COMPREHENSIVE SEXUALITY EDUCATION

Guidelines and Tools for
Monitoring and Evaluation
for Caribbean Countries

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supported by

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Spotlight Initiative
To eliminate violence against women and girls

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"CSE is a rights-based curriculum for teaching and learning about the emotional, physical, and social aspects of human sexuality. It aims to equip children and young people with knowledge, skills, attitudes, and values that will empower them to realise their health, well-being and dignity, develop respectful social and sexual relationships, consider how their choices affect their own well-being and that of others and understand and ensure the protection of their rights through their lives". (UNESCO, 2018. p 16).

Contents

ABBREVIATIONS AND ACRONYMS

CARICOM	Caribbean Community
CSE	Comprehensive Sexuality Education
CSO	Civil Society Organisations
FBO	Faith Based Organisations
HFLE	Health and Family Life Education
TRT	Technical Review Templates
UNAIDS	Joint United Nations Programme on HIV/ Acquired Immune Deficiency Syndrome
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UWI	University of the West Indies

SECTION I   Introduction

SECTION I
Introduction

Background

In many of the societies from which the ancestors of Caribbean peoples came, children and adolescents were taught about human sexuality, implicitly and/or explicitly. In some instances, this teaching-learning included rites of passage that marked the onset of puberty when children began the transition to adulthood, taking on adult responsibilities and roles including the management of their sexuality. Today's situation is remarkably different.

Across many parts of the Caribbean, aspects of sex education were taught in the second half of the 20th Century. In some instances, sex education was part of human biology and focused primarily on human physiology and adjusting to puberty. With the spread of the HIV/AIDS epidemic, sex education became more accepted and acceptable as a means of promoting safe sex and the prevention of fatal infection. Recent studies that have shown high rates of adolescent pregnancy have engendered an expansion of sex education to include the prevention of early and/or unintended pregnancy among adolescents. In response to increasing challenges around sex, sexual health and healthy sexuality across the region, the Health and Family Life Education (HFLE) curriculum for the Caribbean was completed in 2004 and revised in 2013. HFLE has a module on sexuality and sexual health, as well as a module on self and relationships. This curriculum has five standards for sexuality and sexual health, each of which has a descriptor and key skills with specifically identified sub-skills, viz., coping [healthy self-management, self-awareness, self- monitoring], social [communication, interpersonal relations, assertiveness, refusal, negotiation, empathy] and cognitive [critical and creative thinking, problem-solving, decision-making, critical viewing] that students are expected to achieve (UNICEF 2010b:15).

In June 2018, UNFPA and other international and regional agencies organised a high-level policy dialogue on improving adolescent health in the Caribbean through the effective delivery of HFLE programmes. Informed by the CSE state-of-the-art diagnosis, delegates at this high-level meeting recognised that CSE through HFLE was only being partially implemented. Citing the need to improve the integration and quality of delivery of comprehensive sexuality education (CSE) through HFLE, delegates made thirty-six recommendations and agreed to a follow-up technical meeting in 2019.

Among the recommendations of 2018, was the need for countries to develop country action plans and for CARICOM to develop a regional action plan (UNFPA 2018:34; 2019:44). Specifically, recommendations 9 – 10 were to:

- Develop and/or support the operation of robust monitoring and evaluation system to assess process, outcomes, and impact of HFLE programmes.

- Review national HFLE programmes using M&E framework developed with technical expertise and substantive youth, CSO and FBO participation.

- Conduct timely reviews of the regional documents guiding the implementation of the HFLE Programme including the Caricom Regional Framework.

At the 2019 technical meeting, it was evident that implementation of CSE across the region was slow, inconsistent across countries and not well aligned with the international standards. The recommendations informed the regional Spotlight Initiative programme, including the development of this manual. The Spotlight Initiative aims to increase policy coordination and functional cooperation across the region to address family violence, setting regional standards for essential services delivery, monitoring implementation of laws and policies, and advancing best practice models for family violence and GBV prevention by CSE within the HFLE curriculum and classes. It is within this context that these guidelines have been developed for monitoring and evaluating CSE implementation across the region.

The Regional Context of CSE

According to UNFPA, there have been varying degrees of implementation and measured success across the Caribbean. Assessments conducted by UNFPA (2017), UNESCO (2011) and UNICEF/UWI (2011) showed that the policy environment was generally amenable and there was widespread acceptance of the need for life-skills education, despite pockets of concern about the appropriateness of some topics. UNFPA notes that "the growth and development of Caribbean youth continue to be undermined by new presentations of age-old threats. Vulnerability to all forms of violence, particularly bullying, sexual violence, abuse and exploitation persists; Adolescent pregnancy rates remain very high; access to sexual and reproductive health information and services, including those for HIV and other STIs, is suboptimal; Noncommunicable diseases have increased among adolescents; and, mental health, substance use/abuse and self-harm have become a dominant feature of adolescent diagnosis in the Caribbean".

In response to the problem of adolescent pregnancy in the Caribbean and its adverse impacts on health, education, the economy, and society, the Caribbean Cooperation in Health (CCH III) identified the reduction of adolescent pregnancy as an issue to be addressed and treated as a priority by CARICOM Member States (UNFPA and CARICOM, 2014). CSE is a priority area in the Integrated Strategic Framework for the Reduction of Adolescent Pregnancy in the Caribbean (2014).

The initial consultation of CSE focal points for the preparation of this manual reflected the findings of the formative assessment of CSE in HFLE conducted by UNFPA in early 2021. Briefly, CSE varies across the region, from being a stand-alone subject to being integrated in a range of subjects. CSE is not mandatory, and in some instances is offered as an alternative to other subjects. It is more comprehensive in the earlier than later grades, and teachers – mostly female – have little or no specific preparation for teaching CSE. The lack of a comprehensive delivery of CSE rests on numerous factors – technical, cultural, workload, policy, preparation and teachers' comfort level with the subject, among them. Concerns about CSE cut across racial, ethnic, religious, socio- economic status, cultural and age barriers. This manual takes into consideration these factors and has been crafted with due care and consideration for the views expressed by CSE focal points across the region.

The Use of the M&E Guidelines

These guidelines are primarily intended for persons at the school (micro) and ministry/department level (macro) who are required to plan, organize, monitor, or evaluate CSE through HFLE in schools in participating countries. They were drafted with inputs from and for Teachers, School Administrators, CSE focal points and Planning Officers in government departments or ministries.

While the guidelines were prepared for persons closely involved in M&E at the micro and macro levels of the school system, they can and should be used as a reference for any stakeholder and/or partner engaged in supporting CSE through HFLE in schools, by the media or by the public. Students, parents or caregivers, school supervisors or inspectors, and civil society actors are among those who might find the guidelines to be a useful reference, particularly when asked to contribute directly or indirectly to the monitoring and/or evaluation of CSE through HFLE in schools.

Scope, Reach and Limitations

At the center of the guidelines is the M&E logical framework. The framework indicates what is to be measured, how it is to be measured, how frequently and by whom, and how the results of such measurement are to be reported. The guidelines are a tool for the teacher and School Administrator (micro-level) to use in monitoring inputs, activities and short-term or immediate[1] results (outputs), and for the government official responsible for CSE at the national level to evaluate impact and goal achievement. They provide an indication of the likely source of data for the evaluation of medium and long-term results (outcomes), impact at the individual, dyad/group, and societal level, and ultimately for the achievement of goals.

The M&E framework is designed to enable countries to focus on the indicators of most importance or relevance to their contexts, while ensuring consistent and standardized data collection and analysis so that CARICOM, UNFPA and other partners can measure regional progress and compare data across countries.

The guidelines are not a training manual about M&E, data collection, data analysis, statistics and other matters related to M&E. They presume that the users have the requisite M&E skills and competencies. As such, the guidelines identify the areas for evaluation but do not specify how the evaluations are to be done as these are subjective matters to be determined when the evaluations are being conceptualized and planned.

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[1] The term 'results' is used in these guidelines in harmony with UNFPA's Theory for Change for CSE in the Caribbean.

SECTION II

Framing CSE Monitoring and Evaluation

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Guiding Principles and Methodology

The Caribbean is a multi-ethnic, multi-racial, multi-religious, multi-linguistic, multi-cultural region where people hold diverse political views. While there is a shared history, there is great geographic and economic diversity. To ensure that the guidelines and the M&E framework are in harmony with prevailing values, principles and mores, the guidelines have been crafted considering the regional goals for good citizenship (CARICOM, n. d), which enjoin Caribbean people to

- respect their national laws governments, contribute to the international community, and promote the ideals of CARICOM

- display morality and ethics in their lives

- display competency and performance in their working lives

- respect and appreciate differences in people and their ways of life

- develop new and creative ways of solving problems in the world

- achieve high performance in their learning

In view of the above, the guidelines were developed through consultation with the CARICOM Secretariat and CSE focal points form Caribbean countries as follows:

Step I   **Discussions with UNFPA**
These discussions focused on UNFPA's CSE agenda, and how these M&E Guidelines are to be used. Several documents were shared, key among them being the UNFPA Theory of Change (ToC) for CSE in the Latin America and Caribbean Region. An unofficial translation from Spanish is included in the annex. The M&E framework has been devised in harmony with the ToC.

Step II   **Review of Literature**
A review of related literature was conducted. It focused on CSE implementation in various regions, the situation of CSE through HFLE in the Caribbean and current approaches to M&E.

Step III   **Analysing and Applying the Theory of Change**
Extensive time was spent on analysing the ToC to better understand how it can be used to inform the M&E Framework. Given the explicit nature of the ToC, it was essential to be able to chart discernible pathways from inputs to goals, and to determine how inputs shaped activities, activities produced short, medium, and long-term results, and the impact of such results affected the individual, the dyad/ group, and the society at large. The analysis showed that the inputs and activities identified can contribute directly and indirectly to the ultimate achievement of the stated goals. The structure of the proposed framework was shared with and cleared by UNFPA

Step IV   **Consultations**
Consultations were held with the CARICOM Secretariat to ascertain the progress made since the 2018 regional meeting and to understand the Secretariat's plans for CSE implementation. The consultation with Jamaica, the only country that teaches CSE as a subject, was helpful in understanding (some of) the factors that facilitate and hinder CSE implementation in the region. The formal consultation with CSE focal points from around the region provided country specific perspectives and contexts and priorities.

Step V   **Development and Review of the Logical Framework (Logframe)**
As the DNA of any M&E plan, considerable time and attention was devoted to the development of the logframe. The concerns about content and teaching capacity, as well as the additional 'burden' that monitoring and evaluation of CSE would bring were key factors for consideration. The logframe was revised five times, with each successive version being reviewed by a wider audience and then further modified based on inputs from the UNFPA, the Countries CSE focal points, and the CARICOM Secretariat.

Step VI   **CSE M&E Reference Group Meeting - I**
A CSE M&E Reference Group meeting was convened at which Version III was presented. Based on the oral and written feedback, the final five goals were identified, and the inputs, activities, results, and impact indicators were selected and/or adjusted accordingly.

Step VII   **Development of Guidelines and Tools**
The M&E Framework was built out with the aim of using existing surveys and routine data as the main source of data. This was key to assure the quality of data collection and analysis, and the standardization of definitions and data collection and analysis to reduce cost and staff time, enhance the aggregation of information and comparison of results across the region. In addition, five technical review tools – rating scales – were developed to address specific indicators that are not part of existing surveys. The logframe and proposed tools were discussed with the UNFPA CSE Consultant and M&E Officer from the Sub-Regional Office for the Caribbean.

Step VIII   **Review of Manual (Guidelines and Tools)**
The first draft of the manual was shared with UNFPA and modified based on UNFPA's feedback. Modifications were incorporated into a second draft, including extensive reworking of the logframe in line with a framework under development by the Spotlight Initiative.

Step IX   **CSE M&E Reference Group Meeting – II**
Draft 2 of the manual was shared with UNFPA and the CARICOM Secretariat, and Draft 3 was shared with countries and discussed at the second reference group meeting.

Step X   **Preparation of Final Draft**
Based on feedback, oral and written, from countries, the final draft – Draft 3 – was prepared and submitted to UNFPA.

Conceptual Framework

Conceptually, this approach maintains the recognised distinction between monitoring and evaluation. As seen in the diagram to the right[2], monitoring focuses on operational implementation and evaluation focuses on the effect or impact of operations on people. The purpose of monitoring is to enhance implementation – improve efficiency to improve outcomes. Evaluation's purpose is to improve effectiveness, impact, and value for money to enhance policies, strategies, and future programming.
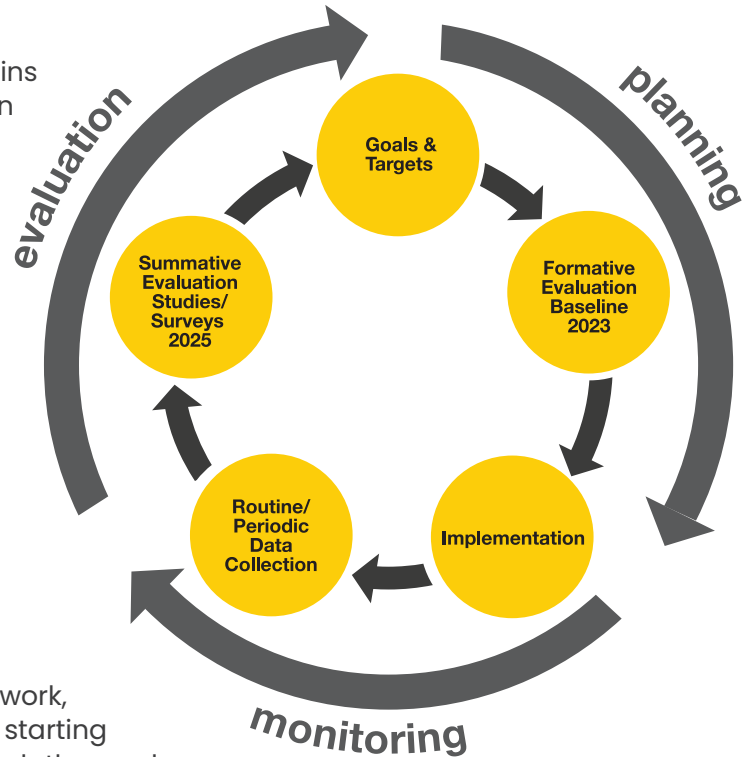
As seen in this conceptual framework, goal and target setting are both the starting point of the planning process and the end point of evaluation. Once goals and targets are set, formative evaluation ensures that baselines are defined, and inputs and activities are planned. These inputs and activities are then monitored to ensure they produce the desired results and impact. Summative evaluation renders a judgment about the effectiveness of the programme at its conclusion or at well-defined long-term periods. Thus, for CSE in the region, the formative evaluation is recommended for end-2023 at which time country and regional baselines will be determined, and summative evaluation in 2025 and every five years thereafter, in harmony with major regional and global goals.

Annex IV provides a comparison between monitoring and evaluation on key dimensions, viz., function, purpose, focus, key actors, timing, frequency, methods, source of information and cost.

Theory of Change

The CSE Theory of Change (ToC)[3] makes four critical assumptions which must hold true for implementation to succeed. These assumptions are outlined in the box below and are considered prerequisites for planning and foundational to the success of CSE programmes.

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[2] Adapted from http://www.sump-challenges.eu/content/monitoring-and-evaluation
[3] The ToC presented in this document was developed by 48 representatives of government, civil society, and the United Nations Population Fund from 12 countries in the LAC region in a three-day workshop held in June 2016 in Mexico City.

For CSE, the LAC ToC names eight (8) goals, five of which were prioritized by Caribbean countries as the most relevant and important for the region. These goals relate to some of the serious challenges facing adolescents and young people across the region, and the inputs and activities are identified as major contributors to their achievement. They are outlined in the box below:

Goals of CSE as Prioritised by County CSE Focal Points	• Decrease in adolescent pregnancy • Decrease in HIV and STIs • Reduction in dropout due to gender discrimination • Reduction in repetition due to gender discrimination • Elimination of gender-based violence

While many theories of change use the input-output-outcome-impact model, this ToC uses inputs, activities short, medium, and long-term results, and individual, dyad/group and societal impact. Thus, for the purpose of this manual, activities and processes are the same, and the terms short-term or immediate results are the same as outputs, and medium and long-term results the same as outcomes, as illustrated in the figure above.
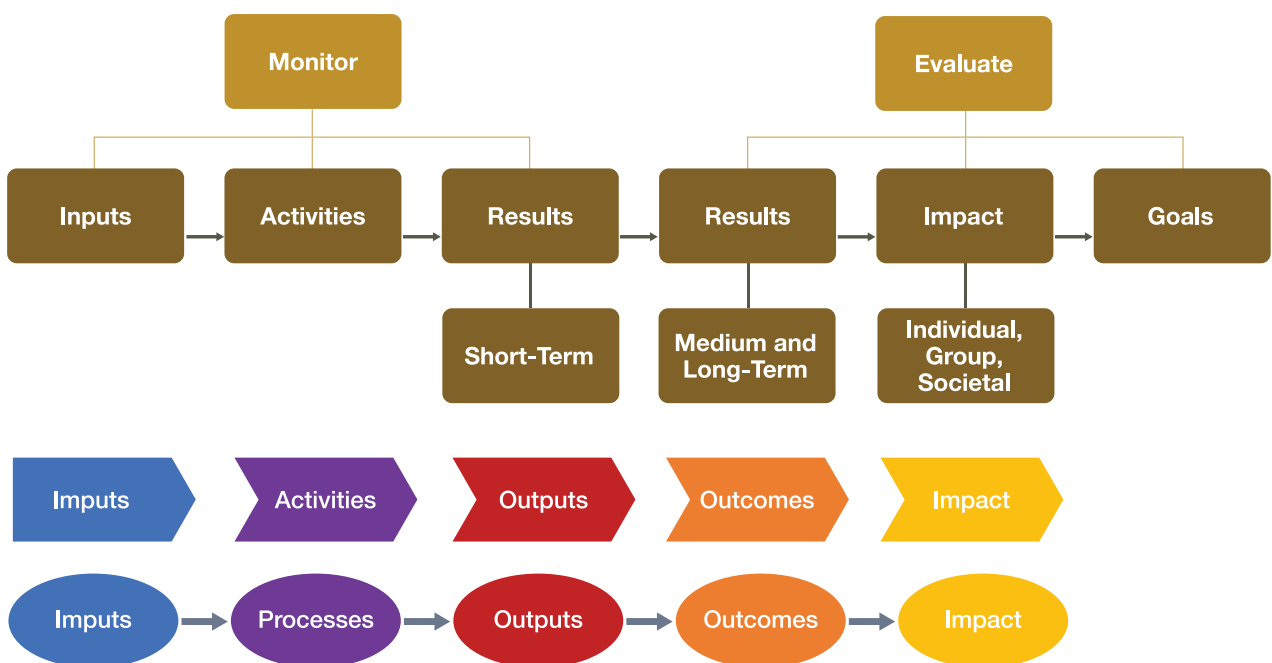
This ToC posits that:

1. Inputs enable activities.
2. Activities lead to immediate/short-term results or changes in knowledge, attitudes and/or behaviour or status (outputs).
3. Outputs (immediate/ short-term results) lead to medium and long-term results or changes in knowledge, attitudes, behaviour and/or status (outcomes).

CSE Theory of Change

Inputs	
Activities	
Results	Short-term Medium-term Long-term
Impact	Individual Interpersonal Societal

4. The impact of these results is manifested in sustained or lasting change in knowledge, attitudes, behaviour and/or status at the individual, dyad or group, and societal level.
5. These changes contribute to the achievement of the five goals.
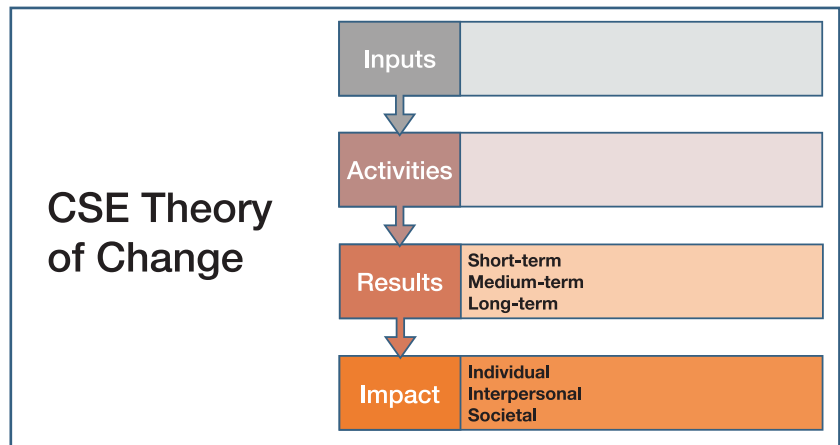
In summary, if the four essential inputs identified below are available as and when necessary, then the four critical activities that are identified are likely to take place, which in turn will generate the four critical results (one output and three outcomes) to foster the wide-spread impact in four areas that are highly likely to contribute to the achievement of the five goals. The ToC posits that these inputs and activities, and their results and impact, are necessary, if not sufficient to the achievement of the stated goals.

Annex V has a ToC that shows how the inputs and activities identified can contribute to the achievement of the five goals prioritized by Caribbean countries.

SECTION III

M&E Planning and Implementation

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Planning for M&E

Planning for M&E is the responsibility of the most senior person designated for the M&E process or for each part of it. At the macro-level, planning for CSE M&E is the responsibility of the national CSE focal point, in collaboration with the national planning unit in the designated department or ministry. At the micro-level, planning for CSE M&E rests with the school Administrator or designee. Some countries may have a mezzo (or meso) level.

Before any monitoring or evaluation takes place, there should be adequate consultation, endorsement or approval, and planning. Consultation ensures that there is sufficient general support for M&E among those who can influence the process and/ or outcome, either negatively or positively.

Consultation — Stakeholders and partners fully informed

Endorsement /Approval — Formal approval as needed: basis for allocation of staff-time, funding and other resources

Planning — Guides and assures the quality of the process
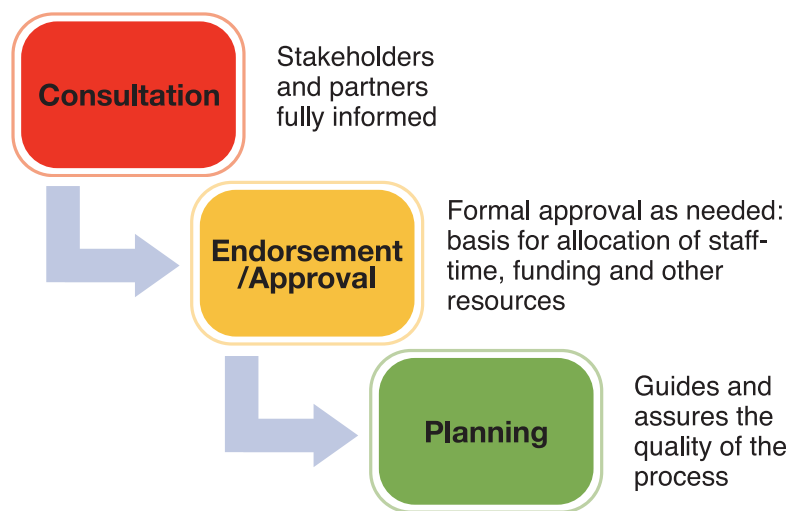
M&E Implementation

The M&E implementation is guided by the M&E framework (logical framework or log-frame), and is organized by the five dimensions, viz.,

- Inputs

- Activities (processes)

- Results (outputs and outcomes)

- Impact

- Goals

Monitoring will be focused on inputs, activities, and immediate/short-term results; evaluation will be focused on medium and long-term results, impact, and goals. Each dimension has four or five elements in this framework, and for each element the indicator, how it is to be measured, the source of data, the frequency of measurement and the agency responsible for its measurement are stated. Each participating country is to determine its baseline, target, and form of reporting. An exception was made for one input – CSE funding – where to simplify and streamline comparisons across schools, districts and countries, the recommended baseline is one of fully funded (FF), partially funded (PF) and Unfunded (UF) with the target set at fully funded (FF). The logical framework or logframe below is the 'blue-print' or basis for planning. The implementation plan should conform to the planning framework, cycle and requirements of individual countries and institutions.

Considerations for Implementation
National Level

The CSE Focal Point at the national level is responsible for orienting all persons who will be involved in monitoring and evaluating CSE. Working in collaboration with the M&E Department/Section/Unit/Officer at the national level, the CSE Focal Point should take the following steps:

I. Ensure that all M&E focal points – including at any intervening levels such as district or cluster, as well as school administrators and supervisors are informed and acquainted with the M&E framework.

II. Provide necessary orientation and/or training for M&E focal points at the end of/beginning of the academic year, depending on the annual planning cycle.

III. Provide support for the explicit inclusion of M&E activities in annual work plans, budgets, reporting and performance appraisal.

IV. Provide contextualized guidelines and deadlines in line with the country's and/or school's policies and procedures.

School Level

At the school level, the school leadership is responsible for orienting all persons who will be involved in monitoring and evaluating CSE, as well as for ensuring that adequate funding, inclusion in individual work-plans and students' timetables, physical and/or virtual space and support personnel are designated for monitoring and evaluating CSE. Leaders should take the following steps:

I. Identify and formally designate personnel to be involved in CSE (M&E), with corresponding adjustments in workload, performance appraisal and other related matters.

II. Ensure adequate orientation and/or training for designated staff.

III. Ensure adequate orientation for the entire school and parents.

IV. Provide necessary support and/or supervision, as per country's policies and procedures.

V. Provide necessary equipment and virtual/physical space for preparation and conduct of M&E activities.

VI. Ensure that adequate protocols and procedures are in place to safeguard respondents' identity and their responses.

Specific Measures for Data Confidentiality and Security

Specific protocols should be in place to safeguard the anonymity and/or confidentiality of respondents' identity and data. Specific recommendations include:

• Ensure there are no identity markers on the questionnaires, whether paper or electronic. This includes not requesting names and staff/student identification numbers. In smaller institutions, asking for other demographic data might also be eliminated if they would inadvertently facilitate the identification of the respondent. Alternatively, the collection and analysis of data can be conducted centrally if respondents are few at each institution.

• Respondents should be provided with written and/or oral assurances of the confidentiality of their responses, as well as information about how their responses (data) are being collected and will be analysed and the results of the survey disseminated. A sample 'informed consent' form is in Annex VII.

Special Protection/Support Measures

Special protection and/or support measures are necessary for several groups, viz.,

- **Young children:** young children being asked to participate in surveys must do so in the presence of a parent or caregiver. The age and/or development status of children will differ, and the protection and/or support for their participation may be governed by specific legislation and/or policies and/or procedures in each country. Support in the form of definition of terms, simplified explanations about the process and assurances about their well-being are to be provided in the presence of the parent or caregiver.

- **Children with special needs:** children with special needs require specific support to participate in surveys. This includes children with visual, auditory, or physical challenges, children with dyslexia, dysgraphia, or other special learning needs. Support in the form of definition of terms, simplified explanations about the process and assurances about their well-being are to be provided in the presence of the special needs teacher or other designated personnel. Additional time and/or special equipment may also be necessary.

- **Children at risk of any form of discrimination:** children from minority groups, children who are at risk of bullying or other forms of verbal, psychological, emotional, or physical aggression or hostility because of any demographic marker or capacity should also be provided with support to participate in a safe and secure environment. Support in the form of assurances about their well-being are to be provided in the presence of the child protection focal point or guidance counselor or another designated person.

- In some countries, students may require written permission from parents to participate in surveys and such permission should be sought with sufficient time for responses to be secured. As necessary, written, or oral briefings of parents/caregivers should be provided sufficiently in advance of the conduct of the survey.

- In some instances, some questions on the surveys may be a trigger for respondents who have experienced trauma. When such instances are known, special support should be provided by the school psychologist or guidance counselor. In addition, as a standard practice, children and families should be provided with a list of support services that are available in their communities.

The Logical Framework (Logframe)

	Inputs	INDICATOR	DEFINITION - How is it calculated?	DATA SOURCE	DATA COLLECTION - How will it be measured/validated?
1	CSE content	Comprehensiveness of CSE curriculum/syllabus	This indicator measures the degree of alignment (depth and breadth) of curriculum/syllabus content with the eight (8) ITGSE key concepts.	Technical Review by Independent Expert (rater) - TRT 1 (Annex VI)	The scale has eight (8) dimensions and twenty- seven (27) elements drawn from the ITGSE. It produces 2 scores, viz., depth and breadth of coverage for each dimension (key concept) and for the whole syllabus/curriculum; # conducive elements; # conducive dimensions; # unconducive elements; and, # unconducive dimensions. Depth has a value between 1 and 2; breadth between 0 and 1. If the syllabus/curriculum is rated by more than one rater, each score is to be the average of the scores of all the raters.
2	CSE environment	Conduciveness of teaching-learning environment	This indicator measures the support the teaching-learning environment provides for student learning on seven (7) dimensions, viz., choice, consent, convenience, configuration, compatibility, comfort, and confidentiality.	Survey of Students - TRT 2 (Annex VI)	Percentage (numerator: number indicating a particular preference; denominator: total number responding) of students who rate the environment as conducive, somewhat conducive, or non- conducive. Depending on the respondents, this can be further analysed by age and gender. The scale has seven (7) dimensions and twenty-one (21) elements that describe cognitive, psychological, social, emotional, and physical aspects of the teaching-learning space. It is to be applied to physical, virtual, and dual-made spaces. The scale produces 2 scores, viz., depth and breadth of support for each dimension and for the space as a whole; # elements that are conducive; # dimensions that are conducive, and the # elements that are non-conducive and # dimensions that are non-conducive. Depth has a value between 1 and 2; breadth between 0 and 1.
3	CSE funding	Adequacy of CSE funding.	This indicator measures the adequacy of funding for CSE teaching-learning activities.	School Administrative Data	The adequacy of funding for school-based/school-related activities is on a 3-dimension scale, viz., fully funded (FF), partially funded (PF), unfunded (UF).
4	CSE supervision	Quality of supervision.	This indicator measures teachers' perception of the supportiveness of teacher supervision on four (4) dimensions, viz., relevance, timeliness, usability, helpfulness.	Survey of Teachers - TRT 3 (Annex VI)	Percentage (numerator: number indicating a particular preference; denominator: total number responding) of teachers who rate their supervision as supportive, partially supportive, or not supportive. Depending on the respondents, this can be further analysed by teaching experience, CSE preparation and gender. The scale has four (4) dimensions and twelve (12) elements that describe the technical and interpersonal aspects of teacher supervision. It is to be applied to face-to- face, virtual, and dual-made teaching. The scale produces 2 scores, viz., depth and breadth of support for each dimension and for overall supervision; # elements that are supportive; # dimensions that are supportive; # elements that are not supportive and # dimensions that are not supportive. Depth has a value between 1 and 2; breadth between 0 and 1.

Notes:

1. These four inputs were considered essential (though not necessarily sufficient) for quality CSE.
2. The curriculum/syllabus is to be rated against the ITGSE standards.
3. The environment encompasses the teaching-learning space – face-to-face or virtual, and includes its consent, convenience, configuration, its comfort, compatibility with learning styles and abilities, and confidentiality.
4. Most budgets are unlikely to have specific line items for CSE. As indicated above, to simplify and streamline comparisons across schools, districts and countries, the recommended baseline is one of fully funded (FF), partially funded (PF) and Unfunded (UF) with the target set at fully funded (FF).
5. Supervision differs across schools, districts, and countries. IN this case, it refers to the internal oversight of teaching activities provided by the Administration.
6. All three technical review templates (TRTs) for content, environment and supervision are in Annex VI.

FREQUENCY	BASELINE	TARGET	RESPONSIBLE	REPORTING
How often will it be measured?	What is the current value?	What is the target value?	Who will measure it?	Where and what will be reported?
Initial/On revision	At baseline, twenty-two (22) scores are to be determined for the depth and breadth of each the 8 key concepts (dimensions) and for the curriculum/ syllabus, and for the number of elements and dimensions that are fully covered and are not covered.	Progressively, scores close to 1 for breadth and close to 2 for depth.	Ministry of Education	For reporting, the depth of coverage and the breadth of the coverage should be included in statutory internal and external reports, to students, the parents, to funding agencies and the public.
Annual	At baseline, twenty (20) scores are to be determined for the depth and breadth of each the seven (7) dimensions) and for the environment as a whole, and for the number of elements and dimensions that are conducive and not conducive.	Progressively, scores close to 1 for breadth and close to 2 for depth.	School Administrator	For reporting, the depth of coverage and the breadth of the coverage should be included in statutory internal and external reports, and shred with students, parents, funding agencies and the public.
Annual	At the baseline, a single rating is to be assigned to the school-based budget allocation for CSE, viz., FF, PF, UF.	FF	School Administrator	For reporting, the level of funding should be included in statutory internal and external reports, and shared with students, parents, funding agencies and the public.
Annual	At baseline, twelve (12) scores are to be determined for the depth and breadth of each the four (4) dimensions and for the overall supervision, and for the number of elements and dimensions that are rated fully supportive or not supportive.	Progressively, scores close to 1 for breadth and close to 2 for depth.	School Administrator	For reporting, the depth of supervisory support and the breadth of the support should be included in statutory internal and external reports, and shared with students, parents, funding agencies and the public.

| Activities | INDICATOR | DEFINITION | DATA SOURCE | DATA COLLECTION |
		How is it calculated?		How will it be measured/validated?
1 Sensitisation of parents/caregiver and families	Family awareness of CSE.	This indicator measures the number of family members who participated in at least one CSE sensitization activity in prior academic year.	Routine Data (School)	This is a simple number count. Data are extracted from the routine data collected by the school.
2 Sensitisation of community	Community awareness on CSE	This indicator measures the number of community members who participated in at least one CSE sensitization activity in prior year	Routine Data (School)	This is a simple number count. Data are extracted from the routine data collected by the school.
3 Sensitisation of media personnel	Media awareness of CSE.	This indicator measures the number of media personnel who participated in at least one CSE sensitization activity in prior year.	Routine Data (national Education authority)	This is a simple number count. Data are extracted from the routine data collected by the national education authority (e.g., the Ministry of Education).
4 Training of Teachers, Teacher Educators, School Leaders and Supervisors	Enhanced teaching capacity.	This indicator measures the number of teachers, teacher educators, school administrators and supervisors who completed CSE training during prior academic year.	Routine Data (national Education authority)	This is a simple number count. Data are extracted from the routine data collected by the national education authority (e.g., the Ministry of Education).

Notes:
The International Technical Guidance for Sexuality Education [ITGSE] (See Annex III) is the internationally recognized standard for CSE, and the TRT uses the ITGSE as its comparator for comprehensiveness.

FREQUENCY	BASELINE	TARGET	RESPONSIBLE	REPORTING
How often will it be measured?	What is the current value?	What is the target value?	Who will measure it?	Where and what will be reported?
Annual	The baseline is zero.	At the beginning of the academic year, each school should determine the number of family members to be reached.	School Administrator	For reporting, the number of family members who participated in at least one CSE activity should be included in statutory internal and external reports, and shared with students, the parents, funding agencies and the public.
Annual	The baseline is zero.	At the beginning of the academic year, each school should determine the number of community members to be reached.	School Administrator	For reporting, the number of community members who participated in at least one CSE activity should be included in statutory internal and external reports, and shared with students, the parents, funding agencies and the public.
Annual	The baseline is zero.	At the beginning of the academic year, each country should determine the number of media personnel to be reached.	Ministry of Education	For reporting, the number of media personnel who participated in at least one CSE activity should be included in statutory internal and external reports, and shared with students, the parents, funding agencies and the public.
Annual	The baseline is zero.	At the beginning of the academic year, each country should determine the teachers, educators, supervisors, and administrators to be reached.	Ministry of Education	For reporting, the number of teachers, educators, supervisors, and administrators who participated in CSE training should be included in internal and external reports, and shared with students, the parents, funding agencies and the public.

Results		INDICATOR	DEFINITION	DATA SOURCE	DATA COLLECTION
					How will it be measured/validated?
1	CSE curriculum is rights-based and gender transformative	Perceptions of human rights and gender transformative dimensions of curriculum	This indicator measures the nature of the curriculum on six dimensions, viz., personhood, inclusiveness, diversity, non-discrimination, solidarity, and transformability.	Technical Review by Independent Expert (rater) - TRT 4 (Annex VI)	The scale has six (6) dimensions and eighteen (18) elements that characterise a rights-based approach and gender-transformative programming. It produces 2 scores, viz., depth and breadth of development for each dimension and for the whole syllabus/curriculum; # elements fully developed; # dimensions fully developed, and the # elements not developed and # dimensions not developed. Depth has a value between 1 and 2; breadth between 0 and 1. If the syllabus/curriculum is rated by more than one rater, each score is to be the average of the scores of all the raters.
2	Families actively participate in CSE management	Level of family participation in CSE	This indicator measures the number of family members involved in planning and/or delivery of school- based/ school- related CSE activities.	Routine Data (School)	This is a simple number count. Data are extracted from the routine data collected by the school.
3	CSE teaching is effective.	Learner CSE acquisition	This indicator measures the percentage of students passing CSE class/school assessments.	Routine Data (School)	The number of students who passed their final/composite CSE classroom assessment (numerator) over the number of students who took the course (denominator) multiplied by 100. Data are extracted from the routine data collected by the school.
4	More schools offer CSE	Number of schools offering CSE	This indicator measures the number of schools introducing CSE curricula the prior year	Routine Data (national Education authority)	This is a simple number count. Data are extracted from the routine data collected by the school.

Notes:

1. A human rights-based approach to teaching-learning.
2. Family includes parent, aunt/uncle, caregiver, cousin, sibling, grandparent.
3. The SERAT is recommended to classroom teachers as a reference (https://healtheducationresources.unesco.org/library/documents/sexuality-education-review-an)
4. Result #4 is a medium-term result and the focus of evaluation at the national level.

FREQUENCY	BASELINE	TARGET	RESPONSIBLE	REPORTING
How often will it be measured?	What is the current value?	What is the target value?	Who will measure it?	Where and what will be reported?
Initial/On Revision	At baseline, fourteen (14) scores are to be determined for the depth and breadth of development of each dimension and for the curriculum/syllabus, and for the number of elements and dimensions that are fully covered and are not covered.	Progressively, scores close to 1 for breadth and close to 2 for depth.	Ministry of Education	For reporting, the depth and breadth of the development of each dimension should be included in statutory internal and external reports and shared with funding agencies and the public.
Annual	The baseline is zero.	At the beginning of the academic year, each school should determine the number of family members to be engaged.	School Administrator	For reporting, the number of family members who participated in at least one CSE activity should be included in statutory internal and external reports, and shared with students, the parents, funding agencies and the public.
Annual	The baseline is zero.	The target is 100%.	Teachers	For reporting, the per centage of passing students should be included in statutory internal and external reports, and shared with students, the parents, funding agencies and the public.
Annual	The baseline is zero.	At the beginning of the academic year, each country should determine the number of schools to introduce CSE.	Ministry of Education	For reporting, the number of schools introducing CSE should be included in statutory internal and external reports and shared with the public and funding agencies.

Impact		INDICATOR	DEFINITION	DATA SOURCE	DATA COLLECTION
					How will it be measured/validated?
1	Young people are able to manage their sexual health.	Self-management of sexual health	This indicator measures the capacity of young people to manage their sexual health on four dimensions, viz, values, knowledge, attitudes, behaviour.	Survey of graduands - TRT 5 (Annex VI).	Percentage (numerator: number indicating each rating; denominator: total number responding) of graduands who rate themselves capable, somewhat capable, and not capable. The scale has four (4) dimensions and twenty (20) elements. It produces 2 scores, viz., capacity depth and breadth for each dimension and overall; # elements and # dimensions on which graduands report themselves capable and not capable. Depth has a value between 1 and 2; breadth between 0 and 1.
2	There is general recognition and acceptance of diverse sexual relationships.	Public attitudes towards diverse sexual relationships	This indicator measures public attitudes towards diverse sexual relationships.	Survey	Percentage of respondents, 16 years and older, who indicate they recognise and accept diverse sexual relationships. (Numerator – number who recognise and accept diverse sexual relationships; denominator – total number responding).
3	There is widespread public support for sexual and reproductive human rights for all.	Public support for sexual and reproductive human rights	This indicator measures the level of public support for individual sexual and reproductive human rights.	Survey	Percentage of respondents, 16 years and older, who indicate recognition of and respect for individual sexual and reproductive human rights. (Numerator – number who recognise and respect individual sexual and reproductive human rights).

FREQUENCY	BASELINE	TARGET	RESPONSIBLE	REPORTING
How often will it be measured?	What is the current value?	What is the target value?	Who will measure it?	Where and what will be reported?
Periodic	At the baseline, the percentage of graduands who indicate they are capable, somewhat capable and not capable of managing their sexuality are to be determined.	Progressively, all graduands should to rate themselves capable of managing their sexual health.	National Government	For reporting, the percentage of graduands who rated themselves capable of managing their sexual health should be included in statutory internal and external reports, and shared with students, the parents, funding agencies and the public.
Periodic	The baseline is zero.	Progressively, higher percentages of respondents should indicate their recognition and acceptance of diverse sexual relationships.	National Government	For reporting, the percentage of respondents who indicated they recognise and accept diverse sexual relationships should be included in statutory internal and external reports and shared with funding agencies and the public.
Periodic	The baseline is zero.	Progressively, higher percentages of respondents should indicate their recognition of and respect for individual sexual and reproductive human rights.	National Government	For reporting, the percentage of respondents who indicated they recognise and respect individual sexual and reproductive human rights should be included in statutory internal and external reports and shared with funding agencies and the public.

	Goals	INDICATOR	DEFINITION	DATA SOURCE	DATA COLLECTION
					How will it be measured/validated?
1	Decrease in adolescent pregnancy	Adolescent birth rate	This indicator measures pregnancy among adolescents.	MICS/Vital Statistics Office	The annual number of births to women, aged 15 – 19 years of age per 1000 women in that age group.
2	Decrease in HIV	HIV prevalence		Population-based surveys (DHS/AIS), behavioral surveillance survey (BSS)	Percentage of young people aged 15-24 who are HIV infected.
3	Reduction in dropout due to pregnancy	Drop-out due to pregnancy	This indicator measures the proportion of drop-out caused by pregnancy	Routine Data (School)	# of girls dropping out of school because of pregnancy (numerator), # of girls dropping out of school (denominator) during the prior academic year. Data are collected at the school level and aggregated across the country.
4	Elimination of gender-based violence	Incidence of gender-based violence	This indicator measures the incidence of gender- based (bullying; sexual harassment; verbal/physical/ sexual assault; non-consensual sexual activity; statutory rape) violence in school.	Routine Data (School)	# of incidents known and/or reported in school and/or among students on school-related activities because of the victim's gender during the prior academic year. Data are collected at the school level and aggregated across the country.
5	Elimination of early marriage	Prevalence of early marriage	This indictor measures marriage of whatever form among persons younger than 19 years of age.	MICS/Vital Statistics Office	Percentage of women and men aged 20-24 years who were first married or in union, (a) before age 15 and (b) before age 18.

Notes:

1. The five goals were prioritized by the CSE M&E Reference Group with the reduction of adolescent pregnancy being considered most urgent in the region.

2. The indicators draw on the 90–90–90 UNAIDS target for to end the AIDs epidemic (https://www.unaids.org/en/resources/909090). https://www.unaids.org/sites/default/files/measures-progress-90-90-90.pdf

3. GBV includes bullying because of the victim's gender, sexual harassment or assault, verbal, physical, emotional, or psychological abuse, and rape/statutory rape. The nature of

4. Union in Goal 5 includes religious marriages that are not registered with the National Registry but are recognized by the society, as well as common law marriage.

FREQUENCY	BASELINE	TARGET	RESPONSIBLE	REPORTING
How often will it be measured?	What is the current value?	What is the target value?	Who will measure it?	Where and what will be reported?
Periodic	At baseline, adolescent birth rate for the prior calendar year should be stated.	Countries are to determine the target once the baseline is established.	National Government	For reporting, the adolescent birth rate should be included in statutory internal and external reports and shared with funding agencies and the public.
Periodic	At baseline, prevalence among young people would be previously reported percentage.	Countries are to determine the target once the baseline is established.	National Government	For reporting, percentages for males and females for the age groups 15-19, 20-24 and 15-24 years should be included in statutory internal and external reports, and shared with funding agencies and the public, especially youth.
Periodic	The baseline is zero.	Progressively, the target should be zero drop-out due to pregnancy.	School Administration and National Government	For reporting, the incidence of drop-out due to pregnancy should be included in statutory internal and external reports, and shared with students, parents, funding agencies and the public.
Periodic	The baseline is zero.	Progressively, the target should be zero incidents of gender-based violence.	School Administration and National Government	For reporting, the incidents of gender-based violence should be included in statutory internal and external reports, and shared with schools, parents, communities, funding agencies and the public
Periodic	At baseline, rate of early marriage in the prior reporting period should be determined.	Progressively, the target should be zero incidence of early marriage.	National Government	For reporting, the prevalence of early marriage should be included in in statutory internal and external reports, and shared with young people, parents, religious leaders, communities, funding agencies and the public.

The Rating Scales

Five rating scales[4], as referenced above, were developed to assess the following:

- Input Indicator #1: Comprehensiveness of CSE curriculum/syllabus

- Input Indicator #2: Conduciveness of teaching-learning environment

- Input Indicator #3: Quality of supervision

- Results Indicator #1: Perceptions of human rights and gender transformative dimensions of curriculum

- Impact Indicator #1: Self-management of sexual health

Each scale has several dimensions, and each dimension has two to five elements that assess various aspects of the construct. These tools assess the breadth and depth of each indicator as follows:

- Each element is scored from 0 to 2.

- The number of elements with a positive score in each dimension indicate the breadth of the dimension.

- The average of the positive scores in each dimension indicate the depth of the dimension.

- The scales also provide an indication of the total number of elements with a score of 2 and those with a score of zero, and the total number of dimensions with a score of 2 and those with a score of 0.

These scores help to pinpoint areas that are perceived as 'covered, conducive, supportive' or not. They help identify specific elements in the curriculum, the environment or the supervision that require attention or greater attention.

For reporting purposes, in addition to providing an indication of scores on the various dimensions and/or elements, descriptive statements can be included, such as the following on the comprehensiveness of the curriculum or on supervision:

The key concept 'Relationships' was covered, but only Families and Long-Term Commitments' were addressed with depth.

Or

Overall, the supervision was relevant and usable, but because of the delays in providing feedback, it did not positively affect teaching-learning this semester.

These scales are therefore to be seen as tools for enhancing CSE implementation, and their results can inform planning, the development of materials, orientation and training of personnel, the organisation of physical and virtual teaching-learning spaces, and teacher appraisal. Through the general reporting, the results can also help 'inform' parents, the community, the media, and the public about the contribution of CSE to child and adolescent development.

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[4] The rating scales are in Annex VI in Excel.

SECTION IV

Conclusions and Recommendations

SECTION IV
Conclusions and Recommendations

Conclusions

M&E are critical for the successful implementation of CSE, with the ultimate goal of having the young people across the Caribbean be informed and equipped with the values, attitudes, knowledge and skills to make positive decisions in their best interest and that of the society. While CSE is important, it is just one subject or part of one subject in the school curriculum. It is therefore imperative that CSE be mutually supportive and reinforcing of all subjects in the curriculum. To achieve this, education planners, curriculum and materials developers, school administrators, teachers and the wider community need to have a shared understanding of CSE, of its role in education and the role that the school can play in child and adolescent development. CSE is a whole-of-school, whole-of-community and whole-of-society endeavour, and all views and positions need to co-exist to ensure that students are not left with any cognitive dissonance on such vital matters.

The inputs and activities for effective CSE must be considered and adequate provision made at the policy, planning, budgeting, capacity-building and implementation levels. CSE cannot be left on the fringes of core curricular activities. Too many young people across the region are making difficult decisions without accurate and objective information in a respectful and supportive environment. Careful monitoring and evaluation of CSE can help governments, education leaders and teachers carefully and appropriately equip young people for these major decisions in their lives.

Recommendations

Having adjusted every facet of education to function in COVID-19, some invaluable lessons have been learned. Along with the best research on pedagogy, there are some useful steps that those in authority can take to ensure effective CSE. Below are three short recommendations:

1. Each country should endeavour to determine CSE teachers, focal points and supervisors and ensure that they have adequate training and support for CSE delivery, including monitoring and evaluating CSE. In this regard, it is imperative that these teachers, focal points and supervisors reflect the demographic breakdown of their communities and societies in terms of gender, race/ethnicity, religion, political persuasion and age. In addition, governments should ensure that CSE orientation is wide-spread and not merely focused on those responsible for its delivery and oversight.

   This can be done in various ways. For example, if the country opts to have CSE as a stand- alone subject, it follows that there could be CSE teachers, including the 'retooling' of existing HFLE teachers. Alternatively existing HFLE teachers' training can be adapted to include and/or integrate CSE in the HFLE classes, or any of several viable approaches.

2. Correspondingly, CSE teacher and teacher educator standards, preparation (training), development, supervision, certification and performance appraisal should be modified, in keeping with the recommendations from the Caribbean Formative Assessment of the CSE Curriculum (Schroeder, 2021).

3. Given the multi-cultural (i.e., multi-ethnic, multi-racial, multi-linguistic, multi-religious and politically diverse) nature of our societies, cultural sensitivity and responsiveness must permeate the conceptualization, planning, development, and delivery of CSE, including monitoring and evaluation. This means bringing diversity, along all demographic and identity markers, to the table for all phases and aspects of CSE development and delivery. For some states, religious leaders may be particularly important, for other states minority groups might be a priority. In all instances, the process should reflect the perspectives of all sectors of the society, including parents and other caregivers, the latter including from institutional care providers.

4. From planning through evaluation, ICT must be used strategically and in combination with non-ICT given the cost of data plans for internet access, and the limited reliability of power and internet access in some areas. In this regard, M&E should be ICT and non-ICT based. In addition, this will facilitate merging data and information across schools, districts, and countries.

ANNEXES
Annex I
Key Concepts

Baseline
A baseline is the status of services and outcome-related measures such as knowledge, attitudes, norms, behaviors, and conditions before an intervention, against which progress can be assessed or comparisons made.
https://unaids-test.unaids.org/sites/default/files/unaids/contentassets/documents/document/2010/11_ME_Glossary_FinalWorkingDraft.pdf

A baseline is the value of a performance indicator before the implementation of projects or activities.
http://dmeforpeace.org/sites/default/files/USAID%20Tips_Baseline%20&%20Targets.pdf

Base-line study
An analysis describing the situation prior to a development intervention, against which progress can be assessed or comparisons made.
2754804.pdf (oecd.org)

Comprehensive Sexuality Education (CSE)
CSE is a curriculum-based process of teaching and learning about the cognitive, emotional, physical, and social aspects of sexuality. It aims to equip children and young people with the knowledge, skills, attitudes, and values that will empower them to realize their health, well-being, and dignity; develop respectful social and sexual relationships; consider the well-being of others that are affected by their choices; and understand and ensure the protection of their rights throughout their lives.
https://www.unfpa.org/sites/default/files/pub-pdf/ITGSE.pdf

Data
Data are specific quantitative and qualitative information or facts that are collected and analyzed.

Qualitative data are data collected using qualitative methods, such as interviews, focus groups, observation, and key informant interviews. Qualitative data can provide an understanding of social situations and interaction, as well as people's values, perceptions, motivations, and reactions. Qualitative data are generally expressed in narrative form, pictures, or objects (i.e., not numerically). The aim of a qualitative study is to provide a complete, detailed description.
Quantitative data are data collected using quantitative methods, such as surveys. Quantitative data are measured on a numerical scale, can be analysed using statistical methods, and can be displayed using tables, charts, histograms, and graphs. The aim of a quantitative study is to classify features, count them, and construct statistical models in an attempt to explain what is observed.
https://unaids-test.unaids.org/sites/default/files/unaids/contentassets/documents/document/2010/11_ME_Glossary_FinalWorkingDraft.pdf

Data Analysis

Data analysis is the process of transforming raw data into usable information, often presented in the form of a published analytical article, to add value to the statistical output.
https://stats.oecd.org/glossary/search.asp

Data Collection

Data collection is the process of gathering data.
https://stats.oecd.org/glossary/search.asp

Data Collection Tools (DCT)

DCT are methodologies used to identify information sources and collect information during an evaluation.
2754804.pdf (oecd.org)

Demographic and Health Surveys (DHS)

DHS are nationally representative household surveys that provide data for a wide range of monitoring and impact evaluation indicators in the areas of population, health, and nutrition. Standard DHS Surveyshave large sample sizes (usually between 5,000 and 30,000 households) and typically are conducted about every 5 years, to allow comparisons over time.
https://dhsprogram.com/methodology/survey-Types/DHS.cfm

Evaluation

Evaluation is the rigorous, scientifically based collection of information about program/intervention activities, characteristics, and outcomes that determine the merit or worth of the program/intervention. Evaluation studies provide credible information for use in improving programs/interventions, identifying lessons learned, and informing decisions about future resource allocation.

In the context of CSE, evaluation assesses two types of achievements – outcomes and impacts:

- Outcome evaluation assesses risk/protective factors such as changes in attitudes, behaviours or skills, percentage of young people reached in the identified target groups, and other short-term indicators. For policy projects, outcomes might include approval and implementation of a CSE policy; approval of changes in a policy's language, budget, or scope; or increased buy-in from stakeholders. Most programmes should periodically conduct outcome evaluation.

- Impact evaluation takes a step further, linking observed outcome changes to a particular programme. Indicators include ultimate programme goals such as reduced rates of unintended pregnancy, STIs and injury from gender-based violence – or other human rights outcomes that may have been identified as programme goals in their own right. Impact is assessed through research methods such as randomized controlled trials that allow causal attribution, but few programmes have the capacity to conduct such rigorous impact evaluation.

Other types of evaluations to improve CSE programmes include the following:

- **Formative evaluation** is a type of evaluation intended to improve the performance of a program or intervention. A formative evaluation is usually undertaken during the design and pre-testing of the intervention or program, but it can also be conducted early in the implementation phase, particularly if implementation activities are not going as expected.

- **Summative evaluation** is a type of evaluation conducted at the end of an intervention (or a phase of that intervention) to determine the extent to which anticipated outcomes were produced. It is designed to provide information about the merit or worth of the intervention.

https://unaids-test.unaids.org/sites/default/files/unaids/contentassets/documents/document/2010/11_ME_Glossary_FinalWorkingDraft.pdf https://www.unfpa.org/sites/default/files/pub-pdf/UNFPA_OperationalGuidance_WEB3_0.pdf

Gender
Refers to the social attributes and opportunities associated with being male and female and the relationships between women and men and girls and boys, as well as the relations between women and those between men. These attributes, opportunities and relationships are socially constructed and are learned through socialization processes.
https://csetoolkit.unesco.org/toolkit/glossary

Gender Transformative Approach to Education
Gender transformation actively examines, questions and changes rigid gender norms and imbalances of power that advantage boys and men over girls and women. It aspires to tackle the root causes of gender inequality and reshape unequal power relations; it moves beyond individual self-improvement among girls and women towards redressing the power dynamics and structures that serve to reinforce gendered inequalities. A gender-transformative approach therefore attempts to promote gender equality as follows:

1. By fostering critical examination of inequalities and gender roles, norms and dynamics.
2. By recognizing and strengthening positive norms that support equality and an enabling environment.
3. By promoting the relative position of women, girls and marginalized groups and transforming the underlying social structures, policies and broadly held social norms that perpetuate and legitimize gender inequalities.

https://www.unicef.org/media/58196/file

A gender transformative approach to education therefore addresses the causes of gender-based inequalities in education and works to transform harmful gender roles, norms and power relations.

Human Rights
Human rights are standards that recognize and protect the dignity of all human beings. Human rights govern how individual human beings live in society and with each other, as well as their relationship with the State and the obligations that the State has towards them.
https://www.unicef.org/child-rights-convention/what-are-human-rights

Human Rights-based Approach to Education
Based on international human rights instruments, human rights education (HRE) can be defined as education, training and information aimed at building a universal culture of human rights through the sharing of knowledge, imparting of skills and moulding of attitudes to prompt action directed at strengthening respect for human rights, fundamental freedoms, tolerance, equality and peace, among individuals, within societies and among nations.
Such education requires the adoption of a human rights-based approach to education, which promotes both "human rights through education", ensuring that all the components and

processes of education - including curricula, materials, methods and training - are conducive to the learning of human rights, and "human rights in education", ensuring that the human rights of all members of the school community are respected and human rights are practised within the education system.
https://www.ohchr.org/Documents/Publications/SelfAssessmentGuideforGovernments.pdf
For a more comprehensive understanding see
https://www.ohchr.org/Documents/Publications/WPHRE_Phase_2_en.pdf

Sex, Sexuality and Sexual Health

Sex refers to the sum of biological characteristics that define the spectrum of humans as females and males.

Sexuality refers to a core dimension of being human, which includes sex, gender, sexual and gender identity, sexual orientation, eroticism, emotional attachment/love, and reproduction. It is experienced or expressed in thoughts, fantasies, desires, beliefs, attitudes, values, activities, practices, roles, relationships. Sexuality is a result of the interplay of biological, psychological, socio-economic, cultural, ethical and religious/spiritual factors. While sexuality can include all of these aspects, not all of these dimensions need to be experienced or expressed. However, in sum, our sexuality is experienced and expressed in all that we are, what we feel, think and do.

Sexual health is the experience of the ongoing process of physical, psychological, and sociocultural well-being related to sexuality. Sexual health is evidenced in the consensual and responsible expressions of sexual capabilities that foster harmonious personal and social wellness, enriching individual and social life. It is not merely the absence of dysfunction, disease and/or infirmity. For Sexual Health to be attained and maintained it is necessary that the age appropriate sexual rights of all people be recognized and upheld.

Aspects of Sexuality considered in the context of CSE include the following:

- Sexuality refers to the individual and social meanings of interpersonal and sexual relationships, in addition to biological aspects. It is a subjective experience and a part of the human need for both intimacy and privacy.

- Simultaneously, sexuality is a social construct, most easily understood within the variability of beliefs, practices, behaviours and identities. Sexuality is shaped at the level of individual practices and cultural values and norms.

- Sexuality is linked to power. The ultimate boundary of power is the possibility of controlling one's own body. CSE can address the relationship between sexuality, gender and power, and its political and social dimensions. This is particularly appropriate for older learners.

- The expectations that govern sexual behaviour differ widely across and within cultures. Certain behaviours are seen as acceptable and desirable, while others are considered unacceptable. This does not mean that these behaviours do not occur, or that they should be excluded from discussion within the context of sexuality education.

- Sexuality is present throughout life, manifesting in different ways and interacting with physical, emotional and cognitive maturation. Education is a major tool for promoting sexual well-being and preparing children and young people for healthy and responsible relationships at the different stages of their lives.

See pp. 5- 10 https://iris.paho.org/bitstream/handle/10665.2/42416/promotionsexualhealth.pdf?sequence=1&isAllowed=y and p. 16 of ITGSE.pdf (unfpa.org)

Indicator

An indicator is a quantitative or qualitative variable that provides a valid and reliable way to measure achievement, assess performance, or reflect changes connected to an intervention.

Single indicators are limited in their utility for understanding program effects (i.e., what is working or is not working, and why?). Indicator data should be collected and interpreted as part of a set of indicators. Indicator sets alone can not determine the effectiveness of a program or collection of programs; for this, good evaluation designs are necessary.
https://unaids-test.unaids.org/sites/default/files/unaids/contentassets/documents/document/2010/11_ME_Glossary_FinalWorkingDraft.pdf

An indicator is a quantitative or qualitative factor or variable that provides a simple and reliable means to measure achievement, or to reflect the changes connected to an intervention.
2754804.pdf (oecd.org)

Labour Force Surveys (LFS)

LFS are one of the primary national household surveys conducted by countries. They are designed with the objective to produce official national statistics on the labour force, employment and unemployment for monitoring and planning purposes. LFS are the main source behind headline indicators of the labour market for short-term monitoring as well as more structural information on the number and characteristics of the employed, their jobs and working conditions, the job search activities of those without work, etc. They are a unique source of data on informal employment, and increasingly designed to produce statistics on unpaid forms of work and other variables of interest.
https://www.ilo.org/surveyLib/index.php/catalog/LFS/about

Logical Framework

Management tool used to improve the design of interventions, most often at the programme/project level. It involves identifying strategic elements (inputs, outputs, outcomes, impact) and their causal relationships, indicators, and the assumptions or risks that may influence success and failure. It thus facilitates planning, execution and evaluation of an intervention.
2754804.pdf (oecd.org)

Monitoring

Monitoring is the routine tracking and reporting of priority information about a program / project, its inputs and intended outputs, outcomes and impacts. In the context of CSE, monitoring refers to the regular assessment of ongoing sexuality education, life skills and HIV-prevention education programmes. It tracks activities, inputs, outputs and progress, i.e., what the programme has accomplished.
https://unaids-test.unaids.org/sites/default/files/unaids/contentassets/documents/document/2010/11_ME_Glossary_FinalWorkingDraft.pdf   https://www.unfpa.org/sites/default/files/pub-pdf/UNFPA_OperationalGuidance_WEB3_0.pdf

Monitoring entails the regular and systematic assessment of performance, allowing an understanding of where programmes are in relation to planned results, and enabling the identification of issues requiring decision making to accelerate progress. Monitoring allows real-time learning and feeds into evaluation. Monitoring should be undertaken as close to real time as possible. Real-time monitoring approaches provide a constant flow of data and analysis to allow for timely decision-making. Advances in information communications and technology (ICT), such as SMS-based applications, facilitate real-time monitoring. These tools offer new ways of working with governments, civil society organizations, researchers, citizen

groups and communities, providing opportunities to innovate and adapt ways in which data are generated and used. They enable broader participation of populations in programme development and delivery and facilitate quick feedback to service providers and authorities on programme interventions.
https://unsdg.un.org/sites/default/files/UNDG-UNDAF-Companion-Pieces-6-Monitoring-And-Evaluation.pdf

Multiple Indicator Cluster Survey (MICS)

The MICS is a household survey programme developed by UNICEF in the mid-90s to assist countries in filling data gaps for monitoring the situation of children and women. It is capable of producing statistically sound, internationally comparable estimates of these indicators. The MICS was originally developed in response to the World Summit for Children (WSC) held in 1990 to measure progress towards an internationally agreed set of mid-decade goals. In this sense, MICS was basically developed to fill existing data gaps and to inform and complement existing data collection methods and instruments (e.g., administrative records, census, vital events registration, etc.).
https://www.un.org/womenwatch/daw/egm/vaw-stat-2005/docs/expert-papers/Unicef%20for%20Geneva.pdf

Prevalence and Incidence
Prevalence and Incidence are measures that tell something about the amount of a particular condition (often a disease) within a population.

$$\text{Prevalence} = \frac{\textit{Number of people with existing condition (disease) at a given point in time}}{\textit{Total numbber of people in the population}}$$

Incidence is the number of new cases of the condition (disease) within a specified period of time within a specific population.

$$\text{Incidence} = \frac{\textit{Number of people who develop a condition (disease) in a specific time period}}{\textit{Average number of people in the population in the same time period}}$$

Both prevalence and incidence are descriptive measures and can be expressed in four ways:

    (a) As a proportion,
    (b) As a percentage of the population,
    (c) As an absolute number, and
    (d) As the number of cases per 100,000 people (or any power of 10)

Enticott, J. and Kandane-Rathnayake, R. (2012), Prevalence versus incidence. Transfusion, 52: 1868-1870. https://doi.org/10.1111/j.1537-2995.2012.03687.x
For full article https://fdocuments.net/document/prevalence-versus-incidence.html

Rate

A rate refers to the occurrence of events over a specific interval in time.
https://stats.oecd.org/glossary/search.asp

Ratio

A ratio is a number that expresses the relative size of two other numbers. The result of dividing a number X by another number Y is the ratio of X to Y.
https://stats.oecd.org/glossary/search.asp

A ratio is a computation of the form: Ratio = a/b, where a and b are similar quantities measured from different groups or under different circumstances. Le, C.T. & Boen, J.R. (1995). Health and Numbers: Basic Biostatistical Methods.
https://archive.org/details/healthnumbersbas0000lech/page/18/mode/2up?view=theater

Results

Results are the outputs, outcomes, or impacts (intended or unintended, positive and/or negative) of an intervention.
https://unaids-test.unaids.org/sites/default/files/unaids/contentassets/documents/document/2010/11_ME_Glossary_FinalWorkingDraft.pdf

Routine Data

Data that are collected habitually and at specified intervals in all sectors. e.g., attendance at school is recorded in the schools' attendance registers by class every day.

Survey

A survey is an investigation about the characteristics of a given population by means of collecting data from a sample of that population and estimating their characteristics through the systematic use of statistical methodology.
https://stats.oecd.org/glossary/search.asp

Target

A target is the objective a program/intervention is working towards, expressed as a measurable value; the desired value for an indicator at a particular point in time.
https://unaids-test.unaids.org/sites/default/files/unaids/contentassets/documents/document/2010/11_ME_Glossary_FinalWorkingDraft.pdf

A target is the specific, planned level of result to be achieved within an explicit timeframe.
http://dmeforpeace.org/sites/default/files/USAID%20Tips_Baseline%20&%20Targets.pdf

Technical Review Tool

A technical review tool (TRT) is an instrument designed to measure a particular construct or set of constructs. These tools measure accuracy, effectiveness, efficiency, benefit based on pre- determined criteria. They are technical and not policy instruments, and therefore do not determine whether or not the construct should or should not be measured.

Annex II
Comprehensive Sexuality Education in the Caribbean

HFLE, CSE and the Spotlight Initiative

In 1994, the CARICOM Standing Committee of Ministers of Education passed a resolution for a comprehensive approach to Health and Family Life Education by CARICOM and the University of the West Indies (UWI) with support from in-country UN Agencies. Since then, CARICOM countries have relied on this framework to guide the design, development, and delivery of curricula for providing basic information and education about health-related matters for in- and out-of-school settings.

In 1996, the CARICOM Standing Committee of Ministers of Health and Education reaffirmed their commitment to HFLE and its sustainability, agreeing to support regular reviews and the formulation of national policies to support implementation. HFLE is seen as reinforcing the complementarity between the work of the health sector and that of the education sector in ensuring that children and adolescents are appropriately informed and able to make life-saving decisions. While schools are considered key agencies in the delivery of HFLE, given the number of children and adolescents not in school, effective programming has sought to support in-school and out-of- school activities.

There is growing evidence that Caribbean youth, roughly 30% of the population, face social, psychological, and physical challenges that affect their knowledge, attitude, and behaviours in securing their health and well-being. Infectious diseases, historically considered a major issue, have been outpaced by emotional and behavioural disabilities among the health conditions that affected young people in the region (Dicks, 2001); (Halcon, Beuhring & Blum, 2000); (Heath, 1997); (PAHO 1998); (UWI-Cave-Hill 1998). It became increasingly clear that any HFLE programme must reach beyond traditional health matters, to identify and address underlying social, emotional, and psychological issues, as well as to situate health education in contexts where these social determinants are particularly influential.

In 2003, CARICOM's Council on Human and Social Development (COHSOD) determined that a Health and Family Life Education (HFLE) Regional Curriculum Framework that provided CARICOM countries with a roadmap for preparation of national curricula should do the following:

- place life skills at the core of school-based health education programmes;
- progress from an information-based model of delivery to a skills-development model;
- move from traditional topic-centered learning approaches to thematic approaches; and,
- provide teachers with guidance in interactive teaching and alternative assessment methods.

The initial framework, geared to children 9 to 14 years of age, was completed in 2004. Subsequently, additional cohorts, i.e., children aged 5 to 12 years at the primary school level and aged 11 to 16 years at the secondary school level were addressed. "It is our firm belief that the exposure of our young people to quality HFLE programmes throughout their school life is critical in developing the core skills, attitudes, and competencies to [sic] productive Caribbean Citizens as defined by Caribbean Heads of Government in 1997" (UNICEF, 2010). Between 2005 and 2008, the HFLE Curriculum Sub-Regional Pilot was conducted in Antigua and Barbuda, Barbados, Grenada and St Lucia.

In 2009, UNESCO published the International Technical Guidance for Sexuality Education (ITGSE). In 2018 UNESCO, UNAIDS, UNFPA, UNICEF, UN Women, and WHO updated the ITGSE, providing a unified UN position on the rationale, evidence, and guidance on designing and delivering comprehensive sexuality education (CSE). This guidance included a definition of CSE and its key concepts, topics and learning objectives. The ITGSE has a strong focus on gender and human rights, reflecting the contribution of CSE to the Sustainable Development Goals (SDGs), and it provides guidance on building support for and planning the implementation of CSE programmes.

On the premise that gender equality is a pre-condition for and an expected outcome of the SDGs, the Spotlight Initiative was established as a multi-year partnership between the European Union and the UN to support the elimination of all violence against women and girls by 2030. According to the UN (www.un.org/en/spotlight-initiative), the Initiative was named Spotlight to bring focused attention to this issue, raising its visibility and underscoring its centrality to the achievement of gender equality and women's empowerment in line with the SDGs. The Initiative is implemented in Africa, Asia, the Caribbean, Latin America, and the Pacific, and has a particular focus on domestic and family violence, sexual and gender-based violence and harmful practices, femicide, trafficking in human beings, and the sexual and economic exploitation of women and girls. The Initiative has six broad areas of intervention, viz.,

- promoting laws and policies to prevent violence, discrimination and address impunity;

- strengthening national government and regional institutions engaged in this work;

- promoting gender-equitable social norms, attitudes and behaviours;

- supporting high-quality essential services for survivors of violence;

- improving the quality, accuracy, and availability of data on violence against women and girls; and,

- promoting strong and empowered civil society and autonomous women's movements.

Below is a chronology of significant milestones in the evolution of CSE through HFLE in the Caribbean, excerpted from the report of the UNFPA (2019:11-12):

1994

CARICOM Standing Committee of MoE Resolution to Advance HFLE
This resolution supported the development of a comprehensive approach to *Health and Family Life Education (HFLE), noting the escalating vulnerabilities and health and development challenges faced by young people in the region and the role of the school as a key site for meeting the needs of young people.*

2008

The Mexico Ministerial Declaration "Preventing through Education"
Ministers of Health and Education of Latin America and the Caribbean, allied agencies, and development partners, committed to ensuring adolescents' rights to access quality healthcare and education, including the implementation of the *HFLE Programme as one of those pathways.*

2010

Key Guidance/Framework
A key guidance/framework was the Adolescent and Youth Regional Strategy and Plan of Action (PAHO).

2011

3rd Edition of the Caribbean Cooperation in Health (CCH III)
This forum established the reduction of adolescent pregnancy as a priority issue for CARICOM Member States.

2013

24th Meeting of the Council for Human and Social Development (COHSOD XXIV)

A multi-sectoral and multidisciplinary Regional Task Force was established, led by UNFPA under the guidance of the CARICOM Secretariat, to support the development and implementation of the Adolescent Pregnancy Reduction Strategy and Plan.

The Montevideo Consensus on Population and Development
Countries in the Latin America and Caribbean region agreed to ensure the effective implementation of comprehensive sexuality education (CSE) programmes from early childhood, recognising the emotional dimension of human relationships, the evolving capacity of adolescents and young people to make informed decisions regarding their sexuality from a participatory, intercultural, gender-sensitive and human rights perspective.

2014

Integrated Strategic Framework (ISF) for the reduction of Adolescent Pregnancy in the Caribbean
CARICOM and UNFPA supported governments in the region to commission the Integrated Strategic Framework (ISF) for the Reduction of Adolescent Pregnancy, setting the target of all adolescent girls and boys having access to age appropriate comprehensive sexuality education by 2019.

2015

Key Guidance Frameworks
The key guidance framework was the Global Strategy for Women, Children and Adolescents (Every Woman, Every Child).

2017

The State-of-the-Art Diagnosis in the Implementation of CSE through HFLE in the Caribbean
UNFPA commissioned an assessment of the implementation of the Sexuality and Sexual health component of the HFLE in the Caribbean. It was executed against the CARICOM HFLE Regional Guidelines with reference to the UNESCO International Technical Guidance on Sexuality Education and UNFPA Operational Guidance for CSE. The study utilized a mixed methods approach with respondents from Barbados, Belize, Grenada, Guyana, Jamaica, St. Lucia, Suriname and Trinidad and Tobago.

Key Guidance/Frameworks:
Global Accelerated Action for the Health of Adolescents 'AA-HA! (WHO); International Technical Guidance on Sexuality Education (UNESCO); and Early and Unintended Pregnancy: Recommendations for the Education Sector (UNESCO, UNFPA).

2018

Presentation to COHSOD
With the foregoing considered and the scale and ambition of the 2030 Agenda, the Caribbean needed to take a critical look at the HFLE to determine its relevance and its efficacy in realizing its intended purpose of improving youth knowledge, attitudes and skills to make appropriate healthy life choices. The COHSOD was apprised of initiatives to improve the health outcomes of Caribbean adolescents and after robust discussions, gave its assent to the implementation of a High-Level Dialogue on the delivery of CSE in HFLE.

High Level Political Dialogue (HLD) on the delivery of CSE in HFLE
UNFPA in collaboration with CARICOM, PANCAP, OECS, UNAIDS, UNICEF, UNESCO, PAHO implemented a forum for Strengthening Policy Dialogue on Improving Adolescent Health in the Caribbean through the Effective Implementation of Health and Family Life Education (HFLE) Programmes, which was convened in Trinidad and Tobago, July 2018.

Barbados Partnership Meeting to Support the Coordination and Implementation of the ISF
PAHO, UNFPA, UN Women, UNAIDS, CARICOM, OECS and other development agencies, produced a joint action work plan to accelerate the reduction of adolescent pregnancy in the Caribbean by ISF outcomes. These included follow up recommendations of the 2018 High Level Dialogue on Improving Adolescent Health in the Caribbean through the Effective Implementation of Health and Family Life Education (HFLE) and the review and update of regional model guidance on HFLE.

Key Guidance/Frameworks:
Plan of Action for Women, Children and Adolescents (PAHO).

Annex III
Key Resources (Annotated)

CARICOM. (2019). *Revised CARICOM Health and Family Life Education Regional Curriculum Framework, Ages 3-12 years. CARICOM.*

The efficacy of the Regional HFLE Curriculum Framework was monitored in a three-year study and it was found that the life skills aspect of HFLE should be emphasized (ref p.2, paras. 1 and 2). This revised curriculum framework was developed to help CARICOM countries develop their HFLE curricula by focusing on thematic approaches to learning; by applying interactive teaching methods and alternative assessment methods; by developing the life skills aspect of HFLE (summarized from p.2, para 2, "Rationale for Curriculum Framework") and by extending the student population to receive HFLE to include early childhood learners (ref p.2, para. 3).

(Schroeder, Elizabeth, 2021). *A Formative Assessment of Comprehensive Sexuality Education within the Health and Family Life Education Curriculum in the Caribbean. Unpublished.*

This document reflects the feedback from the formative assessment on the current state of school- based CSE in the Caribbean, as well as recommendations for how to strengthen regional partners' ability to advocate for and deliver quality, evidence-based and -informed CSE in schools throughout the Caribbean. It only pertains to CSE provided in schools. CSE for out-of-school youth will be addressed in a separate assessment.

UNESCO. (2021). *Sexuality Education Review and Assessment Tool (SERAT).* **Retrieved Aug 2, 2021, from Health and Education Resource Centre:** https://healtheducationresources.unesco.org/library/documents/sexuality-education-review- and-assessment-tool-serat

SERAT is an excel-based tool, designed to help countries collect data and analyze the strengths and gaps in their [HIV prevention and] sexuality education programmes at primary and secondary school levels. Its purpose is to review school-based HIV prevention and sexuality education programmes based on international evidence and good practice; to provide data to inform improvement or reform of programmes; to assess programme effectiveness by focusing on health data and other social criteria (notably gender) when looking at its strengths and weaknesses; and to inform debate and advocacy by making available data on sexuality education that is understandable, easy to analyse and accessible to different audiences.

UNESCO. (2018). *International Technical Guidance on Sexuality Education: An evidence-informed approach (Revised ed.).* **UNESCO. Retrieved April 15, 2021, from** https://www.unfpa.org/sites/default/files/pub-pdf/ITGSE.pdf

In 2009, the International Technical Guidance (ITG) for sexuality education was first published. In 2018 UNESCO, UNAIDS, UNFPA, UNICEF, UN Women, and WHO completed the revised ITG on Sexuality Education, and provided a unified UN position on rationale, evidence, and guidance

on designing and delivery of comprehensive sexuality education (CSE). This guide included a definition of CSE and its key concepts, topics and learning objectives. The ITG has a strong focus on gender and human rights, reflecting the contribution of CSE to the SDGs, and it also provides guidance on building support and planning the implementation of CSE programmes.

UNFPA. (2010). *Engaging Men in Gender Equality and Health: A Global Toolkit for Action - TOOLS. Retrieved August 2, 2021, from* https://www.unfpa.org/sites/default/files/pub- pdf/tools.pdf and https://promundoglobal.org/wp-content/uploads/2014/12/Engaging-Men- and-Boys-in-Gender-Equality-and-Health-A-Global-Toolkit-for-Action-English.pdf

Despite the increasing recognition of the important role that men and boys play in family planning and sexual and reproductive health, HIV/STI prevention, gender-based violence, maternal health and childcare, they are rarely engaged in health policies and programmes. This Toolkit serves to articulate and reinforce the benefits of working with men and boys and provide practical strategies for doing so in ways that address the underlying gender norms that often influence their health- related attitudes and behaviors. Specific tools were developed for topics including sexual and reproductive health; maternal, newborn and child health; fatherhood; HIV and AIDS prevention, care and support; and gender-based violence prevention.

UNFPA. (2015). *The Evaluation of Comprehensive Sexuality Programmes: A Focus on Gender and Empowerment Outcomes. United Nations Population Fund (UNFPA). Retrieved April 20, 2021, from* https://www.unfpa.org/sites/default/files/pub- pdf/UNFPAEvaluationWEB4.pdf

In 2014, UNFPA convened the Comprehensive Sexuality Education (CSE) Evaluation Expert Meeting that brought together partners, practitioners, researchers, and advocates from around the world to discuss the state of the art of monitoring and evaluation for CSE programmes. The aim was to build consensus on a framework for evaluation that identifies the indicators and variables of an "empowerment" approach to CSE, considering the overarching questions:

- In the context of programme evaluation, both in and out of school, how do evaluation designs address the concepts of gender and human rights?

- How are concepts such as "empowerment" and "rights" operationalized and measured in research and evaluation efforts?

In the presentation summaries, the meeting report offered examples of prominent approaches to the evaluation of CSE programmes at various stages of design and implementation. The overarching focus of the discussions and knowledge-sharing were CSE evaluation design, methodologies and indicators to measure programme effectiveness in developing gender-equitable relationships, promoting and protecting human rights, and generating values of tolerance, non- discrimination and civic engagement.

UNFPA. (2018). *High Level Policy Dialogue: On Improving Adolescent Health in the Caribbean through the Effective Delivery of Health and Family Life Education (HFLE) Programmes: Final Meeting Report.* **UNFPA Sub-Regional Office for the Caribbean.**

This report summarizes the two-day High Level Policy Dialogue (HLD) held in Port of Spain, Trinidad and Tobago in June 2018. The purpose of the HLD was to facilitate an assessment and comprehension of the status of Adolescent Health and the implementation of Comprehensive Sexuality Education (CSE) through HFLE with the objective to improve the integration and quality delivery of CSE through the HLFE. It was found that majority of secondary schools across the region faced implementation challenges ranging from institutional barriers, lack of information,

communication and linkages and spatial constraints related to the school environment. Countries proposed and agreed on a total of 36 recommendations under the thematic areas policy and governance (7); monitoring and evaluation (3); knowledge management and strategic information (4); multisectoral, intersectoral and community collaborations (3) and capacity building and programme implementation (19).

UNFPA. (2019). *Follow Up Meeting: 2018 High Level Dialogue on CSE in HFLE.*

The Technical Meeting on Improving Adolescent Health in the Caribbean through the Effective Delivery of Health and Family Life Education (HFLE) Programmes was a joint effort of PAHO, UNICEF, UNFPA and PANCAP. The participants engaged were technocrats and the object of the meeting was the operationalization of 36 Recommendations advanced at the 2018 High Level Dialogue on Comprehensive Sexuality Education (CSE) in HFLE, one year earlier. The participants worked together to produce Country Action Plans, which were further synthesized to create a Region Action Plan for HFLE Implementation. The proposed Activities and Deliverables for these Recommendations were generally consistent across the seven participating countries and were categorized into High, Medium and Low Priority areas. Rich information was also extracted from the Jamaica and Cuba Best Practice Models, with Jamaica offering its insights on the CARICOM HFLE Model and Cuba on its CSE Model.

UNFPA. (2019b). *Evaluation Handbook: How to Design and Conduct a Country Programme Evaluation at UNFPA (Revised and updated ed.). New York: UNFPA. Retrieved August 2, 2021, from* https://www.unfpa.org/sites/default/files/admin-resource/UNFPA_Evaluation_Handbook_FINAL_pages.pdf

UNFPA. (2021a). *Evaluation Handbook: How to Design and Conduct a Country Programme Evaluation at UNFPA (2019). Retrieved August 2, 2021, from UNFPA Home:* https://www.unfpa.org/EvaluationHandbook

This handbook is a practical guide to help evaluators apply methodological rigour to evaluation practices. Advice is available for a range of users, including evaluators who carry out evaluations commissioned by UNFPA and other stakeholders involved in evaluation processes. One of the handbook's main objectives is to articulate the link between the evaluation criteria and the issues and topics to be assessed through evaluations. The handbook describes the evaluation process in phases: preparatory, design, field, reporting, and facilitation of use and dissemination; and offers a toolkit of practical tools, checklists, templates and tips for designing and conducting an evaluation.

UNICEF and UNESCO. (2007). *A Human Rights-Based Approach to Education for All. New York: UNICEF and UNESCO. Retrieved August 2, 2021, from* https://www.right-to-education.org/sites/right-to-education.org/files/resource-attachments/A%20Human%20Rights-based%20Approach%20to%20Education%20for%20All_0.pdf

The Dakar Framework for Action identified six specific goals that were integral to Education for All: expand early childhood care and education; provide free and compulsory primary education for all; promote learning and life skills for young people and adults; increase adult literacy by 50 per cent, especially for women; achieve gender parity by 2005 and gender equality by 2015; and improve the quality of education.

Underlying each of these goals is recognition of and respect for the right to quality education. Full realization of the right to education is not merely a question of access. A rights-based approach to Education for All is a holistic one, encompassing access to education, educational

quality (based on human rights values and principles) and the environment in which education is provided. This document provides a framework for implementing and ensuring that a rights-based approach to education is imperative. Schooling that is respectful of human rights – both in words and in action, in schoolbooks and the schoolyard – is integral to the realization of quality education for all. Complex barriers can impede the goals of Education for All; a rights-based approach to education plays a key role in overcoming such obstacles. This document elaborates an overarching policy and programming framework for achieving quality education that is in keeping with human rights norms and values and is truly Education for All.

UNICEF. (2010b). *Health and Family Life Education Regional Curriculum Framework Ages 11 to 16 years Version 2.1.* **Bridgetown, Barbados: UNICEF.**

During the April 2003 CARICOM's Council on Human and Social Development (COHSOD), CARICOM member country representatives decided that a Health and Family Life Education (HFLE) Regional Curriculum Framework needed to be produced to provide guidance to CARICOM countries in developing national curricula that place lifeskills at the core of the school- based health education programmes. Due to limited initial funding, CARICOM experts commenced the production of the HFLE regional curriculum framework initially only for the critical age period of 9 to 14 years old children. This initial framework was completed in 2004. Since then, CARICOM countries used the 2004 framework to realign their national curricula. Subsequently, the Regional HFLE Curriculum Framework, which covered ages 5-12 in the primary school and 11-16 in the secondary school was completed, and it focused on positive social, physical, intellectual, cultural, emotional and spiritual development of children and adolescents. The 2010 curriculum framework combined health promotion and problem prevention in an attempt to not only reduce risky behaviours but equally, to promote healthy decision making, development and lifestyles. In recognising that the development of social competencies is facilitated by strong social support, the Framework explicitly sought to promote and encourage strong partnerships between the home, school and community environment of children and adolescents.

Annex IV
Understanding Assessment, Monitoring, Evaluation

	Monitoring	Evaluation
What is the function?	Tracking / Oversight	Assessment
What is the purpose?	Improve efficiency, provide information for reprogramming to improve outcomes	Improve effectiveness, impact, value for money, future programming, strategy and policy making
How are results used?	To make minor changes	To make major changes in policy, strategy, and future work
What is the focus?	Inputs, outputs, processes, workplans (operational, implementation)	Effectiveness, relevance, impact, cost-effectiveness (population effects)
What is the focus?	Efficiency – use of inputs, activities, outputs, assumptions	Effectiveness – longer-term impact and sustainability – achievement of purpose and goal and unplanned change
Who is involved?	Staff within the agency (internal staff)	In most cases, external bodies or agencies are engaged in the evaluation
Who uses results?	Managers and project/program staff	Managers, staff, funding agency (e.g., Government, donor), beneficiaries, other agencies
What are the methods?	Routine review of reports, registers, administrative databases, field observation	Scientific, rigorous, research design, complex and intensive
Sources of information?	Routine or surveillance system, field observation reports, progress reports, rapid assessment, program review meetings; internal documents, e.g., monthly or quarterly reports, work and travel logs, minutes of meetings	Internal and external documents, e.g., consultant's reports, annual reports, national statistics, population-based surveys, vital registration, special studies
When is it done?	Continuously, throughout the life of the project/program	Occasionally before implementation, at the mid-term, at the end or beyond the project/program period
What is the frequency?	Periodic, occurs regularly	Episodic
What is the cost?	Consistent, recurrent costs spread across implementation period	Episodic, in line with the extent and complexity of the evaluation

Source: www.researchgate.net

Formative vs Summative Assessment

Dimension/Question	Formative Assessment	Summative Assessment
Goal	To improve learning	To make a decision
What is assessment for?	Assessment for learning	Assessment of learning
Why is assessment done?	To monitor student learning to provide ongoing feedbacks that can be used by instructors to improve their teaching and by students to improve their learning	Provide teachers and students with information about the attainment of knowledge
Purpose	To improve learning	To document achievement of standards
Characteristics	Helps to identify student strengths and weaknesses and target areas that need work Help faculties recognise where students are struggling and address problems immediately Foster development and improvement within an on-going activity	The goal is to evaluate student learning at the end of an instructional unit by comparing it against some sort of standard or benchmark Assess whether the results of the object being evaluated met the stated goals
How are results used?	To provide information on what and how to improve achievement	To certify student competence
Focus	On the process	On the outcome
Users	Teachers, students and parents	Teachers, principals, supervisors, program planners, and policy makers
When is it done?	During a learning activity/unit	After learning/at the conclusion of a learning activity/unit
Frequency	Continuous	Periodic
Primary motivator	Belief that success is achievable	Threat of punishment, promise of reward
Feedback	Return to material/learning issues	Final judgement
Frame of Reference	Always criterion-referenced (evaluating all students according to the same criteria)	Sometimes normative (comparing each student against the others) Sometimes criterion-referenced (evaluating each student according to the same criteria)

Formative vs Summative Assessment

This describes the teaching-learning context, but this is broadly applicable and adaptable to any process, project or programme.

Dimension/Question	Formative Evaluation	Summative Evaluation
Purpose	Locate intervention program weakness to improve it Improvement of instruction or process "Dials"	Document effectiveness of intervention program Assessment of learning outcomes in a given unit, quarte, semester or academic year "Can Openers" and "Alarm bells"
Focus	Cost-effectiveness, utility appraisal	Process evaluation
Nature	Non-interventionist	Interventionist/improve as you go
Asks	What happened? How you did	Why it happened? How are you doing?
Key questions	Does it work? Was it worth the investment?	What are we achieving? Can it be improved?
Temporality	Retrospective, post hoc	Prospective, developmental evaluation - "along track scanning 'and mentoring
What?	When evaluation occurs during the training period or instructional unit, it is known as formative evaluation Judgement of the strengths and weaknesses of instruction in the developing stage	Summative evaluation is defined as the design of evaluation studies and the collection of data to verify the effectiveness of instructional materials with target learners Measuring the extent to which the outcomes of a course are attained at the end of the course
Why is evaluation done?	To provide information to improve a program or process	To provides short-term effectiveness or long-term impact information to decide whether or not to adopt a product or a process
Evaluator	Independent	Participant and co-researcher
Outcome desired	Evaluation for judgement A prescription for revising the intervention program	Evaluation for improvement A report documenting results and recommendations about program effectiveness
Consequence	Evidence for accountability	Feedback for learning, change and development

Dimension/Question	Formative Evaluation	Summative Evaluation
Uses	Used for evaluation of one's own teaching rather than of students' work	Used for administrative decisions (e.g., assigning grades, promoting/retaining students)
Users	Teachers	Interested stakeholders
When is it done?	Decision-making that occurs during instruction for purposes of making adjustments to instruction	Occurs at the end of instruction (e.g., end of chapter, end of unit, end of semester)
Frequency	Periodic	Cumulative record and assessment of what was learned and accomplished
Methods	May be based on formal or informal methods	Based solely on formal assessment methods
Differences	Used during the teachings-learning process to monitor the learning process	Used after course completion to assign grades
	Developmental in nature	Terminal in nature
	The aim is to improve student's learning and teacher's teaching	The aim is to evaluate students' achievement
	Teacher-made tests	Standardized tests
	Test items prepared for limited content area	Tests prepared from whole content area
	Helps to know to what extent the instructional objectives have been achieved	Helps to judge the appropriateness of the instructional objectives
	Provides feedback to the teacher to modify the methods and to prescribe remedial works	Helps the teacher to know the effectiveness of the instructional procedure
	Few skills can be tested	Large number of skills can be tested
	Continuous and regular process	Not a continuous and regular process
	Considers evaluation as a process	Considers evaluation as a product

Annex V
CSE Theory of Change

Theory of Change–Comprehensive Sexuality Education

Goals	i. Decrease in adolescent pregnancy ii. Decrease in HIV and STIs iii. Reduction in dropout due to gender discrimination iv. Reduction in repetition due to gender discrimination v. Elimination of gender-based violence

Impact-Contextual

Active participation in CSE initiatives	Promotion of equitable relationships	Contribution to the creation of family, schools & communities environments that promote the positive development of girls, boys, adolescents & young people	Involvement in advocacy, social mobilization & decision-making processes in favour of the promotion of sexual and reproductive rights & gender equity

Impact-Individual/intrapersonal

Formation of relationships of couples mutually satisfying & respectful of individual rights	Involvemen t in sexual activities consented, pleasurable and protected	Recognition and appreciation of diverse sexualities	Participation in solutions to strengthen sexual and reproductive rights and gender equity

Impact-Dyad/Group/intrapersonal

Value and take care of their own bodies	Security & confidence to freely express sexuality and identity in its various manifestations	Recognition & acceptance of sexual desire & exercise of pleasant & safe alternatives to satisfy it Act in favour of sexual and reproductive rights	Self-care in matters related to sexuality & sexual health	Aspirations for the future that transcend stereotyped gender roles	Taking advantage of broad, diverse & equitable academic opportunities and job opportunities

Long-Term Results

Girls, boys, adolescent and young people, without without distinction of any kind:

Identify teaches and families as main sources of CSE	Support people who are victims/survivors of sexual violence and GBV	Act against discrimination based on gender and sexual prejudice	Actively participate in processes of CSE in school, home and community
Recognize, respect, exercise and demand their sexual and reproductive rights according to the moment of the life cycle in which they are and the progressive development of their autonomy			

Medium-Term Results				
Increase in the percentage of educational institutions that incorporate CSE	Teachers and families guarantee the rights of girls, children, adolescents, and youth to CSE	Progressively, in harmonty with the age/stage, boys, girls, adolescents, and young people express: (a) more knowledge about sexuality; (b) favourable attitudes to the exercise of human rights; (c) disagreement with inequitable gender norms and violence against women; (d) skills to face the challenges of their development and those of the environment	Knowledge, attitudes and skills to be acquired in each educational cycle included in the standardized academic performance evaluation systems	Secure and friendly school, free from discrimination and violence for any reason

Short-term Results				
Increase in the percentage of resources allocated to CSE	Decision-makers and civil society generate opportunities for CSE implementation	Families actively participate in CSE management processes	CSE curriculum grounded in the rights- based approach with emphasis on the gender perspective	
Teachers with CSE training implement the curriculum with high levels of effectiveness and with attitudes towards the guarantee of human rights and gender equity			Monitoring and evaluation system of CSE operational	

Activities				
Advocacy for policy formulation or reformulation in favour of CSE	Establishment of the curricular space for the incorporation of CSE	Training of and support for families for the fulfilment of their role in CSE	Rights-based approach to the design of the curriculum and supporting materials / Training of human resources in CSE, with emphasis on respect for human rights, promotion of gender equity, non-discrimination, and participatory methodologies	Definition of follow –up, monitoring and evaluation mechanisms / Strengthening multi- sectorial and intergovernmental partnerships

Inputs				
Diverse and pertinent offer of CSE training	Human resources capable for advocacy and sensitization	Technical teams responsible for design of curriculum and culturally appropriate materials	CSE knowledge management plans	Financial resources
Human resources in place for supervision, follow-up, and accountability			Civil society organized for political advocacy in favour of CSE	

Source: *UNFPA Sub-Regional Office for the Caribbean (2021)*

NB – THE TOOLS ARE IN AN EXCEL FILE. THE VALUES BELOW WERE RANDOMLY SELECTED AND DO NOT REFLECT ANY ACTUAL RATINGS. THEY EXAMPLES BELOW ARE ILLUSTRATIVE.

Technical Review Tool 1 - Rating Scale for Input #1 Comprehensiveness of CSE Content					
		Rating	Points	Depth	Breadth
	Key Concept 1: Relationships			**2.00**	**0.75**	
1.1	Families	Not Covered	0		0
1.2	Friendship, Love and Romantic Relationships	Covered	2		1
1.3	Tolerance, Inclusion and Respect	Covered	2		1
1.4	Long-Term Commitments and Parenting	Covered	2		1
	Key concept 2: Values, Rights, Culture and Sexuality			**2.00**	**1.00**	
2.1	Values and Sexuality	Covered	2		1
2.2	Human Rights and Sexuality	Covered	2		1
2.3	Culture, Society and Sexuality	Covered	2		1
	Key Concept 3: Understanding Gender			**2.00**	**1.00**	
3.1	The Social Construction of Gender and Gender Norms	Covered	2		1
3.2	Gender Equality, Stereotypes and Bias	Covered	2		1
3.3	Gender-based Violence	Covered	2		1
	Key Concept 4: Violence and Staying Safe			**2.00**	**1.00**	
4.1	Violence	Covered	2		1
4.2	Consent, Privacy and Bodily Integrity	Covered	2		1
4.3	Safe use of Information and Communication Technologies (ICTs)	Covered	2		1
	Key Concept 5: Skills for Health and Well-Being			**2.00**	**1.00**	
5.1	Norms and Peer Influence on Sexual Behaviour	Covered	2		1
5.2	Decision-Making	Covered	2		1
5.3	Communication, Refusal and Negotiation Skills	Covered	2		1
5.4	Media Literacy and Sexuality	Covered	2		1
5.5	Finding Help and Support	Covered	2		1
	Key Concept 6: The Human Body and Development			**2.00**	**1.00**	
6.1	Sexual and Reproductinve Anatomy and Physiology	Covered	2		1
6.2	Reproduction	Covered	2		1
6.3	Puberty	Covered	2		1
6.4	Body Image	Covered	2		1
	Key Concept 7: Sexuality and Sexual Behaviour			**2.00**	**1.00**	
7.1	Sex, Sexuality and the Sexual Life Cycle	Covered	2		1
7.2	Sexual Behaviour and Sexual Response	Covered	2		1
	Key Concept 8: Sexual and Reproductive Health			**2.00**	**1.00**	
8.1	Pregnancy and Pregnancy Prevention	Covered	2		1
8.2	HIV and AIDS Stigma, Care, Treatment and Support	Covered	2		1
8.3	Understanding, Recognising and Reducing the Risk of STIs, including HIV	Covered	2		1
	Overall Alignment of Curriculum/Syllabus			**2.00**	**0.96**	
	Number of Elements		27		
	Number of Dimensions		8		
	Number of Elements rated Covered		26		
	Number of Dimensions rated Covered		8		
	Number of Elements rated Not Covered		1		
	Number of Dimensions rated Not Covered		0		
	Number of Elements rated Partially Covered		0		
	Number of Dimensions rated Partially Covered		0		
	Number of Elements Not Selected		0		

TRT 2 - Survey of Students - Conduciveness of CSE Environment					
This survey focuses on students perceptions of and satisfaction with the environment in which CSE classes were conducted in the prior year.					

	Please answer as many questions as possible:	Rating	Points	Depth	Breadth
	Dimension 1: Choice			2.00	0.67
1.1	I had a choice about participating in this course.	Agree	2		1
1.2	I am interested in doing this course.	Do Not Agree	0		0
1.3	There were no penalties for not doing this course.	Agree	2		1
	Dimension 2: Consent			2.00	1.00
2.1	I have a good idea what this course is all about.	Agree			
2.2	My consent was sought to do this course.	Agree	2		1
2.3	My consent was necessary to do this course.	Agree	2		1
	Dimension 3: Convenience			2.00	1.00
3.1	The timing of this course is good for me.	Agree			
3.2	The location of this course is good for me.	Agree	2		1
3.3	This course does not prevent me from doing something else I wanted to do.	Agree	2		1
	Key Concept 4: Violence and Staying Safe			2.00	1.00
4.1	I understand how the course is organised.	Agree	2		1
4.2	I like how the course is organised.	Agree	2		1
4.3	I understand how the (virtual) classroom is organised.	Agree	2		1
4.4	I like how the (virtual) classroom is organised.	Agree	2		1
	Dimension 5: Compatibility			2.00	1.00
5.1	I understand the way the lessons are presented.	Agree	2		1
5.2	I like how the lessons are presented.	Agree	2		1
	Dimension 6: Comfort			2.00	1.00
6.1	I feel comfortable in this class.	Agree	2		1
6.2	My friends feel comfortable in this class.	Agree	2		1
6.3	My family feels comfortable about my participation in this class.	Agree	2		1
	Dimension 7: Confidentiality			2.00	1.00
7.1	I can ask any questions in this class.	Agree	2		1
7.2	No one gossips about what I say in this class.	Agree	2		1
7.3	I am not treated differently when I speak up in this class.	Agree	2		1
	Overall Conduciveness of Environment			2.00	0.95
	Number of Elements	21			
	Number of Dimensions	7			
	Number of Elements rated Agree	20			
	Number of Dimensions rated Agree	7			
	Number of Elements rated Not Agree	1			
	Number of Dimensions rated Not Agree	0			
	Number of Elements rated Partially Agree	0			
	Number of Dimensions rated Partially Agree	0			
	Number of Elements not Selected	0			
	Notes				
	Parents should complete for/with the young child.				
	Pre-adolescents should be supported.				
	Adolescents can complete on their own.				
	Children with special needs should be supported by their regular SEN teacher.				

TRT 3 - Survey of Teachers - Quality of Supervision					
This survey focuses on teachers' perceptions of the quality of supervision of CSE classes					
Please answer as many questions as possible:	Rating	Points	Depth	Breadth	
Dimension 1: Relevance			**2.00**	**1.00**	
1.1 The feedback focused on the stated curriculum.	Agree	2			1
1.2 The feedback focused on student expectations.	Agree	2			1
1.3 The feedback focused on school expectations.	Agree	2			1
1.4 The feedback focused on parental expectations.	Agree	2			1
Dimension 2: Timeliness			**2.00**	**1.00**	
2.1 The feedback was early enough to effect positive change in the course.	Agree	2			1
2.2 The feedback was provided soon after the supervisory intervention.	Agree	2			1
Dimension 3: Usability			**2.00**	**1.00**	
3.1 I understood the feedback.	Agree	2			1
3.2 The feedback focused on what was taught and how.	Agree	2			1
3.3 I was able to use the feedback.	Agree	2			1
Dimension 4: Helpfulness			**2.00**	**1.00**	
4.1 I found the feedback helpful.	Agree	2			1
4.2 Feedback was provided in a helpful manner.	Agree	2			1
4.3 The feedback will help me in the future.	Agree	2			1
Overall Quality of Supervision			**2.00**	**1.00**	
Number of Elements	12				
Number of Dimensions	4				
Number of Elements rated Agree	12				
Number of Dimensions rated Agree	4				
Number of Elements rated Not Agree	0				
Number of Dimensions rated Not Agree	0				
Number of Elements rated Partially Agree	0				
Number of Dimensions rated Partially Agree	0				
Number of Elements not Selected	0				
Please tell us who you are (NAMES ARE NOT REQUIRED):					
Age					
Gender					
Years as Teacher					
Years teaching CSE					

Technical Review Tool 4 - Rating Scale for HR-Base and Gender Transformative CSE Curricula					
		Rating	Points	Depth	Breadth
	Dimension 1: Personhood			**1.50**	**0.67**
1.1	The curriculum promotes the dignity of the individual student.	Not Addressed	0		0
1.2	The curriculum promotes the highest attainable standard of health	Addressed	2		1
1.3	The curriculum promotes individual privacy.	Partially Addressed	1		1
	Dimension 2: Inclusiveness			**1.00**	**1.00**
2.1	The curriculum recognises all groups	Partially Addressed	1		1
2.2	The curriculum promotes tolerance of all views	Partially Addressed	1		1
2.3	The curriculum promotes the elimination of barriers to all rights	Partially Addressed	1		1
	Dimension 3: Diversity			**2.00**	**1.00**
3.1	The curriculum accommodates multiple views and perspectives	Addressed	2		1
3.2	The curriculum promotes acceptance of all groups	Addressed	2		1
3.3	The curriculum addresses diversity in expression of one's sexuality	Addressed	2		1
	Dimension 4: Non-Discrimination			**0.00**	**0.00**
4.1	The curriculum promotes equitable treatment of all groups	Not Addressed	0		0
4.2	The curriculum promotes equality of access and opportunities for all	Not Addressed	0		0
4.3	The curriculum promotes elimination of discrimination against minorities	Not Addressed	0		0
	Dimension 5: Solidarity			**1.67**	**1.00**
5.1	The curriculum promotes solidarity with minority groups	Addressed	2		1
5.2	The curriculum promotes special provisions for persons with special needs	Addressed	2		1
5.3	The curriculum promotes respect for the personhood of all	Partially Addressed	1		1
	Dimension 6: Transformative			**1.00**	**1.00**
6.1	The curriculum promotes equal power between males and females	Partially Addressed	1		1
6.2	The curriculum promotes equal participation and equal benefits	Partially Addressed	1		1
6.3	The curriculum supports the re-imagining of traditional gender roles	Partially Addressed	1		1
	Overall HRBA and GT of Curriculum			**1.43**	**0.78**
	Number of Elements		18		
	Number of Dimensions		6		
	Number of Elements rated Addressed		6		
	Number of Dimensions rated Addressed		1		
	Number of Elements rated Not Addressed		4		
	Number of Dimensions rated Not Addressed		1		
	Number of Elements rated Partially Addressed		8		
	Number of Dimensions rated Partially Addressed		4		
	Number of Elements not Selected		0		

TRT 5 - Survey of Graduands - Self-Management of Sexual Health					
This survey focuses on graduands' perceptions of the management of their sexual health					
Please answer as many questions as possible:	Rating	Points	Depth	Breadth	
Dimension 1: Values			1.25	0.75	
1.1 I value and respect my sexual health.	Agree	2			1
1.2 I value and respect my friends' and peers' sexual health.	Agree	2			1
1.3 My friends and peers value and respect their sexual health.	Partially Agree	1			1
1.4 My friends and peers value and respect my sexual health.	Do Not Agree	0			0
Dimension 2: Knowledge			2.00	1.00	
2.1 I know the health principles to manage my sexual health.	Agree	2			1
2.2 I understand how the health principles affect my sexual health.	Agree	2			1
2.3 I am able to follow the health principles to mange my sexual health.	Agree	2			1
2.4 I am able to assess the impact of my actions on my sexual health.	Agree	2			1
2.5 I am able to identify how each action affects my sexual health.	Agree	2			1
2.6 I am able to manage my sexual health.	Agree	2			1
Dimension 3: Attidudes			2.00	1.00	
3.1 I want to manage my sexual health.	Agree	2			1
3.2 I feel that I am able to manage my sexual health.	Agree	2			1
3.3 My management of my sexual health is good for me.	Agree	2			1
Dimension 4: Behaviour			2.00	1.00	
4.1 I think about how to manage my sexual health.	Agree	2			1
4.2 I plan how to manage my sexual health.	Agree	2			1
4.3 I consult reputable people/institutions about managing my sexual health.	Agree	2			1
4.4 I follow the basic steps each day to manage my sexual health.	Agree	2			1
4.5 I regularly assess my sexual health.	Agree	2			1
Overall Perception of the Management of their Sexual Health			1.94	0.94	
Number of Elements	18				
Number of Dimensions	4				
Number of Elements rated Agree	16				
Number of Dimensions rated Agree	3				
Number of Elements rated Not Agree	1				
Number of Dimensions rated Not Agree	0				
Number of Elements rated Partially Agree	1				
Number of Dimensions rated Partially Agree	0				
Number of Elements not Selected	0				
Please tell us about yourself (NAMES ARE NOT REQUIRED):					
Age					
Gender					
Grade					

Annex VII
Country Participation

	Invitees	Consultation May 11/13	Ref Group Jul 2 and 7	Written Feedback	Ref Group Aug 30	Written Feedback
	CARICOM Secretariat	X	X		X	
	CARICOM Member States					
1	Antigua and Barbuda				X	
2	Bahamas					
3	Barbados				X	
4	Belize					
5	Dominica	X				
6	Grenada					X
7	Guyana	X	X	X	X	
8	Jamaica	X	X	X	X	
9	Montserrat					
10	Saint Lucia	X	X	X	X	
11	St. Kitts and Nevis		X			
12	St. Vincent and the Grenadines					
13	Suriname	X	X		X	
14	Trinidad and Tobago		X		X	
	Associate Member States					
16	Anguilla	X	X			
17	British Virgin Islands				X	
18	Cayman Islands					
19	Turks and Caicos Islands	X	X	X	X	X
	Other Countries					
20	Aruba					
21	Curacao					
22	Saint Martin					

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