the HFLE schools, the Grade 9 students were the first batch to be exposed to HFLE as a timetabled subject. They were at that time in Grade 7. For consistency, the Grade 9 students were also selected for the FGDs in the non-HFLE schools. In the data collection process, the age and gender of the participants were also recorded.

The participants for the FGDs were identified by the HFLE teachers. This decision was made after considering the time constraints imposed by the students’ examinations that were on-going. In many
cases, the evaluation team had to wait on students to exit the examination rooms and as such, the teachers often resorted to selecting the students based on availability. In some cases, the students were waiting to enter another examination and then they were asked to participate only if they believed that they were done with their preparations for the examination. The students’ FGDs were to be done with six boys and six girls, but due to the constraints, the distribution was unbalanced in some cases. Some demographic information on the participants of the FGDs along with descriptions of the environment are shown in Table 22.

Table 22 Students’ FGD Environment

<table>
<thead>
<tr>
<th>Region</th>
<th>School</th>
<th>Session Date</th>
<th>Environment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>HFLE Schools</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Charity Secondary</td>
<td>21/06/2013</td>
<td>Quiet computer laboratory</td>
</tr>
<tr>
<td>3</td>
<td>Patentia Secondary</td>
<td>18/06/2013</td>
<td>Separate classroom with some noise from students outside.</td>
</tr>
<tr>
<td>3</td>
<td>West Demerara Secondary</td>
<td>18/06/2013</td>
<td>Classroom with background noise and occasional opening of the door by staff/students on the outside</td>
</tr>
<tr>
<td>4</td>
<td>Hope Secondary</td>
<td>17/06/2013</td>
<td>Classroom with a lot of background noise caused by students lining up at the gate to await dismissal of school</td>
</tr>
<tr>
<td>4</td>
<td>Buxton Secondary</td>
<td>14/06/2013</td>
<td>Separate classroom with some noise from students outside.</td>
</tr>
<tr>
<td>GT</td>
<td>Kingston Secondary</td>
<td>13/06/2013</td>
<td>Open space classroom, mild noise</td>
</tr>
<tr>
<td>GT</td>
<td>North Georgetown Secondary</td>
<td>10/06/2013</td>
<td>Art room with some noise from on-going assembly.</td>
</tr>
<tr>
<td>GT</td>
<td>New Campbellville Secondary</td>
<td>13/06/2013</td>
<td>Quiet Computer laboratory</td>
</tr>
<tr>
<td>GT</td>
<td>Lodge Secondary</td>
<td>15/06/2013</td>
<td>Classroom with very loud background noise</td>
</tr>
<tr>
<td>GT</td>
<td>St. Rose’s High</td>
<td>13/06/2013</td>
<td>Quiet computer lab with occasional opening of the door by staff on the outside</td>
</tr>
<tr>
<td>5</td>
<td>Rosignol Secondary</td>
<td>19/06/2013</td>
<td>Classroom with background noise and occasional opening of the door by staff/students on the outside</td>
</tr>
<tr>
<td>5</td>
<td>Belladrum Secondary</td>
<td>19/06/2013</td>
<td>Staffroom. Noisy environment with many distractions from other from students and teachers.</td>
</tr>
<tr>
<td>6</td>
<td>New Amsterdam Secondary</td>
<td>20/06/2013</td>
<td>Quiet computer room</td>
</tr>
<tr>
<td>6</td>
<td>Canje Secondary</td>
<td>20/06/2013</td>
<td>Open classroom with occasional noise from the nearby class.</td>
</tr>
<tr>
<td>10</td>
<td>Christianburg-Wismar Secondary</td>
<td>20/06/2013</td>
<td>Quiet computer lab with a few interruptions by staff entering and exiting</td>
</tr>
<tr>
<td>10</td>
<td>Wisburg Secondary</td>
<td>21/06/2013</td>
<td>Classroom with surrounding background noise and teachers entering and exiting to access a room at the back of the classroom</td>
</tr>
<tr>
<td></td>
<td>Non-HFLE Schools</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Cotton Field Secondary</td>
<td>21/06/2013</td>
<td>Quiet classroom</td>
</tr>
<tr>
<td>3</td>
<td>L’aventure Secondary</td>
<td>17/06/2013</td>
<td>Classroom with noise coming from students in the corridors.</td>
</tr>
<tr>
<td>3</td>
<td>Stewartville Secondary</td>
<td>17/06/2013</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Lancaster Secondary</td>
<td>18/06/2013</td>
<td>No FGD</td>
</tr>
<tr>
<td>4</td>
<td>Diamond Secondary</td>
<td>17/06/2013</td>
<td>Quiet library</td>
</tr>
<tr>
<td>GT</td>
<td>Brickdam Secondary</td>
<td>12/06/2013</td>
<td>No FGD</td>
</tr>
<tr>
<td>GT</td>
<td>Charlestown Secondary</td>
<td>12/06/2013</td>
<td>Quiet classroom.</td>
</tr>
</tbody>
</table>
As far as was possible, the students’ FGDs were done in a quiet place. These venues were identified by either the head teacher or one of the teachers at the school. In some cases, the environment was noisy which led to some distractions (see Table 22). These FGDs were recorded with assurance given to the students that the recordings will be used only to ensure that data collected is accurate and complete. They were also assured that the recordings will not be given to or used by anyone other than the evaluation team.

5.3.3 HFLE Teacher Discussion
The discussions with the HFLE teachers were held after the teachers had completed the Teacher Questionnaire. These discussions were guided by an outline of the general discussion topics. Whenever there was more than one HFLE teacher at a school, the teachers were grouped for the discussion. However in some cases, it was not convenient to have a discussion with all the teachers at the same time.

Table 23 Composition of the HFLE Teacher Discussion

<table>
<thead>
<tr>
<th>Region</th>
<th>School</th>
<th>Date of Session</th>
<th># Teachers</th>
<th>#Females</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Charity Secondary</td>
<td>21/06/2013</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>3</td>
<td>Patenia Secondary</td>
<td>18/06/2013</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>3</td>
<td>West Demerara Secondary</td>
<td>18/06/2013</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>4</td>
<td>Hope Secondary</td>
<td>17/06/2013</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>4</td>
<td>Buxton Secondary*</td>
<td>14/06/2013</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>GT</td>
<td>Kingston Secondary</td>
<td>13/06/2013</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>GT</td>
<td>North Georgetown Secondary*</td>
<td>10/06/2013</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>GT</td>
<td>New Campbellville Secondary</td>
<td>13/06/2013</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>GT</td>
<td>Lodge Secondary</td>
<td>15/06/2013</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>GT</td>
<td>St. Rose’s High</td>
<td>13/06/2013</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>5</td>
<td>Rosignol Secondary</td>
<td>19/06/2013</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>5</td>
<td>Belladrum Secondary</td>
<td>19/06/2013</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>6</td>
<td>New Amsterdam Secondary</td>
<td>20/06/2013</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>6</td>
<td>Canje Secondary</td>
<td>20/06/2013</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>10</td>
<td>Christianburg-Wismar Secondary</td>
<td>20/06/2013</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>10</td>
<td>Wisburg Secondary</td>
<td>21/06/2013</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

*Teachers interviewed separately.

The information obtained during these discussions is used primarily to aid evaluation of the effectiveness and sustainability of the HFLE programme in the secondary schools and to arrive at recommendations for the future.
5.3.4 Interviews with Head Teachers

Table 24 Interviews with Head Teachers

<table>
<thead>
<tr>
<th>Region</th>
<th>School</th>
<th>Date of Session</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>HFLE Schools</strong></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Charity Secondary</td>
<td>21/06/2013</td>
</tr>
<tr>
<td>3</td>
<td>Patentia Secondary</td>
<td>18/06/2013</td>
</tr>
<tr>
<td>3</td>
<td>West Demerara Secondary</td>
<td>18/06/2013</td>
</tr>
<tr>
<td>4</td>
<td>Hope Secondary</td>
<td>17/06/2013</td>
</tr>
<tr>
<td>4</td>
<td>Buxton Secondary</td>
<td>19/06/2013</td>
</tr>
<tr>
<td>GT</td>
<td>Kingston Secondary</td>
<td>13/06/2013</td>
</tr>
<tr>
<td>GT</td>
<td>North Georgetown Secondary</td>
<td>10/06/2013</td>
</tr>
<tr>
<td>GT</td>
<td>New Campbellville Secondary</td>
<td>13/06/2013</td>
</tr>
<tr>
<td>GT</td>
<td>Lodge Secondary</td>
<td>15/06/2013</td>
</tr>
<tr>
<td>GT</td>
<td>St. Rose’s High*</td>
<td>13/06/2013</td>
</tr>
<tr>
<td>5</td>
<td>Rosignol Secondary</td>
<td>19/06/2013</td>
</tr>
<tr>
<td>5</td>
<td>Belladrum Secondary</td>
<td>19/06/2013</td>
</tr>
<tr>
<td>6</td>
<td>New Amsterdam Secondary</td>
<td>20/06/2013</td>
</tr>
<tr>
<td>6</td>
<td>Canje Secondary</td>
<td>20/06/2013</td>
</tr>
<tr>
<td>10</td>
<td>Christianburg-Wismar Secondary</td>
<td>20/06/2013</td>
</tr>
<tr>
<td>10</td>
<td>Wisburg Secondary</td>
<td>21/06/2013</td>
</tr>
</tbody>
</table>

|        | **Non-HFLE Schools**                 |                 |
| 2      | Cotton Field Secondary               | 21/06/2013      |
| 3      | L’aventure Secondary*                | 17/06/2013      |
| 3      | Stewartville Secondary               | 17/06/2013      |
| 4      | Lancaster Secondary                  | 18/06/2013      |
| 4      | Diamond Secondary                    | 17/06/2013      |
| GT     | Brickdam Secondary                   | 12/06/2013      |
| GT     | Charlestown Secondary                | 12/06/2013      |
| GT     | LBI Secondary                        | 14/06/2013      |
| GT     | St. Stanislaus College               | 12/06/2013      |

*Deputy head interviewed instead of the head teacher.

The interviews with the head teachers were done either before or after the activities with the students and teachers. In some cases, the head teacher was unavailable and the evaluation team had to return at a more convenient time. In other cases, the deputy head teacher took the place of the head teacher in the interview (see Table 24).

5.3.5 Discussion with Parents of the HFLE Students

The arrangements for the discussions with the parents were made by the school. The evaluation team requested a discussion with approximately 10 to 12 parents, but the parents did not attend in most cases. Parents made themselves available in the following cases:-
Table 25 Attendance at Discussion with Parents

<table>
<thead>
<tr>
<th>Region</th>
<th>Selected School</th>
<th>Number of Participants</th>
<th>Date of Session</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Charity Secondary</td>
<td>NIL</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Patenia Secondary</td>
<td>NIL</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>West Demerara Secondary</td>
<td>NIL</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Hope Secondary</td>
<td>NIL</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Buxton Secondary</td>
<td>3</td>
<td>19/06/2013</td>
</tr>
<tr>
<td>GT</td>
<td>Kingston Secondary</td>
<td>1</td>
<td>13/06/2013</td>
</tr>
<tr>
<td>GT</td>
<td>North Georgetown Secondary</td>
<td>NIL</td>
<td></td>
</tr>
<tr>
<td>GT</td>
<td>New Campbellville Secondary</td>
<td>NIL</td>
<td></td>
</tr>
<tr>
<td>GT</td>
<td>Lodge Secondary</td>
<td>3</td>
<td>15/06/2013</td>
</tr>
<tr>
<td>GT</td>
<td>St. Rose’s High</td>
<td>5</td>
<td>13/06/2013</td>
</tr>
<tr>
<td>5</td>
<td>Rosignol Secondary</td>
<td>NIL</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Belladrum Secondary</td>
<td>NIL</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>New Amsterdam Secondary</td>
<td>NIL</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Canje Secondary</td>
<td>6</td>
<td>20/06/2013</td>
</tr>
<tr>
<td>10</td>
<td>Christianburg-Wismar Secondary</td>
<td>NIL</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Wisburg Secondary</td>
<td>5</td>
<td>21/06/2013</td>
</tr>
</tbody>
</table>

5.3.6 Interview with Regional Stakeholders

Table 26 Regional Stakeholders Interviewed

<table>
<thead>
<tr>
<th>Date</th>
<th>Name</th>
<th>Office</th>
</tr>
</thead>
<tbody>
<tr>
<td>20th June 2013</td>
<td>Jennifer Bourne</td>
<td>REDO Region 10</td>
</tr>
<tr>
<td>17th June 2013</td>
<td>Marilyn Jones O’Donaghue</td>
<td>REDO Region 3</td>
</tr>
<tr>
<td>19th June 2013</td>
<td>Owen Pollard</td>
<td>REDO Region 5</td>
</tr>
<tr>
<td>19th June 2013</td>
<td>Ms Harvey</td>
<td>Deputy Education Officer Region 4</td>
</tr>
<tr>
<td>20th June 2013</td>
<td>Celeste LaRose</td>
<td>Deputy Education Officer Region 6</td>
</tr>
</tbody>
</table>

5.3.7 Discussions with MoE Officers

Table 27 MoE Officers Interviewed

<table>
<thead>
<tr>
<th>Date</th>
<th>Name</th>
<th>Office</th>
</tr>
</thead>
<tbody>
<tr>
<td>16th May 2013</td>
<td>Colleen King-Cameron</td>
<td>HFLE Co-ordinator</td>
</tr>
<tr>
<td>20th May 2013</td>
<td>Mrs Doodmattie Singh</td>
<td>DCEO for Educational Development</td>
</tr>
<tr>
<td>13th June 2013</td>
<td>Donna Chapman</td>
<td>Deputy Chief Education Officer</td>
</tr>
<tr>
<td>19th June 2013</td>
<td>Viola Rowe</td>
<td>CPCE Head</td>
</tr>
<tr>
<td>19th June 2013</td>
<td>Esther Utuh</td>
<td>CPCE HFLE Lecturer</td>
</tr>
</tbody>
</table>
5.3.8 Other Stakeholders Interviewed

Table 28 Other Stakeholders interviewed this info is the same as Table 27!!!

<table>
<thead>
<tr>
<th>Date</th>
<th>Name</th>
<th>Office</th>
</tr>
</thead>
<tbody>
<tr>
<td>13th June 2013</td>
<td>Donna Chapman</td>
<td>Deputy Chief Education Officer</td>
</tr>
<tr>
<td>16th May 2013</td>
<td>Colleen King-Cameron</td>
<td>HFLE Co-ordinator</td>
</tr>
<tr>
<td>19th June 2013</td>
<td>Viola Rowe</td>
<td>CPCE Head</td>
</tr>
<tr>
<td>19th June 2013</td>
<td>Esther Utuh</td>
<td>CPCE HFLE Lecturer</td>
</tr>
<tr>
<td>19th June 2013</td>
<td>Noella London Joseph</td>
<td>CPCE Vice Principal of Administration</td>
</tr>
<tr>
<td>20th May 2013</td>
<td>Mrs Doodmattie Singh</td>
<td>DCEO for Educational Development</td>
</tr>
</tbody>
</table>

5.3.9 Student Outcome Survey
The Student Outcome Survey tool is essentially the monitoring and evaluation tool developed by Crichlow (2010) with a few additional items. The tool is designed to measure several constructs as shown in Table 29.

The Students Outcome Survey was administered to the selected students in both the HFLE and the non-HFLE schools. The general approach was to identify 10 students each from Grades 7, 8 and 9 to participate in the survey. The gender distribution of the students was intended to be uniform over these grades. However, this plan could not be executed in all cases due to constraints on the availability of the students. The selection of students from Grades 7, 8 and 9 was based on the fact that these were the groups of students that were exposed so far to the HFLE as a timetabled subject.

In response to some anticipated literacy issues, the Student Outcome Questionnaire was read to the students and instructions were provided on how they should use the response scales. The students could also obtain clarifications on the items that were not clear to them. Requests for clarifications were rarely made and when made they were in relation to the list of skills in question 8. In some cases, the students did not understand the meanings of the terms used to describe the skills.

Table 29 HFLE Constructs Measured

<table>
<thead>
<tr>
<th>Construct</th>
<th>Measures</th>
<th>Interpretation</th>
</tr>
</thead>
<tbody>
<tr>
<td>School Life Satisfaction</td>
<td>items 1 – 5 and 8.</td>
<td>Higher means indicate positive feelings towards school.</td>
</tr>
<tr>
<td>Family Relationships</td>
<td>items 6, 7, 10 and 14.</td>
<td>Higher means indicate positive family relationship.</td>
</tr>
<tr>
<td>Self-Concept/Self-Esteem</td>
<td>items 9, 11, 12, 17 and 18.</td>
<td>Higher means indicate higher self-esteem.</td>
</tr>
</tbody>
</table>
Construct | Measures | Interpretation
--- | --- | ---
Decision Making (skill) | items 13, 15, 16, 19 and 20. | Higher means indicate poor decision making skills; easily influenced.
Sex, Sexuality and Sexual Health (knowledge and attitude) | items 21 – 25. | Higher means indicate lack of knowledge and poor attitudes which could lead to poor choices about sex.
Transmission of STDs (knowledge) | items 26 – 30. | Higher means indicate poor knowledge of transmission of STDs and low ability to protect reproductive health.
Sexual Abuse/Exploitation (knowledge and skill) | items 31 – 34. | Higher means indicate knowledge and skills for dealing with abuse.
Drug use and Abuse (knowledge and attitude) | items 35 – 40. | Higher means indicate lack of knowledge of effects of drugs or attitude supporting drug abuse.
Conflict and Anger Management (attitude) | items 41 – 43. | Higher means indicate poor attitude to conflict and anger management; acceptance of use of violence to solve problems.
Peer Pressure and Negative Influences (skill) | items 45 – 27. | Higher means indicate poor refusal skills and low assertiveness.

Interpretations obtained from Critchlow (2010) who developed the questionnaire.

In addition to the data collected during the evaluation period (evaluation data), some data were collected by the teachers using the same basic instrument that was used during the evaluation period. However, such data were available for only a subset of the schools (see Table 30). The decision was taken to use this data as a baseline for the evaluation even though only some schools may be included in the comparisons made. This, however, was not to be the only analysis performed. While the baseline data were collected by the HFLE teacher, it was established that the survey conditions were similar to that under which the evaluation data were collected. Apart from the difference in the data collection personnel, it is not anticipated that there will be large administration bias. One possibility however, is that the students have become more familiar with the survey questions and with the response scales and this can affect the way in which they used the scales during the evaluation period.

5.3.10  Technical Information for the Construct Comparisons

This section presents technical information on the calculations done to conduct the comparisons discussed under effectiveness. Although this information is presented in an accessible manner, it is meant for readers who wish to verify the basis for the comparisons made. In some cases, items were deleted because they affected the reliability of the constructs. These are summarised in Table 31, page 116.

The results for the baseline-evaluation comparisons are shown in the table below. In this table, the groups under consideration (baseline and evaluation), the names of the various constructs, the number
of items included, the sample size, the reliability levels (Alpha) of the constructs, the construct average (scale mean) and standard deviation and the 95% confidence interval for the baseline group are presented. For example, one can see that in the baseline group, school life satisfaction is measured by five items and that 164 students responded to all five items. The scale has a reliability of 0.52, which is less than ideal but adequate, and it has an average of 16.03. One can go further to say that we are 95% certain that this true average for school life satisfaction in the baseline data is between 15.59 and 16.47. These interpretations apply to each table presented in this section.

To compare the baseline and the end-line results, the averages and the 95% confidence intervals are used. If the mean from the evaluation data falls within the confidence interval, then there is no difference between baseline and evaluation. If the mean from the evaluation data falls below the lower limit of the confidence interval, then the average is lower in the evaluation data. If the mean for the evaluation data is higher than the upper limit of the confidence interval, then the average is higher in the evaluation data. In some cases, better/more favourable outcome is determined when the mean is higher and in other cases, this same interpretation results when the means are lower. This depends on whether or not the questions measuring the construct are negatively or positively worded (See Table 29, page 111 for guidelines on the interpretation of each construct).

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54 Although there is a separate section describing the methodology, it is important to highlight a few issues here. First, the analysis is based on the comparison of construct means and the constructs are treated as Likert scales. This means that the averages are obtained in two steps: (1) a sum score for each construct is calculated for each individual. This means that if for example, five items are identified to measure school life satisfaction, the ratings for these five items are first summed to obtain a single score for each respondent and (2) the scale mean is then the average of the sum scores. There are several benefits to summarising the constructs in this way, however, two important benefits are: (1) that the sampling of the various aspects of the construct allows for good coverage of the various, behaviours associated with it, yet these can be easily summarised into a single measure that gives an impression of achievement with respect to a particular construct/theme and (2) that dealing with the items individually is in the first place a violation of the intent of the instrument, but it can also result in a loss of the “big picture”. Given the number of items (47), it is necessary to find a way to summarise them if a story is to be followed.

55 The sample size fluctuated due to list-wise deletion for non-response. If a student does not respond to an item then that record is removed from the analysis of the particular construct.
## Table 30 Baseline Data Availability

<table>
<thead>
<tr>
<th>Region</th>
<th>HFLE Schools</th>
<th>Evaluation Sample</th>
<th>Baseline Sample</th>
<th>Non-HFLE Schools</th>
<th>Evaluation Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 &amp; 7</td>
<td>Charity Secondary</td>
<td>38</td>
<td></td>
<td>Cotton Field Secondary</td>
<td>27</td>
</tr>
<tr>
<td>3</td>
<td>Patentia Secondary</td>
<td>26</td>
<td></td>
<td>L'aventure Secondary</td>
<td>29</td>
</tr>
<tr>
<td>3</td>
<td>West Demerara Secondary</td>
<td>33</td>
<td></td>
<td>Stewartville Secondary</td>
<td>11</td>
</tr>
<tr>
<td>4</td>
<td>Hope Secondary</td>
<td>32</td>
<td></td>
<td>Lancaster Secondary</td>
<td>28</td>
</tr>
<tr>
<td>4</td>
<td>Buxton Secondary</td>
<td>29</td>
<td></td>
<td>Diamond Secondary</td>
<td>26</td>
</tr>
<tr>
<td>GT</td>
<td>Kingston Secondary*</td>
<td>30</td>
<td>21</td>
<td>Brickdam Secondary</td>
<td>29</td>
</tr>
<tr>
<td>GT</td>
<td>North Georgetown Secondary*</td>
<td>34</td>
<td>99</td>
<td>Charlestown Secondary</td>
<td>27</td>
</tr>
<tr>
<td>GT</td>
<td>New Campbellville Secondary</td>
<td>33</td>
<td></td>
<td>LBI Secondary</td>
<td>22</td>
</tr>
<tr>
<td>GT</td>
<td>Lodge Secondary*</td>
<td>33</td>
<td>17</td>
<td>St. Stanislaus College</td>
<td>30</td>
</tr>
<tr>
<td>GT</td>
<td>St. Rose’s High</td>
<td>33</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Rosignol Secondary</td>
<td>35</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Belladrum Secondary*</td>
<td>32</td>
<td>96</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>New Amsterdam Secondary</td>
<td>60</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Canje Secondary*</td>
<td>31</td>
<td>79</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Christianburg-Wismar Secondary</td>
<td>25</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Wisburg Secondary*</td>
<td>31</td>
<td>22</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| **Total** | **535** | **22** | | **229** | | **

* Baseline data available.

Although the survey administration conditions at the pilot stage may have been similar to the conditions at the evaluation stage, the integrity of the baseline data may still be compromised. The survey questionnaire use in the baseline did not identify the school from which the data were collected. The only indication of the school was a labelling on the envelope containing the questionnaires and the envelopes were not sealed. If the questionnaires got mixed up over the three years or if some fell out of the packages, there would be no way of determining the correct package to which they belong. It is possible therefore, that the data for entire schools could be incorrectly identified and as a consequence, the evaluation may not a good match to the baseline data with respect to the included schools. Given these uncertainties, the results of the baseline-evaluation comparisons are regarded as indicative but not binding. Greater confidence is placed in the conclusions drawn from the comparisons that are presented subsequently and which are based entirely on data collected during the evaluation period since management of these data can be accounted for from the beginning to the end of the process.

Once the data were collected from the students, the questionnaires were packaged and forwarded for data entry. In total 535 student questionnaires were returned by students from the HFLE schools, 229 forms the non-HFLE schools and 334 were obtained from the schools from which baseline data were recovered. The data contained were entered into an electronic database by three data entry personnel. This data entry process was overseen by an administrator who also conducted quality checks.
periodically. Approximately 10% of the entries made by each data entry staff were checked for accuracy.

5.3.10.1 Analysis of Student Outcome Survey Data
Crichlow (2010) gives indications about the intended approach to analyse and interpret the results for the constructs included in the Student Outcome Questionnaire. In some cases, higher means indicate poor knowledge/attitude/skills and in others lower means indicate the more desirable traits (see Table 29). However, since no information relating to the reliability of the scales are provided, reliability (internal consistency) is first assessed based on Cronbach’s Alpha. In some cases, the scales were trimmed to achieve better levels of internal consistency. Overall, alpha values greater than 0.70 are regarded as excellent and values greater than 0.6 are regarded as good. However, values greater than 0.5 are acceptable, but it is often necessary to allow lower values to enable comparisons. In such cases, the comparisons should be regarded with caution.

The effectiveness of the HFLE programme as a timetabled subject is evaluated by two primary comparisons. First, the baseline and evaluation data for the HFLE schools are compared. To determine whether there has been improvement in the schools with respect to the constructs measured by the Student Outcome Survey (see Table 29) over the period 2010 to 2013. Second, the levels of the constructs in the Student Outcome Survey are compared between HFLE and non-HFLE schools to determine whether the HFLE programme has effected advancement in the HFLE schools relative to the non-HFLE schools. In the first case, the baseline versus end-line data comparisons are done only for schools from which baseline data are available. The findings of this analysis are regarded as preliminary given the restrictions on data availability and as such the results are not emphasised. In the second case, the HFLE versus non-HFLE comparisons are restricted to regions 2, 3, and 4 where there are adequate samples of both types of schools. Since 2010, the MoE has extended the HFLE programme to other schools resulting in a paucity of non-HFLE schools in some regions. Given that regional differences may impact on the results, the regions in which there is a paucity of non-HFLE schools (Region 5, 6 & 10) are excluded from this part of the analysis. As a follow-up to the major comparisons highlighted, the levels of the constructs are then compared among the HFLE schools (on the evaluation data) between two groups: the more urban regions (Region 2, 3, & 4) and the more rural region (Region 5, 6, & 10) to determine if there are indeed regional differences. This is followed by comparisons by gender (in all regions) to determine whether there are substantial gender effects. Each of these sets of comparisons is done based on evaluations of the respective scales.

In general, effectiveness is determined from comparisons of the construct means and the constructs are treated as Likert scales. This means that the averages are obtained in two steps: (1) a sum score for each construct is calculated for each individual. For example, if five items are identified to measure school life satisfaction, the ratings for these five items are first summed to obtain a single score for each respondent and (2) the scale mean is then the average of the sum scores. There are several benefits to summarising the constructs in this way. Two important benefits are: (1) that the sampling of the various aspects of the construct allows for good coverage of the various, behaviours associated with it, yet these can be easily summarised into a single measure that gives an impression of achievement with respect to a particular construct/theme and (2) that dealing with the items individually is in the first place a violation of the intent of the instrument, but it can also result in a loss of the “big picture”. The items measuring the various constructs are all taken from question 9 (battery of 47 items) in the students’ questionnaire. Given the number of items used to measure the various constructs (47), it is necessary to find a way to summarise them if a story is to be followed.
In many cases, the constructs show low reliability and items are removed to help in raising the reliability. Low reliability may be due to several reasons. Among the possible reasons are: (1) the items chosen may not be suitable indicators of the intended construct, (2) the items may exhibit cultural specificity. This latter reason does not necessarily indicate an issue of literacy. It may be that the words used do not mean the same thing among the respondents as that which is intended.

<table>
<thead>
<tr>
<th>Construct</th>
<th>Initial Items</th>
<th>Baseline vs. Evaluation</th>
<th>HFLE Reg 2, 3, &amp; 4 vs non-HFLE</th>
<th>HFLE Reg 2, 3, &amp; 4 vs HFLE Reg 5, 6 &amp;10</th>
<th>HFLE Male vs Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>School Life Satisfaction</td>
<td>items 1 – 5 and 8.</td>
<td>5 (reversed coded)</td>
<td>5 (reversed coded)</td>
<td>5 (reversed coded)</td>
<td>5 (reversed coded)</td>
</tr>
<tr>
<td>Family Relationships</td>
<td>items 6, 7, 10 and 14.</td>
<td>10 (reversed coded)</td>
<td></td>
<td>10 (reversed coded)</td>
<td></td>
</tr>
<tr>
<td>Self-Concept/Self-Esteem</td>
<td>items 9, 11, 12, 17 and 18.</td>
<td>18 (reversed coded)</td>
<td>18 (reversed coded)</td>
<td>18 (reversed coded)</td>
<td>18 (reversed coded)</td>
</tr>
<tr>
<td>Decision Making (skill)</td>
<td>items 13, 15, 16, 19 and 20.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sex, Sexuality and Sexual Health (knowledge and attitude)</td>
<td>items 21 – 25.</td>
<td></td>
<td>24</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transmission of STDs (knowledge)</td>
<td>items 26 – 30.</td>
<td>30 (reversed coded)</td>
<td>30 (reversed coded)</td>
<td>30 (reversed coded)</td>
<td>30 (reversed coded)</td>
</tr>
<tr>
<td>Sexual Abuse/Exploitation (knowledge and skill)</td>
<td>items 31 – 34.</td>
<td></td>
<td>34</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drug use and Abuse (knowledge and attitude)</td>
<td>items 35 – 40.</td>
<td>35, 36, 39</td>
<td>35, 36, 39</td>
<td>38 (reversed coded), 40 (reversed coded)</td>
<td>35, 36, 39</td>
</tr>
<tr>
<td>Conflict and Anger Management (attitude)</td>
<td>items 41 – 44.</td>
<td>43 (reversed coded), 44</td>
<td>43 (reversed coded)</td>
<td>43 (reversed coded)</td>
<td>43 (reversed coded)</td>
</tr>
<tr>
<td>Peer Pressure and Negative Influences (skill)</td>
<td>items 45 – 47.</td>
<td>45 (reversed coded)</td>
<td>45 (reversed coded)</td>
<td>45 (reversed coded)</td>
<td>45 (reversed coded)</td>
</tr>
</tbody>
</table>

*Items refer to items from question 9 of the Student Outcome Questionnaire

Due to reliability issues, some items had to be deleted during the analysis. These are summarised in Table 31. The importance of knowing these items is that the number of items included in the construct affects the mean since the respondents’ ratings are summed across these items. In addition, this can guide subsequent evaluation of the HFLE programme if the same questionnaire is used and the findings of this evaluation are used as a baseline for comparisons. It would be necessary for the constructs to be measured with the same items for the comparisons to be appropriate.
In addition to determine whether the construct means are significantly different, the effect sizes are calculated to aid evaluation of the extent (size) of the difference. The effect sizes are computed as the mean difference divided by the standard deviation of the indicator in the reference group. Effect sizes, that are less than 0.3 are regarded as small. Effects between 0.3 and 0.6 are regarded as moderate and effects that are larger are considered to be large.

The evaluation of the impact of the HFLE programme focuses mainly on reduction of unwanted behaviours. The unwanted behaviours include bullying, consensual sex at an early age, drug and alcohol use etc. (see question 10: Student Outcome Questionnaire). The list of behaviours included in the evaluation questionnaire is more inclusive than the list included in baseline questionnaire, hence only partial, direct comparisons between baseline and the newly collected data can be made. The comparisons are first done between the baseline and evaluation data where appropriate then between HFLE and non-HFLE schools in regions 2, 3, and 4. Following this, the HFLE schools are compared by the two regional groupings (Region 2, 3, & 4 versus Region 5, 6, & 10). Finally, gender comparisons for the behaviours are done.

In general, impact is determined from comparisons of proportions. The sizes of the effects are also calculated as the difference in proportion divided by the standard deviation of the reference group. The effect sizes are calculated to assist in evaluating the extent of the impacts. Benchmarks for evaluation of effect sizes are not precise. Although this evaluation regards effects that are less than 0.3 as small, effects of at least one-quarter (0.25) of a standard deviation are taken as relatively moderate given that only three years have elapsed since the implementation of the programme. Effects of size 0.3 to 0.6 are regarded as moderate and larger effects are regarded as large.

### Table 32 Sample Proportions for Baseline versus End-Line Data

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Belladrum Secondary</td>
<td>96</td>
<td>0.29</td>
<td>32</td>
<td>0.17</td>
<td>0.33</td>
<td>32</td>
<td>0.17</td>
</tr>
<tr>
<td>Canje Secondary</td>
<td>79</td>
<td>0.24</td>
<td>31</td>
<td>0.16</td>
<td>0.39</td>
<td>31</td>
<td>0.16</td>
</tr>
<tr>
<td>Kingston Secondary</td>
<td>21</td>
<td>0.06</td>
<td>30</td>
<td>0.16</td>
<td>1.43</td>
<td>30</td>
<td>0.16</td>
</tr>
<tr>
<td>Lodge Secondary</td>
<td>17</td>
<td>0.05</td>
<td>33</td>
<td>0.17</td>
<td>1.94</td>
<td>33</td>
<td>0.17</td>
</tr>
<tr>
<td>North Georgetown Secondary</td>
<td>99</td>
<td>0.30</td>
<td>34</td>
<td>0.18</td>
<td>0.34</td>
<td>34</td>
<td>0.18</td>
</tr>
<tr>
<td>Wisburg Secondary</td>
<td>22</td>
<td>0.07</td>
<td>31</td>
<td>0.16</td>
<td>1.41</td>
<td>31</td>
<td>0.16</td>
</tr>
<tr>
<td>Total</td>
<td>334</td>
<td>0.29</td>
<td>191</td>
<td>0.16</td>
<td></td>
<td>191</td>
<td></td>
</tr>
</tbody>
</table>

Whenever reference is made to a baseline in the analysis, only the schools for which baseline data are available are included. Hence, the results are indicative of what can be expected, but they may be of limited generalizability. One of the first issues encountered is the differential strength of representation of the various schools in the baseline compared to the evaluation data. The sample proportions of the schools to the group total in the baseline and evaluation data are shown in Table 32. Given that the proportions are different between the two data sets, it is possible for some schools to unduly influence the outcomes. This is especially likely in the baseline data since the sample sizes were not controlled as they were in the evaluation data.
To address the relative disproportionate representation of the schools in the baseline data compared to the evaluation data, the evaluation data is used as the standard and the baseline data are reweighted based on this standard. The school weights for the baseline data are computed as the reciprocal of the school totals in the baseline data to the school totals in the evaluation data. With this done, the reweighted baseline data set shows sample sizes and proportions that are equal to those of the evaluation data. The baseline-evaluation comparisons are done with these weights assigned to the baseline data while the evaluation data remain self-weighted.

**Limitations**

A major issue in the interpretation of the data relates to the permitted causal inference. In the absence of an experiment, it is difficult to attribute any obtained effects entirely the HFLE programme. The random selection of the schools does assist in making this inference. Since it may be assumed that the students of both the HFLE and then non-HFLE schools within the regions were exposed to similar external stimuli over time, differences between these two categories of schools are likely to reflect the effect of the HFLE programme. The baseline data may also be compromised due to unclear management procedures over the last three years. In the case of the comparisons of baseline to evaluation data there is the possibility that the maturation of the students will affect their perspectives on and knowledge of the issues under consideration. The selected evaluation sample which is distributed over the three grades offer some control, but simultaneously results in the selection of students who did not actually respond in the baseline data. The causal implications made will therefore not be very strong, but the results are expected to give some reflection of the effectiveness and impact of the HFLE programme. In particular, larger differences will be more convincing than smaller differences.

Impact is usually felt over time. The three years that have elapsed between implementation of HFLE as a timetabled subject in the secondary schools may not be long enough for the impacts to be felt or for significant changes to have occurred. If significant changes occur, the effects are likely to be small.

In addition to these issues, there is the potential for response styles to affect the result adversely since much of the data is collected with the use of rating scales (Van Vaerenbergh and Thomas, 2013). Response styles which are the respondents’ tendencies to use rating scales in a systematic way regardless of the content of the items presented can affect both the univariate and the multivariate distributions in the data and can distort substantive results (Baumgartner and Steenkamp, 2001). In particular, significant rural-urban differences in response styles exist in Guyana (Thomas, Abts and Vander Weyden, 2013) and as such the ecological effects of the response styles may be confounded with the findings about the indicators (constructs) analysed in this evaluation. While response styles are often not controlled in such data analysis, the fact that they are not measured and controlled is a limitation of the analysis.

In spite of the issues and limitations outlined, it is believed that the data do offer important insights into the effects of the HFLE programme. Furthermore, the data also provide rich insights into the issues faced by the students at schools and about how they cope with these issues.
5.3.11 HFLE Teacher Questionnaire

The HFLE Teacher Questionnaire was developed by the evaluation team. The questionnaire is designed to measure several factors (see Table 7). While based on the items used, the interpretations of the measures appear to be reasonable; the Teacher Questionnaire was not tested on a large sample. The interpretations of the constructs are therefore preliminary and the questionnaire should be evaluated further and updated accordingly.

Table 33 Teacher Factors Measured

<table>
<thead>
<tr>
<th>Factor</th>
<th>Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Satisfaction with resources/training</td>
<td>Item 1–3</td>
</tr>
<tr>
<td>Satisfaction with support</td>
<td>item 4–8</td>
</tr>
<tr>
<td>Appropriateness of the Skills-based methodology</td>
<td>item 8–12</td>
</tr>
<tr>
<td>Teacher comfort and self-Efficacy</td>
<td>item 13–15</td>
</tr>
<tr>
<td>Parental support</td>
<td>item 16</td>
</tr>
<tr>
<td>Teacher growth</td>
<td>item 17</td>
</tr>
<tr>
<td>HFLE effectiveness</td>
<td>item 18–22</td>
</tr>
<tr>
<td>Attitude towards HFLE in schools</td>
<td>item 23–26</td>
</tr>
<tr>
<td>HFLE examination</td>
<td>item 27–29</td>
</tr>
</tbody>
</table>

The Teacher Questionnaire was completed by the teachers then returned to the evaluation team. This was done before the commencement of the interviews with the teachers. Due to the small sample size (31) for the teacher data, significance tests are not done. The analysis is exploratory and the results are represented using tables, charts and graphs. The Teacher Questionnaire also includes a few items that require free responses. These free responses are about the major benefits of the HFLE programme, issues encountered in implanting the HFLE classes, the level of school support for HFLE, and recommendations. These are explored to identify the themes that emerge.

The data collected from the teachers with the Teacher Questionnaire contribute to the assessment of the effectiveness of the HFLE programme and of the sustainability at the level of the school. The results are combined with the information obtained from the teacher discussion to provide a more comprehensive overview of the pertinent issues.
### 5.4 Summary Table

<table>
<thead>
<tr>
<th>Evidence</th>
<th>Conclusion</th>
<th>Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insufficient resources and funding for the implementation of HFLE as a timetabled subject</td>
<td>The presence and importance of the programme should be raised among key stakeholders including other ministries, the private sectors and local and international NGOs.</td>
<td>Greater effort should be made to advocate for the allocation of financial and other resources by the government, and in particular the Ministry of Education, for the programme.</td>
</tr>
<tr>
<td>Specialized HFLE policy does not exist but is captured in the national education policy.</td>
<td>School Health, Nutrition and HIV/AIDS policy is adequate but there are gaps.</td>
<td>School Health policy should be revised to be more in line with CARICOM standards and to provide a greater level of guidance on the implementation of HFLE.</td>
</tr>
<tr>
<td>Guyana’s School Health policy should be geared towards other regional developments such as making HFLE a specialized subject and one for which teachers can qualify.</td>
<td>There are still gaps in ensuring that Guyana is on par with other Caribbean countries implementing HFLE as a timetabled subject.</td>
<td>Greater effort should be made to provide training opportunities for Guyanese to qualify under the University of the West Indies' HFLE programme.</td>
</tr>
<tr>
<td>The implementation of HFLE as a timetabled subject (especially in the post 2011 period) was at times haphazard and resulted in gaps and mismatches.</td>
<td>The planning and management of HFLE in Guyana needs to be strengthened.</td>
<td>There is a need for a comprehensive plan for HFLE with standards, key measurable goals and objectives, an organizational structure, a workplan, logical framework and a budget.</td>
</tr>
<tr>
<td>Existing international evidence shows that the emotional and psychological well-being of a child can result in better performance outcomes both academically and personally.</td>
<td>The prominence and provisions for counselling and support are inadequate to ensure better performance outcomes, and this requires political will at the national level in order for significant changes to occur at the local level.</td>
<td>Increase the number of qualified counsellors within the school system over the next five years. The goal should be for each primary and secondary school to have at least one trained and specialized counsellor who works in collaboration with the School Welfare Officer.</td>
</tr>
<tr>
<td>Students are dealing with a number of psycho-social issues but that these are also more likely to be brought up either confidentially, or out in the open, during the HFLE class.</td>
<td>There is a clear link between counselling and the HFLE programme.</td>
<td>As such there should be a strengthened approach and mechanism for dealing with these issues and providing adequate counselling and support to children. Teachers and head teachers should also be involved in monitoring outcomes.</td>
</tr>
<tr>
<td>The HFLE National Steering Committee could play a much greater role in the implementation of HFLE in Guyana.</td>
<td>The Committee should also analyse and provide advice to the Ministry on the implications and costs associated with preparing Guyana for HFLE becoming a specialized subject and possibly examinable in the near future. Training and capacity development needs of the Committee should also be identified and budgeted.</td>
<td>A Terms of Reference should be developed for the national committee that clearly outlines what is the function and should include monitoring policy implementation, providing guidance and ensuring compliance and fulfilment of regional/international standards.</td>
</tr>
<tr>
<td>Evidence</td>
<td>Conclusion</td>
<td>Recommendation</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Committee should also have strong links and coordination with the CARICOM working group.</td>
<td>A significant number of teachers said that they were not trained, and additional training for teachers was one of the common recommendations by HFLE teachers and key HFLE stakeholders.</td>
<td>The composition of the Committee should also be reviewed and updated to potentially include a number of additional actors.</td>
</tr>
<tr>
<td>The approach of training a small pool of teachers has not been effective.</td>
<td>No common approach to assessing HFLE in schools. As a result several teachers were developing their own means of assessment.</td>
<td>A school wide approach as was initially pursued should be adopted. This is important for many reasons, which have been highlighted in the report including the need to improve the capacity of non-HFLE teachers including Head Teachers.</td>
</tr>
<tr>
<td>Greater guidance and emphasis should be placed on streamlining how HFLE is assessed in schools.</td>
<td>Although the project had a strong emphasis on M&amp;E it was not adequately implemented.</td>
<td>MoE has to be proactive in preparing for the possibility of HFLE being made an examinable subject, and this will require the entire school system to prepare for the change.</td>
</tr>
<tr>
<td>Monitoring is a key function of HFLE and should be central to decision making and planning.</td>
<td>There was in a missed opportunity to build on investments in HFLE teacher education and the teaching of the subject among teachers.</td>
<td>The monitoring of HFLE should be to inform quality control and compliance but should also be used to determine the impact that the programme has had on students, which may in future require the use of tracer studies.</td>
</tr>
<tr>
<td>There are several existing opportunities and mechanisms to link teachers to ensure there are ongoing and sustained opportunities for support, information sharing and problem solving.</td>
<td>The decision to end NGO support for the HFLE pilot was abrupt and badly timed, since the NGOs had just conducted a Trainer of Trainers workshop and had provided significant</td>
<td>HFLE implementation should be supported by a clear plan for training, as well as the monitoring of training impacts.</td>
</tr>
<tr>
<td>There are a number of related agencies and organizations that play a limited role or no role in HFLE’s implementation and this should be improved.</td>
<td>The link between civil society and the Ministry of Education under HFLE should be strengthened.</td>
<td>Both formal and informal networks (via social media etc.) can be developed among teacher to provide for linkages among teachers both locally and regionally. This will have multiple benefits including sharing of resources and knowledge as well as problem solving and implementing best practices.</td>
</tr>
<tr>
<td>Greater efforts should be made</td>
<td></td>
<td></td>
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</tbody>
</table>
Evidence | Conclusion | Recommendation
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support to the programme |  | to foster partnerships with the private sector and other national groups such as the Rights of the Child Commission to allow other agencies to fundraise and support the national implementation of HFLE.

Efforts should be made to use partnerships and fundraising, as well as advocacy to increase the availability of resources.

5.5 Bibliography


___Pan American Health Organization (2001) Life Skills Education Approach to Child and Human Adolescent Healthy Development


___UNESCO (2009) Assessment of the Pre and In-Service Teacher Training on Health and Family Life Education in Guyana

___UNICEF publication (2008) Evaluation of the Implementation of Health and Family Life Education in Schools in which Teachers were trained to Deliver the Curriculum

___UNICEF publication (2012) Global Evaluation of Life Skills Education Programmes


___Macmillan HFLE Course Outline document
____UNICEF, CARICOM, EDC publication – Health and Family Life Education: Regional Framework for Ages 9-14

____ Report: Health and Family Life Workshop held on Thursday May 12th, 2011


____Ministry of Education document, Role of School Welfare Officers

____UNICEF Internal Publication: HFLE Field Officers Programme Details and Training Manual (Draft 5)

____Draft HFLE Policy Document, Jamaica
5.6 Detailed table of baseline and end line data by question/region