

Annex V : Posters

- Bangladesh**, *Lifeskills-Based Education / Skills-Based Health Education*
- Bhutan**, *Lifeskills-Based Education*
- Cambodia**, *Lifeskills Education*
- China**, *Lifeskills-Based Education for HIV/AIDS Prevention*
- India**, *School AIDS Education Programme*
- Indonesia**, *Lifeskills Education for HIV/AIDS Prevention*
- Lao PDR**, *Population Education, Reproductive Health & Sexuality Education*
- Mongolia**, *Health Education through Schools*
- Myanmar**, *School-based Health Living and HIV/AIDS Prevention Education*
- Nepal**, *Lifeskills-Based Education*
- Pacific Island Countries: Fiji & Vanuatu**, *Pacific Stars*
- Pakistan**, *Healthy Lifestyle Education*
- The Philippines**, *Competency-Based Education through Schools*
- Sri Lanka**, *Life Competency Education*
- Thailand**, *Lifeskills to Prevent HIV/AIDS & New Generation Youth*
- Timor Leste**, *Preparation for Lifeskills-Based Education through Schools*
- Vietnam**, *Healthy Living and Lifeskills*

Bangladesh Lifeskills-Based Education / Skills-Based Health Education

Ministry of Education, National Curriculum and Text Book Board BRAC and Center for Mass Education and Science UNICEF Bangladesh

Introduction

- Lifeskills-based Education initiated in non-formal education in the early 1990s. was started.
- Lifeskills-based education is currently extra-curricular through schools.
- Efforts currently underway to examine how Lifeskills-based education may be incorporated into the secondary education curriculum.

Stage in LSBE Implementation

- Bangladesh is currently in the Preparation stage of Lifeskills-based Education through Schools and will continue to strengthen elements in this stage while mobilizing leadership and support in the Ministry of Education.

Content areas:

- HIV/AIDS and STI prevention
- Reproductive Health
- Prevention of Drug and Substance Use, including alcohol and tobacco.
- Healthy Nutrition
- Violence Prevention
- Hygiene education
- Peace Education
- Gender Issues
- Human Rights

Behavior Development and Change

- **Evidence Base**
Behavior and vulnerability assessment have not yet been conducted among young people in school.

- **Lifeskills Development**
Teaching and learning materials for schools have not yet been developed, although materials exist for non-formal education

- **Supportive Environment**
Orientation on LSBE provided to key government counterparts, including the Directorates of Primary, Secondary and Higher Education,

- **Mechanisms for Sustained Action**
Lifeskills-based education to be included in National Secondary Education curriculum after review of current curriculum.

- **Collaborative Networking**
Potential collaboration between Ministry Departments, professionals, and the media.

- **Monitoring & Evaluation**
Mechanisms for monitoring adolescent programming

Constraints and Lessons Learned

- Materials for teacher training and textbooks have not yet been developed.
- Communities generally adverse to reproductive health and sexuality education
- Lifeskills viewed by some policy makers, politicians and some teachers as an encroachment on traditionally accepted social values.
- ✓ Professionals and media in favor of change to counter current problems.
- ✓ Global Funds to contribute to prevention education.

Moving Forward

- ✓ Incorporation of LSBE into secondary education curriculum
- ✓ Development of relevant text books and other learning materials
- ✓ Training of teachers
- ✓ Workshops to mobilize community support
- ✓ UNICEF should provide assistance in capacity building support for advocacy, curriculum development, training of trainers, behavioral and vulnerability research, including monitoring and evaluation, as well as technical support.

Bhutan Lifeskills-Based Education

Ministry of Education National Scout Association & Save the Children UNICEF Office for Bhutan

Introduction

- Lifeskills-based Education programming targets young people, age 12-25+
- Lifeskills-based education programs are delivered as extra-curricular activities through schools.
- Current Scale of the Lifeskills Programming: Only a small percentage of Scout leaders have been trained so far.

Stage in LSBE Implementation

- Bhutan is currently in the Preparation Stage of Lifeskills-based Education through schools.

Content areas:

- HIV/AIDS and STI prevention
- Reproductive Health
- Prevention of Drug and Substance Use, including alcohol and tobacco.
- Healthy Nutrition
- Violence Prevention
- Hygiene Education

Behavior Development and Change

- **Evidence Base**
Assessments of young people's behavior and vulnerability have not been conducted.

Lifeskills Development

- Teacher manuals are available for implementing Lifeskills-based education.

Supportive Environment

- High level support / political commitment from Ministry of Education

Collaborative Networking

- Opportunities to link with other reinforcing strategies and networks e.g. scouting network, in which there are scouts & scout leaders who are familiar with the Lifeskills approach and have reach nationwide.

Monitoring & Evaluation

- Monitoring and evaluation tools have not yet been designed.

Constraints and Lessons Learned

- Lack of master trainers.
- Technical and financial resources
- Factors related to school policy
- ✓ High level support / political commitment.
- ✓ Developing partners' interest
- ✓ Opportunities to link with other reinforcing strategies, e.g. scouting network, scout and scout leaders who are familiar with the Lifeskills approach and have reach nationwide.

Moving Forward

- ✓ Technical assistance is desired in the areas of advocacy and continued capacity building support to curriculum development, training of trainers, possibly monitoring and evaluation, and financial and technical support.

Cambodia Lifeskills Education

Ministry of Education, Youth and Sports - MoEYS Department of Pedagogical Research & World Education

Introduction

- Lifeskills Education policy was developed by an interdepartmental group of the MoEYS in 2001;
- Lifeskills education is part of the national EFA plan, for both primary and secondary education levels;
- Lifeskills Education is both Core curricular and extra-curricular;
- Several pilot projects are implemented with the support of UNICEF, World education, Save The Children Norway, USAIDS

Stage in LSBE Implementation

- HIV/AIDS Education for children and youth in primary and secondary schools
- Integrated Pest Management – Agricultural skills for students at primary school
- Option Program – Literacy for girls
- Development of textbooks for Lifeskills (agricultural, animal raising and hygiene)
- **Specify content areas:**
 - HIV/AIDS and STI prevention;
 - Reproductive Health;
 - Prevention of Drug and Substance Use; including alcohol and tobacco;
 - Gender Issues;
 - Nutrition;
 - Child / Human Rights;
 - Violence prevention / conflict resolution;
 - Hygiene education;
 - Agricultural skills;
 - Landmines

Behavior Development and Change

- **Evidence Base**
A youth risk behaviour survey is being finalised by the MoEYS. 10,000 young people have been interviewed (in and out of schools). The survey is focusing on 11 topics: (1) Personal and Family Data; (2) Road Safety; (3) Violence; (4) Smoking; (5) Alcohol; (6) Drugs; (7) Sexual Behaviour; (8) Sexually Transmitted Diseases and HIV / AIDS; (9) Food and Health; (10) Worry, depression and attempted suicide, and; (11) Sports and Leisure

- **Appropriate Messages (advocacy and curriculum development)**
HIV/AIDS curriculum for both primary and secondary have been developed;
The MoEYS is developing an *Advocacy Kit* on HIV/AIDS directed at education stakeholders;
Development of curriculum on HIV/AIDS for pre-service teachers in progress.

- **Lifeskills Development**
Several pilot project are being implemented by the MoEYS and the NGO sector;
A set of booklet on Lifeskills focusing on agricultural, animal raising and hygiene has been developed by the MoEYS.

- **Linkages to Services and Supplies**
On HIV/AIDS, linkage with services is provided through the promotion of a hotline providing phone counseling. Voluntary counseling and testing centres are refers to the callers. The hotline has been promoted in several educational materials targeting both primary and secondary school students and teachers.

Constraints and Lessons Learned

- There is no coordination mechanisms (Inter-Ministries/ NGO/IO task force) on Lifeskills Education
- Monitoring and evaluation system of Lifeskills Education need to be put in place
- Lack of human resources and time at the MoEYS
- Lack of funding

Moving Forward

- ✓ Expand Lifeskills Education for Non formal education settings (for marginalized children and youth);
- ✓ Expand basic Lifeskills Education into vocational training centers at rural and remote areas;
- ✓ Increase the teaching time for Lifeskills;
- ✓ Built the capacity of teacher to adress Lifeskills Education
(extracted from Lifeskills Education Country report – Mrs. Ton Sa Im, MoEYS – December 2003)

China Lifeskills-Based Education for HIV/AIDS Prevention

Agencies Involved: Department of School Health, Ministry of Education UNICEF Office for China UNAIDS China UNESCO Office China

Introduction

- Lifeskills-based Education for HIV/AIDS Prevention project MOE-UNICEF started in 1997, other projects followed – MOE issued National Guidelines in 2003.
- Level of programming: Junior and senior high school
- Status of Program: Small size action taken – need to be scaled up
- Current Scale of the Lifeskills for HIV/AIDS Prevention Programming:
 - In 39 counties in 9 Western Provinces/against 128 National Key care project areas on HIV/AIDS
 - About 400 schools
 - About 120'000 students (with average 300 per school)
 - About 8000 teachers trained

Preparation Stage

- LSBE is an important issue
- Local level action plans are under development based on MOE Guidelines
- Materials are being developed through project interventions
- Pilot counties provide teacher training
- UN Baby Theme Group for Youth HIV/AIDS
- UN Theme Group on Basic Education and Human Resource Development
- Specify content areas within a small-size pilot base:
 - Lifeskills-based education for HIV/AIDS prevention
 - AIDS education into School Subjects: Chinese, English, Geography, Mathematics and Social Science

Behavior Development and Change

Lifeskills-based Education approach for HIV/AIDS prevention in China against the Essential Elements for Behavior Development and Change Interventions.

- Evidence Base
Baseline and KAP for pilot project Junior high school and labor school students
- Appropriate Messages
Through health classes – gaps between class and daily lives.
- Lifeskills Incorporated
MOE Guidelines for 'HIV/AIDS Prevention and Drug prevention Education' 2003/3
- Linkages to Services and Supplies
Hotline services, Face-to-Face services, local services, Counseling in all schools, Condoms accessible through various means

- Supportive Environment
National support from all national and international stakeholders both nationally and locally
- Mechanisms for Sustained Action
Continuously emphasis by national and local government and strengthen capacity of teacher
- Collaborative Networking
Youth league and young pioneers, CAST/China Association for Science and Technology; national and international organisations, UNICEF, UNESCO, UNAIDS and UNFPA
- Monitoring & Evaluation
National monitoring and evaluation mechanisms
Monitoring and evaluation of pilot projects.

Constraints and Lessons Learned

- Capacity building of teachers to improve young peoples attitude and skills rather than only knowledge because the education system is not Lifeskills based
- Programmes' should be comprehensive to support behavior change.
- Pilot projects should be linked with national projects
- Stakeholders must be mobilized
- Be focused on young people
- Be more focused on rural issues

Moving Forward

- ✓ **Next steps in LSBE programming**
 - ✓ Development of guiding manuals for students and teachers
 - ✓ Development of multi media package for HIV/AIDS Prevention
- ✓ **What technical assistance may be needed or desired.**
 - ✓ Information sharing
 - ✓ Behavior surveillance
 - ✓ How to mobilize for action
 - ✓ Learning/interactive materials

India School AIDS Education Programme

Department of Education (MHRD), NACO UNICEF Office for India

Introduction

- When programming in Lifeskills-based Education was started.
- Level of programming: primary, secondary, both
- Status of Program: Core curricular or co-/extra-curricular.
- Current Scale of the Lifeskills Programming: Number of schools participating/total number of schools; Number of students reached/total number of students; Number of teachers trained/total number of teachers who would be responsible for this curriculum

Stage in LSBE Implementation

- Summarize form *Survey of Current Status of Support to LSBE through Schools*. What elements are in place? (from table in survey).
- **Specify content areas:**
 - HIV/AIDS and STI prevention
 - Reproductive Health
 - Prevention of Drug and Substance Use, including alcohol and tobacco.
 - Gender Issues
 - Nutrition.
 - Child / Human Rights
 - Violence prevention / conflict resolution
 - Hygiene education (SWASTTH programme for primary students)
 - Population education
 - Other

Behavior Development and Change

- Evidence Base (BSS 2001)
- Appropriate Messages (advocacy and curriculum development) (toolkit and prototype materials prepared at National Level outline message for the classroom and community)
- Lifeskills Development (Skills based methodology adopted for training and implementation- the teacher support materials articulate non-negotiable exercises for HIV prevention skill development)
- Linkages to Services and Supplies —NGO hotline linked to SAEP is being piloted in one state (AP)
- Supportive Environment (The revised National Guidelines and the Toolkit for HIV prevention Education outline a Clear Advocacy Plan)
- Mechanisms for Sustained Action (In-service and pre-service teacher training: Planned. Initiated in some states and in the planning stages in other states)
- Collaborative Networking (DoE, NACO and NGOs)
- Monitoring & Evaluation (CMIS format has been prepared - Systematic data collation at School, District and State level to be initiated)

Constraints and Lessons Learned

- ❖ To enable scaled coverage and ensure sustainability, the Department of Education should take ownership of the program for implementation at school level, with technical support from the health department and resource support from NGOs

Moving Forward

- ✓ The program is actually the only one of its kind that provides a 'non-judgmental safe space' to adolescents in schools to discuss issues relating to growing up, HIV/AIDS and practice through skills based methodology as to how best to handle peer pressure, negotiate in relationships, communicate with family and friends, etc.
- ✓ The issue of including the program in school curriculum for long-term sustainability must take into account the apprehensions of students and principals/teachers regarding loss of the innovative methods adopted by the program (Lifeskills methodology) in transmitting messages on HIV/AIDS and family life education.
- ✓ Knowledge distortions observed while communicating to students need to be minimized during training of teachers by ensuring that teachers have complete factual or scientific information and ensuring that information is not given in a capsulated form.

Indonesia Lifeskills Education for Healthy Living

Lifeskills Education for HIV/AIDS Prevention Center for Quality Physical Development, Ministry of Education UNICEF, Indonesia

Introduction

- Lifeskills Education for healthy living since 1997.
- Lifeskills Education for HIV/AIDS since late 2002.
- Level of programming: LSE for HL: primary, secondary LSE for HIV/AIDS : secondary
- Status of Program: co-extra-curricular.
- Current Scale of the Lifeskills Programming:

Level of School	Number of Schools Participating	Total Number of School	%
Primary School	777	148,516	0.52
Junior Secondary School	890	20,842	4.27
Senior Secondary School	524	12,307	4.26

Stage in LSBE Implementation

- Current Status of Support to LSBE through Schools.
 - (x) Action
 - (x) leadership/support from MOE
 - (x) developing links to other reinforcing strategies
 - (x) preparing to scale up

LSE for Healthy Living

- Nutrition
- Hygiene education
- Child /Human Rights

LSE for HIV/AIDS Prevention

- HIV/AIDS and STI prevention
- Reproductive Health
- Prevention of Drug and Substance Use

Behavior Development and Change

- Evidence Base: Under development in the HIV/AIDS component of LSE. Intervention is informed by baseline study conducted in 2003
- Appropriate Messages (advocacy and curriculum)
 - Share the result of base line study with teachers

Lifeskills Development

- Training modules, booklet, Supplementary teaching materials on LSE for HIV/AIDS prevention were developed and disseminated

Linkages to Services and Supplies

Supportive Environment

- Government's effort on LSE – New Education Law
- ESR/ Mapping study's recommendation
- EFA plan of action 2003-2015 pays greater attention on LSE
- LSE for HIV/AIDS intervention in Papua is on track

Mechanisms for Sustained Action

- : Efforts to link up with community and FBO and resource mobilization by local authority in Papua

Collaborative Networking

- : Need to extend membership of LSE task force team (Civil society, NGOs, FBO, UN agencies)

Monitoring & Evaluation

- : Weak and needs strengthening

Constraints and Lessons Learned

- a) Supervision and monitoring of trained teachers' performance
- b) Impact on students attitude and skills
- c) Lack of standardized norms and elements for LSE

Moving Forward

- ✓ What are the next steps in LSBE programming in your country.
 - a) Organize national level technical committee for LSE
 - b) Socialization and advocacy for LSE
 - c) Empower of district level LSE team
 - d) Set up monitoring and evaluation system
- ✓ What technical assistance may be needed or desired.
 - a) Conceptualization of policies on LSE at national level
 - b) Refresher training on LSE focusing Monitoring and Evaluation

Lao PDR Population Education, Reproductive Health & Sexuality Education

Department of General Education, Ministry of Education National Research Institute for Educational Sciences UNFPA, UNICEF, GTZ

Introduction

- 1998 Lifeskills-based curriculum development started
- 1999 Healthy Living and HIV/AIDS introduced
- Level of programming: Primary grades 4 & 5 (9-11 years), Lower secondary grades 6-8 (12-14 years), Upper secondary grades (15-18 years)
- Incorporated into 5 core curricular subjects: World Around Us (primary), Biology, Civics, Geography, Natural Science (Secondary).

Stage in LSBE Implementation

- Lao PDR is currently moving from the Action to the Expansion & Maintenance stage of LSBE development, with teacher training, improvements in monitoring and evaluation and scaling up of programming.

Content areas:

- HIV/AIDS and STI prevention
- Prevention of Drug and Substance Use, including alcohol and tobacco.
- Communicable Disease Prevention
- Reproductive Health
- Gender Issues
- Hygiene and Sanitation
- Population Education
- Environmental Protection
- Relationships with Family and Friends
- Civic Responsibility

Behavior Development and Change

- **Evidence Base**
National development reports and a number of small scale studies among young people. Current discussions are underway to develop and implement behavior and vulnerability study among young people in schools to build the needed evidence base.

- **Appropriate Messages**
Messages based on existing evidence and needs indicated in the National Development Plan.

- **Lifeskills Development**
Competency based curriculum in 5 core curriculum subjects. Lesson processing guidelines to aid in skills development

- **Linkages to Services and Supplies**
Condom social marketing available but not yet linked to programming.

- **Mechanisms for Sustained Action**
Training in Lifeskills-based education is not incorporated into pre-services teacher training and is supported by in-service training.

- **Collaborative Networking**
Collaboration between MOE, NRIES, UNICEF, UNFPA, and GTZ has facilitated curriculum revision, incorporation of Lifeskills into the national core curriculum, and the scaling up of programming.

- **Monitoring & Evaluation**
Classroom assessment tool for knowledge, attitudes and Lifeskills development widely distributed.

Constraints and Lessons Learned

- ✓ Lack of Education policy to support Lifeskills-based education through schools.
- ✓ Variations in teacher capacity and quality from national, provincial to local level.
- ✓ Sufficient capacity building for teachers already in-service in facilitating lessons and in M & E.
- ✓ Teacher Support Booklet developed to provide simplified explanation of the Lifeskills approach and of classroom assessment tools.
- ✓ Lesson processing guidelines provided to ensure minimum level of Lifeskills development.
- ✓ Standardized assessment tools developed and promoted.

Moving Forward

- ✓ Review of implementation of revised curriculum and the provincial level training of teachers.
- ✓ Development of a National Behavior and vulnerability baseline among young people in school.
- ✓ Continued scaling-up of program efforts in target provinces and then to new provinces.
- ✓ Lao PDR would like continued assistance in capacity building support to curriculum development, training of trainers, monitoring and evaluation, and financial and technical support.

Mongolia Health Education through Schools

Department of Primary and Secondary Education, Ministry of Science, Technology, Education and Culture (MoSTEC),
Ministry of Health, the Institute of Education, Directorate of Medical Services, UNFPA, UNICEF

Introduction

- LSBE as such has been introduced as a part of CFS policy which was developed and adopted with support of UNICEF
- Programming in Health Education was started in 1998.
- Level of programming: both primary and secondary.
- Status of Program: Core curricular.
- Current Scale of the Lifeskills Programming: All primary and secondary schools (the total number is 688), number of students 537,000, number of trained teachers 620, who would be responsible for this curriculum

Stage in LSBE Implementation

- The Current Status of Support to LSBE through Schools is moving from the Preparation to the Action Stage.
- **Content areas:**
 - HIV/AIDS and STI prevention
 - Reproductive Health
 - Prevention of Drug and Substance use including alcohol and tobacco.
 - Gender Issues
 - Nutrition.
 - Child / Human Rights
 - Violence prevention / conflict resolution
 - Hygiene education
 - Population education
 - Other: Infectious Diseases, Oral Health, Mental Health, First Aid

Behavior Development and Change

Essential Elements of Behavior Development and Change in Place or under development Summarize each from Narrative Report

- Evidence Base (under development)
- Appropriate Messages (advocacy and curriculum development) (in place)
- Lifeskills Development (under development)
- Linkages to Services and Supplies (under development)

- Supportive Environment (under development)
- Mechanisms for Sustained Action (in place)
- Collaborative Networking (under development)
- Monitoring & Evaluation (under development)

Constraints and Lessons Learned

UNICEF is introducing the LSBE within the framework of CFS concept under basic education program, 2003. UNICEF will support in advocacy, policy development and material development as well as capacity building in this area.

UNFPA provided intensive support to the health education, especially to RHSE component of it.

Strengthening intersectoral collaboration, mainstreaming LSBE into the basic education system is required.

Moving Forward

- ✓ What may the next steps in LSBE programming be in your country
 - UNICEF will promote advocacy and strategy development with education sector for LSBE in all areas including HIV/AIDS prevention
 - Training of in service teachers
 - Advocacy trainings for school principals
 - Development and printing of teachers' guidebook and student textbooks on LSBE
 - Revision and printing of Health Education Curriculum (because it is planned to increase number of hours allocated for school Health Education Program)
- ✓ What technical assistance may be needed or desired.
 - Conceptualization of the LSBE in education sector of Mongolia in general with a situation analysis in developing curriculum and module development.

Myanmar School-based Healthy Living and HIV/AIDS Prevention Education (SHAPE)

Ministry of Education- Department of Educational Planning and Training,
Department of Basic Education 1,2,3 , UNICEF Myanmar Office

Introduction

- SHAPE started in 1998 (National Lifeskills 1998, 2001)
- Level of programming: both primary, secondary
- Status of Program: Core curricular in primary and co-curricular in secondary.
- Current Scale of the Lifeskills Programming:
 - 122 townships reached/ 324 total townships
 - 14,062 schools participating / 39117 total schools
 - 1,848,110 of students reached / 7,264,505 total students
 - 54,050 teachers trained/ same number of teachers would be responsible for this curriculum

Stage in LSBE Implementation

- SHAPE is in Expansion and maintenance stage
- **Specify content areas:**
 - HIV/AIDS and STI prevention
 - Reproductive Health
 - Prevention of Drug and Substance Use, including alcohol and tobacco.
 - Nutrition
 - Hygiene education
 - Other: prevention of diseases – Iodine Deficiency, Danguue, malaria, Pulmonary Tuberculosis, Hepatitis B

Behavior Development and Change

- **Evidence Base:**
Target audience: SHAPE -Grade 2-9 (age 7-15)
National Lifeskills Education-Grade Kg-10 (age 5-16)
Do not have baseline situation analysis and behavior assessment of school children
- **Appropriate Messages** (advocacy and curriculum development)
 - Relevant to age, context and culture
 - Spiral Effect to provide continuity and repetition
 - New issues introduced while past issues developed in more detail with basic Lifeskills constantly reviewed

Lifeskills Development

- 9 Core skills (Psycho social competencies)
 - Content, Personalization and Linkage questions after each activities in the lesson to develop Life skills Competencies
- **Linkages to Services and Supplies:** Very little
- **Supportive Environment:** All levels of education personnel, PTAs, and community
- **Mechanisms for Sustained Action:** Each grade- 54 hours in lower primary, 42 hours in upper primary, 27 hours in secondary
 - Integrated in 23 pre-service training Colleges and Institutes
- Collaborative Networking:
Follow-up activities in the community
- Monitoring & Evaluation: field visits, review workshops, assessment and evaluation survey, self assessment tool (to be piloted)

Constraints and Lessons Learned

Constraints: Compete with other subjects, Lack of adequate master trainers, proper monitoring system, related services, financial resource, communication and transportation,

Lessons learned :

- one short training is insufficient for teachers,
- involvement of training manuals,
- support of school head is critical,
- regular feedback of implementation from the field

Moving Forward

- ✓ Future plan
- Revision of National primary Lifeskills curriculum
- Expansion of SHAPE to more townships
- ✓ Support from Regional office needed – Professional and technical guidance, Financial support for Study tours and attending seminar and forum, Research and survey for Lifestyles, BDCC among school children

Nepal Lifeskills-Based Education through Schools

Ministry of Education and Sports Curriculum Development Center UNICEF Nepal

Introduction

- Programming in Lifeskills-based Education was started in 1998.
- Lifeskills-based education provided in grades one to ten (age 5 to 16 years)
- Lifeskills-based education delivered as part of the national curriculum. (New Health Curriculum)

Stage in LSBE Implementation

- Nepal has been in the Preparation Stage for LSBE through Schools and is moving into the Action Stage through the mobilization of leadership and support from MoES, capacity building, and the involvement of communities.

Content areas:

- Reproductive Health
- HIV/AIDS and STI prevention
- Prevention of Drug and Substance Use, including alcohol and tobacco.
- Healthy Nutrition
- Hygiene Education
- Gender Issues
- Environmental Education
- Family Health
- First Aid & Primary Care
- Community Health
- General Communicable Diseases

Behavior Development and Change

- **Evidence Base**
Survey among 1,400 teenagers conducted by UNICEF and UNAIDS
- **Appropriate Messages**
Spiral curriculum from grade 1 to 10.
- **Lifeskills Development**
New health curriculum is Lifeskills-based. Primary focus is on HIV/AIDS but includes many other topics related to health and well being.
- **Supportive Environment**
Policy development within Ministry of Education for Education sector response to HIV/AIDS

LSBE messages also delivered through local and national communication channels

Mechanisms for Sustained Action

- Ministry of Education and Sports has approved the integration of a Lifeskills-based curriculum into the health curriculum

Collaborative Networking

- Enhanced collaboration between MoES and MoH. Coordination and collaboration between MoES line agencies: Curriculum Development Center, Department of Education, National Center for Education Development

Monitoring & Evaluation

- Monitoring and Evaluation efforts are currently inconsistent

Constraints and Lessons Learned

- ✓ Lack of master trainers in Lifeskills-based education through schools.
- ✓ Monitoring and evaluation of programming is inconsistent.
- ✓ Orientation and training in curriculum writing
- ✓ Identification of Master Trainers and advocated within MoES
- ✓ Enhanced collaboration between MoES and MoH.

Moving Forward

UNICEF to provide technical support for LSBE in partnership with MoES and its line organizations. The major plans of action for the year 2004-2005 are:

- ✓ Finalization of a life-skills-based curriculum package including guidelines on monitoring and evaluation.
- ✓ Ongoing capacity building in training, monitoring and evaluation as well as conducting training of trainers.
- ✓ Orientation of parent-teacher associations and school-management committees in Lifeskills and establishment of a coordination mechanism at district and school levels.
- ✓ Technical assistance is desired in the areas of advocacy and continued capacity building support to curriculum development, training of trainers, monitoring and evaluation, and financial and technical support.

Pacific Island Countries - Fiji & Vanuatu Pacific Stars

Ministries of Education, Ministries of Health, National Youth Councils Non-Governmental Organizations: Pacific Youth HIV/AIDS Network UNICEF Office for the Pacific Island Countries

Introduction

- Pacific Stars was initiated in 2000.
- The program is extra-curricular for Young people in- and out-of schools, age 13-30 are targeted.
- Pacific Stars has not formally been incorporated into schools and the school curriculum.

Stage in LSBE Implementation

- Some elements of programming are in the contemplation and preparation stage while others that have developed more quickly are in the action or are moving to the expansion and maintenance stage..
- **Content areas:**
 - HIV/AIDS and STI prevention
 - Reproductive Health
 - Prevention of Drug and Substance Use, including alcohol and tobacco.
 - Healthy Nutrition.
 - Relationships with Family and Friends

Behavior Development and Change

- **Evidence Base**
Situation and behavioral assessments, *The State of Health Behavior and Lifestyle of Pacific Youth*, have been conducted in Vanuatu, Tonga, and Micronesia
- **Appropriate Messages**
Modules developed before baselines collected. Focus on risk and protective factors, not necessarily on vulnerability
- **Lifeskills Development**
General Lifeskills introduce in early modules. Application of Lifeskills to specific issues comes in later modules.
- **Linkages to Services and Supplies**
Youth Friendly services are limited. Condom social marketing rudimentary.
- **Supportive Environment**
HIV/AIDS awareness now a national priority of countries participating in the program.
- **Mechanisms for Sustained Action**
Training is not yet institutionalized, e.g. not yet provided for teachers in schools. Efforts underway to incorporate Pacific Stars into the school curriculum
- **Collaborative Networking**
Broad Peer and Community Education network. Youth leaders, community leaders and unemployed youth make up the core of the network.
- **Monitoring & Evaluation**
Monitoring and evaluation of knowledge, attitudes, and skills development as well as intended behavior have been conducted at the project level. Program monitoring and evaluation have not yet been conducted.

Constraints and Lessons Learned

- There is a lack of Education and other policy support that is needed for project implementation.
- Transportation is sometimes difficult.
- Materials not yet translated into local or indigenous languages.
- More national program advisors are needed to assist focal community trainers.
- Increased focus and content needs to be placed on tobacco and substance use and the consequences of their use.

Moving Forward

- ✓ A multi-country review of the outcomes of Pacific Stars is currently in five countries where the program has been implemented, namely Fiji, Vanuatu, Solomon Islands, Tonga and Micronesia.
- ✓ Continued technical and financial assistance from UNICEF could support further curriculum development, the training of trainers and support to program delivery.

Pakistan Healthy Lifestyle Education

Ministry of Education, Ministry of Youth, NACP UNESCO, UNFPA, WFP, UNICEF

Introduction

- Lifeskills-based education is co-/extra-curricular and also found in community setting.
- Level of programming: Secondary level as part of formal education. In the non-formal education programs under the Ministry of Education, the life-skills education starts at age 10. Various component of Lifeskills are taught in government primary schools and the non-formal sectors and secondary schools. Scattered throughout curriculum and not necessarily referred to as "Lifeskills based education". Starting at the primary level, children are taught problem-solving skills, which at first begins with mathematics

Stage in LSBE Implementation

- Pakistan is currently in the Contemplation stage but would quickly like to move to the Action Stage. Lifeskills based education for HIV prevention is not yet provided through schools, however, the government and the Ministry of Education is preparing for introducing it in the school curriculum. Several LSBE interventions for in- and out-of-school children are being undertaken by various stakeholders (e.g. NGOs, Ministry of Youth, Ministry of Social Welfare). However, these initiatives are not yet aimed at developing and/or changing behavior.

Specify content areas:

- HIV/AIDS and STI prevention
- Reproductive Health
- Gender Issues
- Healthy Nutrition.
- Child / Human Rights
- Peace Education
- Hygiene education
- Code of conduct from the Quran

Behavior Development and Change

- **Evidence Base**
The National strategic framework for fighting HIV/AIDS in Pakistan includes a specific chapter on prevention in youth. When this framework was developed in 2000, very little information existed on the knowledge, attitudes and practices of adolescents or their Lifeskills. An assessment of life-skills, knowledge and attitudes on HIV/AIDS/STI/reproductive health of adolescents in 14 districts in Pakistan has been conducted. The results of the study will be used to develop LSBE materials and interventions and to have a baseline for programming in the 14 districts.

➤ Appropriate Messages

LSBE for HIV prevention initiatives should take into account the cultural and social norms, mores and tradition, which are largely based on Islam. Adolescents, especially girls have very limited freedom of movement and it is not common to have sexual relations before marriage.

➤ Lifeskills Development

Children are considered to acquire essential Lifeskills through studying the Quran. Islamic teaching is compulsory in school curricula and in teacher training program. Quran is a comprehensive and complete code of conduct of life and includes life-skills which cover almost all the important aspects of human life. Through studying Quran children acquire essential values and life principles and they are taught subjects as healthy behavior, human rights, tolerance, sacrifice, peace, mutual understanding, etc.

➤ Linkages to Services and Supplies

Ongoing efforts to set up VCT services for general public and ensuring youth friendly services

➤ Monitoring & Evaluation

Monitoring and evaluating mechanisms are not yet in place

Constraints and Lessons Learned

- Lack of master trainers
- Factors related school policy? e.g. time constraints, class size, lack of interest/opportunities for in-service training
- ✓ A focal person for HIV/AIDS within the MoE has been appointed which ensure coordination between MoE and National AIDS Control Program
- ✓ The Government allocated funds to the Ministry of Education for developing an LSBE Program within governmental schools. Government's Enhanced Program for HIV/AIDS prevention
- ✓ NGO initiatives in teaching LSBE in private schools and in out of schools settings.

Moving Forward

- ✓ In six districts of Pakistan UNICEF is supporting NACP in developing models for imparting LSBE to adolescents. Through this pilot project UNICEF will assist NACP to develop monitoring and evaluation indicators for measuring how adolescents use the acquired knowledge and skills in their daily lives and at what extent they are change agents within their families and communities. .
- ✓ NACP with the support of donor support will put in place a second generation behavioral surveillance system.
- ✓ UNICEF can play an important role in advocacy, in the training of trainers, in research and evaluation, and in the provision of financial and technical support.

The Philippines Competency-Based Education through Schools

Bureau of Secondary Education and Health & Nutrition Center, Department of Education UNFPA Office for the Philippines and UNICEF Office for the Philippines

Introduction

- Competency-based Education: Aims to develop knowledge, skills & attitudes expressed as competencies.
- Year of current Basic Education Curriculum: 2002
- Level of programming:
 - ✓ Primary – enrolment: 12,962,745
 - ✓ Secondary – enrolment: 6,032,440
- Status of Program: Core & extra-curricular
- ✓ Lifeskills as an approach
- ✓ Integrated into national curriculum
- Current Scale
- ✓ Most teachers trained on lifeskills approach: Development of Lifeskills integrated into training of teachers for the 2002 Basic Education Curriculum.

Stage in LSBE Implementation

- **Current stage**
- **Preparation** (in general), with **some Action** (in HIV/AIDS & drug education: DepEd leadership, implementing first phase, & preparing to scale up)
- **Content areas**
 - ✓ Reproductive health
 - ✓ STI & HIV/AIDS prevention
 - ✓ Prevention of substance abuse (alcohol, tobacco, etc.)
 - ✓ Health & nutrition
 - ✓ Population education
 - ✓ Violence prevention
 - ✓ Hygiene education
- All content areas are featured explicitly as LSBE objectives. Not all are in Health Education.

Behavior Development and Change

- Evidence Base
 - ✓ National youth surveys conducted
 - ✓ Pop. 15-24 y.o.: 15.1 million (19.7% of total pop.)
- Appropriate Messages
 - ✓ Curriculum dealing with growth & development, drugs, RH & family planning, etc.
 - ✓ Some risk factors: Peer pressure & family problems
 - ✓ Core messages may require review, vis-à-vis recent youth survey results
- Lifeskills Development
 - ✓ Lifeskills taught in curriculum for Health Education, Values Education, Social Studies & Science
 - ✓ HIV addressed in Biology & Health Education.
- Linkages to Services & Supplies
 - ✓ Peer educators & youth-friendly services available at Teen Centers (select areas only)
 - ✓ VCCT & referral managed by private/NGOs
 - ✓ School guidance counselors not equipped to handle ARSH
 - ✓ Condoms sold at drug stores but hard for youth to access
- Supportive Environment
 - ✓ Participatory teaching methods used in classes
 - ✓ Other stakeholders involved
 - ✓ Need more advocacy for LSBE
- Mechanisms for Sustained Action
 - ✓ Lifeskills is part of curriculum & integrated in learning areas
 - ✓ In-service teacher training needs to be continuous
- Collaborative Networking
 - ✓ Work with national & local partners, including youth reps
- Monitoring & Evaluation
 - ✓ Structures currently being put in place

Constraints and Lessons Learned

- The use of the LSBE approach is teacher-dependent; therefore teachers must be trained
- High-level political commitment of education officials to LSBE is critical & must be sustained
- An evidence base on importance, relevance & urgency of supporting Lifeskills development is needed for advocacy & programme development
- Steady funding is required, particularly for training of teachers & printing materials
- School policies on LSBE need to be clear-cut
- UN agencies & Department of Health have role in championing development of Lifeskills among children & youth

Moving Forward

- **Next steps**
- **Action and Expansion & maintenance**, incl.:
 - ✓ Monitoring & evaluating
 - ✓ Expanding in scale
 - ✓ Institutionalization of LSBE in Philippine educational system
- **Required technical assistance**
 - ✓ Establish research-based evidence of need for LSBE for BDC among children & youth
 - ✓ Initiate evaluation tool development
 - ✓ Capacity building of implementors: trainings, international exchange programmes & sharing best practices
 - ✓ Conduct periodic monitoring of government's initiatives on LSBE

Sri Lanka Life Competency Education

Ministry of Education National Institute of Education Ministry of Health: Family Health Bureau & Health Education Bureau Non-Governmental Organizations

Introduction

- The Education Reform 1997 emphasize in Lifeskills Education
- LSBE was introduced in Junior secondary curriculum in 1999 as a core curricular subject
- The 10 core skills are introduced for grade 7 to 9
- 8000 schools all over the country are participating
- Total No. of 8000 (approximate) teachers trained in service

Stage in LSBE Implementation

- LSBE is an emerging priority in the education system and the President has identified it as a flagship programme.
- Leadership and support is given by the MOE and MOH

Content areas:

- Values Education
- Reproductive Health
- STI, HIV/AIDS Prevention
- Prevention of Substance Use
- Violence Prevention
- Gender Issues
- Peace Education

Behavior Development and Change

- **Evidence Base**
At present there are no national data available on adolescence behaviour.
- UNICEF has already conducted a national survey on adolescence behaviour and Lifeskills (the report will be available in 2 months)
- **Appropriate Messages**
The existing curriculum is not addressing current issues among young people.

Linkages to Services and Supplies

- There are no services linked with the programme.

Supportive Environment

- A supportive environment is yet to be created

Monitoring & Evaluation

- The monitoring mechanism is not fully developed

Constraints

- There is no strong mechanism in the MOH for LSBE.
- High priority is given only for examination oriented subjects
- Poor attitudes among School principles and teaches
- Difficulties in changing traditional teaching methods to participatory Lifeskills based methodology.
- LSBE has not yet included in to the primary teacher training programme it is only in-service training.
- Outcome of LSBE cannot be seen immediately
- There are no Indicators to show the direct impact of LSBE

Lessons Learned

- ✓ Advocacy at each level is needed for efficient implementation.
- ✓ Teachers with good training skills should be identified for better implementation.
- ✓ There should be testable indicators and the results should be highlighted.
- ✓ Involvement of parents and the community is very important.

Moving Forward

- ✓ There is a very good opportunity to expand LSBE as the president has identified it as a flagship programme in the MOE.
- ✓ Revise the existing curriculum.
- ✓ Identify new partners and expand the programme to reach needy youth
- ✓ Provide financial and technical support for capacity development.

Thailand Lifeskills to Prevent HIV/AIDS & New Generation Youth

Department of Mental Health, Ministry of Public Health Office of the Basic Education Commission,
Ministry of Education Division of AIDS, STD and Tuberculosis, Ministry of Public Health

Introduction

- Lifeskills to Prevent AIDS was launched in 1996.
- Lifeskills programming is provided in primary and lower and upper secondary schools.
- Lifeskills programs are delivered as extra-curricular activities in affiliation with schools. (Approximately 80% of overall Lifeskills activities)
- Lifeskills programs also reach young people through community settings and organizations (May make up 20% of all activities in some areas)
- Messages related to Lifeskills are delivered through communication channels. (Approximately 10% of all Lifeskills activities)

Stage in LSBE Implementation

- Thailand is in the Expansion & Maintenance stage of Lifeskills education development and will continue to expand in scale to reach a higher proportion of young people while developing and strengthening quality through the development of links with other reinforcing strategies
- **Content areas:**
 - HIV/AIDS and STI prevention
 - Reproductive Health
 - Prevention of Drug and Substance Use, including alcohol and tobacco.
 - Gender issues

Behavior Development and Change

- **Evidence Base**
Some limited studies among technical school students have been conducted in the North of Thailand. Nationwide behavioral and vulnerability survey currently being planned.

- **Appropriate Messages**
Older curricula focus only on general areas of risk and not on the factors that make up a young person's vulnerability. Newer curricula have improved on this while older curricula are currently under review.

- **Lifeskills Development**
A large number of curricula are available but may not be used due to factors related to local school policy, including time constraints.

- **Linkages to Services and Supplies**
School-based counseling services have been established to identify young people at risk and provide referral to appropriate services

- **Supportive Environment**
Education directive for HIV prevention education since 1991. Currently, there is no education policy to stipulate HIV prevention and/or Lifeskills education.

- **Mechanisms for Sustained Action**
Current efforts are underway to incorporate Lifeskills education into the compulsory, core curriculum.

- **Collaborative Networking**
Broad Lifeskills Network in place but decentralization of school system has led to a splintered effort

Monitoring & Evaluation

- Survey of Teachers' understanding of Lifeskills Approach as well as knowledge, attitudes and Lifeskills among students. M & E has not been institutionalized so that efforts are generally inconsistent.

Constraints and Lessons Learned

- ✓ Lack of Education policy to support Lifeskills-based education through schools.
- ✓ Lack of master trainers in Lifeskills-based education through schools.
- ✓ Need to make Lifeskills education compulsory, especially for HIV and drug use prevention.
- ✓ Need to develop a grading system for Lifeskills education for it to be taken seriously
- ✓ Monitoring and evaluation of programming is inconsistent.
- ✓ Decentralization of the schools system has led to the creation of competing curricula.

Moving Forward

- ✓ Collection of baseline on behaviors and the vulnerability planned.
- ✓ Examination of points of integration with compulsory curriculum.
- ✓ Continued discussions on the development of Education Policy
- ✓ Development of a mechanism for grading Lifeskills education.

Timor Leste Preparation for Lifeskills-Based Education through Schools

Agencies Involved : Ministry of Education Culture, Youth & Sport, Ministry of Health, UNICEF Office for East Timor & NGOs

Introduction

- Since the emergency time only a transitional curriculum has existed
- Need for Life skill modules has been recognized by Ministry of Health & Ministry of Education Culture, Youth & Sport.
- UNICEF is working in partnership with Ministry of Health, Ministry of Education Culture, Youth & Sport & NGOs on HIV prevention (but not using Life skill approach)

Stage in LSBE Implementation

- Early Planning

Behavior Development and Change

Essential Elements of Behavior Development and Change in Place or under development Summarize each from Narrative Report

- Evidence Base – To be decided
- Appropriate Messages (advocacy and curriculum development) – To be decided
- Lifeskills Development – To be decided
- Linkages to Services and Supplies – To be decided
- Supportive Environment – To be decided
- Mechanisms for Sustained Action – To be decided
- Collaborative Networking – To be decided
- Monitoring & Evaluation - To be decided

Constraints and Lessons Learned

- Priorities of Education System

Moving Forward

- ✓ Employ Technical Assistant to design Life Skill module for pre secondary / secondary school
- ✓ Training of Trainers for pre secondary/ secondary school teachers in August 2004
- ✓ Plan piloting of life skill module in September 2004
- ✓ Hope for inclusion in pre secondary / secondary syllabus when completed in 2006

Vietnam Healthy Living and Lifeskills

Students Affairs Department & Secondary Education Department, Ministry of Education and UNICEF Office for Vietnam

Introduction

- Programming in Lifeskills-based Education started in 1995.
- Level of programming: lower secondary education
- Status of Program: extra-curricular.
- Current Scale of the Lifeskills Programming: 85 lower secondary schools/ 8,396 schools; 68,000 students reached/ 6,497,548 students; 1500 teachers trained/ 90,000 teachers who would be responsible for this curriculum (total number of teachers: 262,543)

Stage in LSBE Implementation

- Extra curriculum LSBE, developed with Grade 6-9 students as well as out of school adolescents
- Implementing first phase
- Experience is being learned from and consolidated
- Preparations are being made for scaling up
- Specify content areas:
 - HIV/AIDS and STI prevention
 - Reproductive Health
 - Prevention of Drug and Substance Use, including alcohol and tobacco.
 - Gender Issues
 - Coping with stress
 - Sexual abuse
 - Child Rights

Behavior Development and Change

Essential Elements of Behavior Development and Change in Place or under development

- **Evidence Base:** The first national youth survey -SAVY (Survey and Assessment of Vietnamese Youth) has been conducted and results are being finalised.

- **Appropriate Messages** (advocacy and curriculum development): in place and further messages from SAVY

- **Lifeskills Development:** Capacity building, materials development, students' participatory learning processes

- **Linkages to Services and Supplies:** Limited services are readily available except for some of the pilot projects by other agencies; the link here is not so strong

- **Supportive Environment:** Leadership support for LSBE, facilitation of participation of young people

- **Mechanisms for Sustained Action:** Working with Department of Secondary Education to advocate for the space in exiting curriculum for the Healthy Living and Lifeskills Education Programme. Continuous and follow up capacity building for teachers through peer training, and Pre-service training.

- **Collaborative Networking:** with Vietnam Youth Association and Vietnam Women's Union to reach out of school adolescents; with UN and INGOs to link with services supported through them, with local government for community mobilisation and participation.

- **Monitoring & Evaluation:** Preliminary review (feedback from students, parents, teachers)

Constraints and Lessons Learned

Constraints: Unfamiliarity of concepts and approaches related to participation; Strong social evils approach; Government leadership for action beyond pilot projects

Lessons learned:

- Strengthening the awareness of and commitment to adolescents issues is essential
- Supporting institutional learning and collaboration

Moving Forward

- ✓ **Next steps in LSBE programming in Vietnam:** consolidate experience, develop strategies for expansion

Technical assistance needed:

- ✓ Capacity building (training, facilitation of exposure visits, introduction of good examples of practice)
- ✓ Assessment and evaluation (technical support)