

Annex VIII: Taking Action in Supporting HIV Prevention Among Young People in the Asia-pacific Region. The Challenge of Lifeskills Based Education.

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“...even when done imperfectly, AIDS education in schools at various levels seems to have a high payoff.”
Edward C. Green. 2003. (Rethinking AIDS Prevention. Learning from Successes in Developing Countries.¹)

Introduction

1. The purpose of this paper is to undertake a rapid assessment of the regional response to Lifeskills based education for HIV prevention in Asia and the Pacific. It is intended to stimulate a discussion about how to strengthen the education contribution to the multi-sectoral response to HIV and AIDS in Asia. It is also a vehicle for highlighting the very useful support that UNICEF is providing to Ministries of Education in the field of prevention education.
2. Lifeskills feature prominently in the UNGASS Declaration of Commitment on HIV/AIDS on prevention among young people² and the Dakar Framework for Action on Education for All³. Yet progress in joining up these two agendas and in developing Lifeskills based education on a sector-wide scale generally appears to have been a relatively low priority for action. The UNGASS Progress Report of 2003⁴ indicated that coverage of prevention programmes globally, including Lifeskills education, was extremely low. This matters if UNGASS targets for HIV prevention among young people are to be met. It needs to be a concern for Asia-Pacific countries, because new epidemics are emerging unchecked and countries in East Asia are among those experiencing the fastest growing epidemics in the world⁵. There has been no monitoring of Lifeskills based education to date within the annual global reporting on Education for All⁶.
3. The new UK Strategy on HIV and AIDS for Developing Countries⁷ identifies young people as a particular priority for action in 2005-8. This paper aims to stimulate discussion on the education response to HIV and AIDS in the Asia-Pacific region in order to support implementation of the UK strategy in the region.
4. The evidence base is weak. There is currently a lack of a set of internationally agreed indicators for prevention education, which results in a fragmented and incomplete reporting on the education response to HIV and AIDS globally. The UNGASS indicator for Lifeskills based education has proved difficult to report against. It is therefore far from easy to assess the adequacy of the response at country or regional levels.
5. Measuring the coverage and effectiveness of school-based education prevention programmes is far from being unproblematic. This is not yet adequately recognized. A recent analysis of coverage of prevention, care and support services asserted that school-based education is ‘one essential service that is easier to measure’.⁸ Countries were asked to report on whether AIDS education was part of the formal primary and secondary education. This approach of course neglects to consider any dimensions of the quality of such programmes, which are essential to assessing intervention effectiveness. However, this rather crude quantitative analysis indicated that some 13% of primary students in East Asia were receiving AIDS education and some 64% of secondary students. These figures must nevertheless be treated with caution, as some programmes while part of the formal curriculum are optional and extra or co-curricular. Information gained through the preparation of this paper indicates that coverage is probably much lower.

1 Edward C Green. 2003. Rethinking AIDS Prevention, Learning from Successes in Developing Countries. Praeger.

2 United Nations. 2001. The UNGASS Declaration of Commitment on HIV/AIDS.

3 UNESCO. 2001. Dakar Framework for Action on Education for All.

4 UNAIDS. 2003. Progress Report on the Global Response to the HIV/AIDS Epidemic.

5 UNAIDS. 2004. 2004 Report on the Global AIDS Epidemic.

6 See UNESCO. 2002 and 2003. EFA Global Monitoring Reports.

7 DFID. 2004. Taking Action. The UK's Strategy for tackling HIV and AIDS in the developing world.

8 USAID, UNAIDS, WHO, UNICEF and the Policy Project. 2004. Coverage of selected services for HIV/AIDS prevention, care and supporting low and middle income countries in 2003.

Limitations of this report

6. These data on which this paper is based are limited to information presented at the UNICEF Regional Forum and available literature. The data available make it difficult to make judgements about the quality or efficacy of the various Lifeskills programmes. I take responsibility for any shortcomings in the presentation of data or the soundness of the conclusions reached.

Acknowledgements

7. The following assessment is based on my participation at the UNICEF Regional Forum on Lifeskills Education for Behaviour Development and Change, which took place in Bangkok in June 2004. This event was well organized and provided a wealth of data on Lifeskills based education programmes in the region. I have sought to use this in combination with other sources of information. I am grateful to UNICEF, especially to Robert Bennoun and Greg Carl for the opportunity to work with and learn from them.

Key findings (See appendix 1 for brief country reports)

8. Slow but steady progress is being made in developing Lifeskills education programmes in response to HIV across the Asia-Pacific region. This is highly variable from country to country; countries are at different stages in their programme development. **Burma** and **Lao PDR** appear to have made the most progress to date in terms of coverage across the education sector. The role of UNICEF has been significant in taking this agenda forward at regional and country level. Contributory roles have been played by UNESCO, UNFPA, and GTZ.
9. Some country examples of emerging promising practice are listed below:
 - **Burma:** Integration of Lifeskills based education as a separate subject into the core primary school curriculum and into pre-service teacher training
 - **Lao PDR:** integration of Lifeskills based education in the core primary and secondary school curricula and in pre-service teacher training;
 - **Indonesia:** country-wide mapping of agencies and programmes supporting life skills based education;
 - **Thailand:** establishment of psychosocial services in schools for vulnerable children and those affected by AIDS;
 - **Vietnam:** national scale behavioural and vulnerability assessment among young people.
10. The main findings for developing Lifeskills education across the region indicate that much remains to be done in developing an expanded response to HIV and AIDS In Asia. It appears that the education response has yet to be given a sufficiently high priority for countries of the region despite the importance given by UNGASS on addressing the needs of young people, though developments are taking place that could provide the foundation for an accelerated response. More focus is required on garnering commitment, strengthening implementation, developing the evidence base, preparing for the impact of AIDS on children and increasing donor harmonisation.

Commitment

- i) UNGASS 2005 commitments for HIV prevention among young people are likely not to be met;
- ii) The Education for All goal on Lifeskills (number 3) has been comprehensively neglected;
- iii) The need for Lifeskills education for HIV prevention among young people in Asia is urgent, but largely unmet at school level;
- iv) There is a general lack of political commitment and grass roots demand for skills based education (e.g. **Bangladesh**);
- v) There is a lack of comprehensive policies and strategic plans for HIV and AIDS in the education sector; only **Indonesia** has developed policies and strategic planning for HIV and AIDS for the education sector, while **Cambodia and Vietnam** are working on developing these;
- vi) Insufficient financial and human resources available to take programmes to scale and there is generally a lack of cost parameters for planning purposes; data on the financing of Lifeskills education development and implementation need to be reviewed;

Implementation

- vii) There is very low coverage of Lifeskills -based education in secondary education and extremely low coverage at primary education level - for example Lifeskills based education is being implemented in **Indonesia** in 0.52% of primary schools and 4.27% of secondary schools⁹; many approaches are still at the pilot stage e.g. **Bangladesh, Bhutan, China, Fiji, Pakistan, Philippines and Vanuatu**;
- viii) There has been a lack of capacity building in teacher training and support; programmes have been developed with intermittent training of a limited number of teachers (e.g. India) and insufficient support post training (e.g. **Sri Lanka**);
- ix) Lifeskills education is in some contexts a non-compulsory activity added on to the margin of the curriculum (e.g. **China and Vietnam**); however, this does provide an entry point to the education system for what is perceived to be a sensitive topic;
- x) Local cultures, issues and languages are important to include within programme design; there is some evidence to suggest that insufficient priority is being given to these (e.g. **Sri Lanka, Vanuatu**);
- xi) There is a lack of linkages with 'youth friendly' services (e.g. **Indonesia**);

The Impact of AIDS on Education

- xii) There is a lack of attention to assessing the impact of AIDS on communities and children (OVCs): from available data, only **Nepal** has undertaken any impact analysis for the education sector;

The Evidence Base

- xiii) There is an urgent need for updated inter-agency guidelines on prevention education with a particular focus on Lifeskills-based education. Lifeskills based education is not widely understood, nor is there consensus on what Lifeskills means; the **Cambodia** policy definition of Lifeskills is particularly wide ranging, but does not explicitly include HIV and AIDS;
- xiv) Few rigorous studies have been carried out of young peoples' vulnerability (e.g. SAW study, **Vietnam**; Pinoy study, **Philippines**; Phraya study, **Thailand**);
- xv) There has been insufficient support for developing systems for monitoring and evaluation including learning outcomes and measuring them (**India** seems to be making good progress);
- xvi) Programmes are failing to meet numerous **UNAIDS Benchmarks** for Lifeskills¹⁰; in particular, there are concerns about involving the wider community; lack of analysis of and focus on learner needs in relation to situations of vulnerability and risk, provision of adequate time to meet programme goals and objectives;
- xvii) There is currently a lack of opportunities for regional networking and lesson learning;
- xviii) More effort is required in assessing Lifeskills education programme quality including the effectiveness of Lifeskills based education in terms of learning outcomes. It would be useful to assess to what extent national approaches to Lifeskills are youth-centred, gender-sensitive, interactive and participatory;
- xix) More research is required to establish with greater specificity what works and which particular programme components are crucial to intervention effectiveness¹¹.

Harmonisation

- xx) There has been insufficient synergy among UNAIDS cosponsors and other development partners, including DFID, at country level; the UNAIDS UBW 2004-5, however, offers improved opportunities for collaboration (good progress seems to have been achieved in **Indonesia**) as do the Three Ones principles;

⁹ See Annex 1.

¹⁰ UNAIDS. Undated. UNAIDS Benchmarks for Lifeskills based Education and Skills based Health Education. See Annex 2.

¹¹ Herman Schaalma et al. 2002. HIV for young people. Prospects 122. Education for HIV/AIDS Prevention. UNESCO IBE.

An Agenda for Action

11. On the basis of the findings above, the following tasks require further attention:
- **Consensus building.** Developing international consensus on Lifeskills education for responding to HIV and AIDS including monitoring and evaluation methodology and what constitutes good practice in programme development and implementation;
 - **Advocacy.** Raising the priority of Lifeskills education in the multi-sectoral response to HIV and AIDS; also in education sector development; also for overcoming institutional, religious, cultural and community barriers to implementation.
 - **Policies and plans.** Developing comprehensive national policies and strategic planning for the education response to HIV and AIDS which include Lifeskills based education;
 - **Capacity building** at national level, including developing effective pre-service teacher training and support, curriculum development for Lifeskills based education, including the development of appropriate teaching and learning materials;
 - **Monitoring and Evaluation.** Developing better data on young people and the education response to HIV and AIDS; there is a need for high quality needs assessments and establishing appropriate monitoring and evaluation systems in addition to better measurement of programme coverage;
 - Reviewing the quality and effectiveness of current programmes; consideration could be given to reviewing effectiveness in relation to the degree to which programmes focus on generic Lifeskills versus those which are more specific about reproductive/sexual health;
 - Providing more opportunities for lesson learning across programmes and networking;
 - **Gender.** More attention to gender analysis and to gender-specific approaches;
 - **Resources.** Ensuring adequate and sustainable financing for Lifeskills based education;
 - **Social development.** Focusing more on the social development dimensions of life skills education, including contexts of youth vulnerability and risk, gender, human rights, community and youth participation in programme development etc.
 - **Partnership building.** With CBOs/NGOs/FBOs to bring new skills, information and assistance to school-based Lifeskills education programmes; also to build partnerships for stronger community participation. With Ministries of Health and about better linkages with health services, which are made more accessible to young people, preferably within the framework for school health. **Better donor coordination** and collaboration through the application of the Three Ones principles at country level in the national AIDS response;
 - **Programmes to reach young people who are no longer in school.** Arguably the greatest challenge for countries with sizeable out of school populations.

Ways forward

12. There is a need for a more comprehensive approach to developing the education sector response in Asia, especially in those with growing epidemics. Progress to date falls considerably short of what is required to stem the epidemic and to achieve the targets set at UNGASS for young people.
13. UNAIDS has a crucial role to play in developing a more collaborative agency response. The 2004-2005 UBW currently provides for insufficient harmonisation of support though good progress is being achieved in some countries. UBW monitoring needs to include a focus on results in Lifeskills education.
14. The **UNAIDS Inter-Agency Task Team** (IATT) on Education and HIV and AIDS could usefully help to develop a more harmonized approach to prevention education including Lifeskills education. This could include an agreed framework for monitoring and reporting. The Global Initiative on Prevention Education being developed by UNESCO and UNAIDS cosponsors needs to consider this issue.
15. There is much that can be applied from the interagency education response to HIV and AIDS in Africa¹². The sub-regional and national seminars that have taken place through this initiative have fostered cross-country connections and learning. They have resulted in more focused and collaborative agency support to national responses. The experiences of developing capacity building training in multi-jurisdictional states such as Nigeria and Ethiopia are applicable to India and China, for example. It is worth considering that an Asia-Pacific initiative be developed under the auspices of the UNAIDS IATT on Education and HIV/AIDS. UNESCO and UNICEF (Bangkok Regional Offices) could play a pivotal role in this agenda.

¹² Accelerating the Education Response to HIV/AIDS in Africa.

16. It may be worthwhile exploring interest in developing a sourcebook on HIV prevention programmes for Asia. As in the case of the Africa sourcebook¹³, programmes could be assessed in relation to the **UNAIDS Benchmarks for Lifeskills based education and skills-based health education** (See annex 2).
17. Progress in developing Lifeskills in Asia is strongly dependent on UNICEF. From discussions I had with UNICEF country teams it is clear that they would welcome greater involvement from DFID. There appears to be little if any engagement at present in this field.
18. UNESCO has a key role in working with UNAIDS co-sponsors, especially UNICEF and UNFPA in ensuring that Lifeskills education is adequately represented in Education for All at all levels. UNESCO has a leadership role in this regard. UNESCO IBE has key role in developing a global observatory on curricular approaches to HIV and AIDS. UNICEF has an important and influential role in supporting Lifeskills programme development across the region.
19. The UK has set clearly out its position on young people in the new HIV and AIDS Strategy for Developing Countries¹⁴. Funding will be increased from 2005-2008 which will support action that prioritizes young people as well as women and vulnerable groups. In taking forward this strategy and preparing for implementation, it is perhaps timely to consider whether further support can be given in Asia to strengthen education responses as part of the national multi-sectoral approach to HIV and AIDS.

The Importance of Lifeskills Education

20. School based AIDS education is considered a standard HIV prevention intervention by UNAIDS¹⁵. There is a growing body of specialist literature on how school based approaches to HIV and AIDS can be best delivered¹⁶. The most comprehensive international guidance available was undertaken by the UNAIDS Inter-Agency Task Team (IATT) on HIV/AIDS and Education, which is convened by UNESCO.¹⁷ In addition, useful guidance on preventing HIV in schools has been provided by UNESCO IBE (2002)¹⁸.
21. According to the IATT, with regard to education for prevention, six key sets of issues are set out which need to be addressed. These are:

- understanding the nature of the infection and how it is transmitted;
- knowing what behaviours to avoid, such as engaging in unprotected sex and needle sharing;
- knowing how to reduce risk;
- adopting attitudes of respect for human rights;
- understanding the nature and dynamics of human relationships; and
- skills development.

22. This is a complex set of mutually interdependent factors, which set down a challenge for education policy makers, planners, curriculum developers and implementers such as teacher trainers and teachers. Success is achievable, but it means taking a comprehensive approach and building on local skills and knowledge. Education as means of delivering behavioural in addition to academic outcomes entails doing things differently; a major challenge for what are typically large, conservative and under-funded systems.
23. The potential for widespread prevention coverage by the education system is well understood, what remains at issue is how to ensure the education response is effective in achieving behavioural outcomes that are reduce vulnerability to and risk of HIV transmission and what how urgent this agenda is. Results are being achieved in Africa¹⁹; Asia and the Pacific Islands seem to be lagging behind.

24. The education response has lagged behind the development of more focused prevention programmes. To date the main paradigm for prevention behaviour has been **life-skills based education**. The concept has been around since the early nineties with roots in psychology²⁰. It has been championed as an approach by UNICEF, although WHO, the World Bank, UNFPA and UNESCO have also been involved in its development.

13 World Bank 2003. A sourcebook of HIV/AIDS Prevention Programmes

14 DFID 2004. Taking action. The UK's strategy for Tackling HIV and AIDS in the Developing World.

15 UNAIDS. 2003. Progress Report on the Global Response to the HIV/AIDS Epidemic.

16 For example, Michael Kelly. 2000. Planning for education in the context of HIV/AIDS. UNESCO.IIEP; Roy Carr-Hill et al. 2002. The Impact of HIV/AIDS on Education and Institutionalizing Preventive Education. UNESCO HEP.

17 UNESCO. 2003. HIV/AIDS and Education. A Strategic Approach.

18 Inon I Schenker and Jenny M Nyirenda. 2002. Preventing HIV/AIDS in Schools. UNESCO IBE. Educational Practices - 9.

19 Green. 2003. Op cit. See also www.psabh.info for Kenya programme evaluations.

20 UK Working Group on HIV/AIDS and Education. 2004. A Critical Analysis of Lifeskills for HIV prevention.

25. UNICEF defines the Lifeskills approach as ‘the interactive process of teaching and learning which focuses on acquiring knowledge, attitudes and skills which support behaviours that enable us to take greater responsibility for our own lives; by making healthy life choices, gaining greater resistance to negative pressures and minimising harmful behaviours²¹.’ The ‘skills’ of the Lifeskills approach are categorised into:
- communication skills
 - values clarification
 - decision making skills and
 - coping and stress management skills
26. These in turn are sub-categorised into skills areas such as ‘giving and receiving feedback’ within communication skills. Other suggested content components deal with knowledge (e.g. protection and prevention) and attitudes (e.g. stigma and discrimination). A key challenge in implementation is to translate the global UNICEF guidance into appropriate and effective country-specific and locally owned curricula.
27. UNFPA has set out useful guidelines for expected results in education for preventing HIV among adolescents²². These fall into 3 categories:
- policies that encourage HIV prevention among adolescents;
 - enhanced institutional capacity; and
 - enhanced learning among adolescents.
28. Among the latter category, the following are particularly relevant to Lifeskills based education and have yet to be comprehensively addressed:
- ensure that the content of education is relevant to behavioural outcomes;
 - address the local factors that affect an individual’s ability to change their behaviour;
 - ensure that programmes are appropriate for age and developmental level and are sequenced in a logical and appropriate manner;
 - ensure that teachers and students are equipped with the skills needed to successfully avoid high risk situations for contracting HIV;
 - increase the level of community awareness of the rights and situations of adolescents with respect to reproductive health and HIV.
29. For UNFPA, Lifeskills based education teaching methods are ‘youth-centred, gender-sensitive, interactive and participatory.’ WHO²³ stress the importance of delivering skills-based education as a core component of a school health programme.
30. UNAIDS have developed **Benchmarks for life-skills-based education and skills-based health education** (see annex 2). These set 16 benchmarks for assessing the quality of such programmes. These have been used to assess prevention programmes in Africa²⁴, but these do not seem to have been applied in Asia yet and it is unlikely that any would meet all of the benchmarks set.

The UNGASS Declaration of Commitment and Lifeskills

31. The UNGASS Declaration of Commitment on HIV/AIDS²⁵ makes one key reference to the development of lifeskills (article 53). This sets the target of ensuring that **by 2005, at least 90% and by 2010 at least 95% of young men and women have access to the information, education, including peer education and youth specific education, and services necessary to develop the Lifeskills required to reduce *their vulnerability to HIV infection***;
32. In article 63, the target is set of **by 2003, develop and/or strengthen strategies, policies and programmes....to reduce the vulnerability of children and young people by ensuring access of both girls and boys to primary and secondary education, including HIV/AIDS in curricula for adolescents, ensuring safe and secure environments especially for girls; expanding good quality, youth friendly *information and sexual health education and counseling services***
33. The targets set have proved to be over-ambitious in relation to commitment, both national and international, and capacity to achieve them. Progress generally has been lacking in urgency. A challenge will be ensuring a comprehensive response by the next UNGASS progress report, which is due in 2006.

(Unpublished).

21 www.unicef.org/teachers/teachers/

22 UNFPA. Undated. Preventing HIV/AIDS among Adolescents through integrated communication programming.

23 WHO. 2004. What is school health?

24 World Bank 2003. Op cit

25 United Nations. 2001. Declaration of Commitment on HIV/AIDS. Page 21.

34. The UNGASS indicator selected for school-based HIV prevention relates to Lifeskills based HIV/AIDS education in schools and is included within the National Programme and Behaviour Indicators. The indicator is: **the percentage of schools with** teachers who have been trained in Lifeskills based HIV/AIDS education and who **taught it in the last academic year**. This is simply an indicator of coverage and unsatisfactory in this regard.

Lifeskills and the UNAIDS Unified Budget and Workplan (UBW) 2004-5

35. Lifeskills education is included in the UNAIDS Unified Budget and Workplan (UBW) for financial years 2004-5²⁶. All component parts of the Joint Programme will collaborate in **substantially strengthened efforts to enhance national capacity** for youth-focused peer education, Lifeskills programmes, voluntary counseling and **testing and other proven interventions**²⁷. UNICEF's UBW section includes among the priority work areas for the biennium:
- evaluation of prevention programmes for young people to assess the impact of 'right to know' strategies and Lifeskills education on young people's HIV/AIDS risk and vulnerability.²⁸
36. UNFPA includes:
- ensuring that young people have the knowledge, positive attitudes and Lifeskills to choose and negotiate safer sexual behaviours...²⁹
37. UNESCO sets out to:
- support effective implementation of school based prevention programmes...³⁰
38. All of which signal issues around coordination, collaboration and accountability for outcomes of the UBW. It would be helpful if reporting on the UBW 2004-5 included specific reporting on Lifeskills based education objectives.

Lifeskills and Education for All (EFA)

39. Lifeskills is incorporated within EFA. The Dakar Framework for Action on Education for All³¹ sets 6 goals. The third of these is to 'ensure that the learning needs of all young people are met through equitable access to appropriate learning and life skills programmes.' To date there has been no assessment of progress in implementation of this goal in the EFA Global Monitoring Report.
40. The importance of education in preventing HIV transmission among young people is now widely recognized as an essential part of the national multi-sectoral response. UNESCO's approach to implementing the Dakar goals sets as strategy number 7: **implement as a matter of urgency education programmes and actions to combat the HIV/AIDS pandemic**³². There has been no assessment to date of progress in implementing this strategy by UNESCO.
41. It remains to be seen whether the EFA Fast Track Initiative (FTI) can usefully contribute to developing effective responses to HIV and AIDS within education sector plans.

The Challenge of AIDS in Asia

42. The Asia-Pacific region is home to 60% of the world's population and to 19% of women, men and children living with HIV and AIDS in 2004. While infection rates are low in comparison with sub-Saharan Africa, with the large populations in many Asian countries, even low rates of HIV prevalence translates into large numbers of people living with the virus.
43. Asia is experiencing recent, sharp rises in HIV among people with identifiable risky behaviors³³. These include drug injectors, transvestite and female sex workers and their clients, and men who have sex with multiple male partners. Evidence suggests that these behaviours may overlap. A rapid rise in HIV infection among injecting drug users appears to have brought about rises in infection among people who buy and sell sex in several countries including China, India, Indonesia, Nepal and Vietnam. Continuing high prevalence among those with the highest risk behaviors will eventually transfer into the lower risk parts of the population. Asian countries currently still have great opportunities to prevent HIV, but these will crucially depend on expanding and sustaining effective prevention approaches.

26 UNAIDS. 2003. Unified Budget and Workplan 2004-2005.

27 Reflecting UNAIDS PCB decision 23.

28 UNAIDS. 2003. Op cit. Page 28.

29 UNAIDS. 2003. Op cit. Page 32

30 UNAIDS. 2003. Op cit. Page 38.

31 UNESCO. 2000. Dakar Framework for Action on Education for All.

32 UNESGO.2002. An International Strategy to put the Dakar framework for Action on Education for All

33 MAP. 2004. AIDS in Asia: Face the Facts.

44. Drug use in Asia in the context of HIV and AIDS presents a significant challenge to prevention education. Some good situation analysis has been developed.³⁴ The challenge for governments across the region is to mount a comprehensive response that includes drugs education and harm reduction services.
45. Three features are suggested that characterise successful prevention programmes in Asia:³⁵
- they address the specific behaviours which are causing the most infections and provide specific services to reduce the risk of those behaviours;
 - they provide access to information and to services on a scale large enough to make an impact on HIV transmission; and
 - they ensure that the social, political and security environment supports the provision of appropriate HIV prevention services to those most at risk, allowing them to adopt safer behaviours.
46. These set a challenge for effective school-based Lifeskills education in the region.

Progress on Lifeskills-based education in Asia

47. The UNGASS progress report³⁶ indicates the difficulty of reporting against the indicator: **the percentage of schools with teachers who have been trained in Lifeskills based HIV/AIDS education and who taught it in the last academic year**. Some 31 countries provided information, often with significant data gaps. In South and South East Asia, 5 countries reported³⁷ on the incorporation of Lifeskills into primary and secondary education. Coverage rates given were as follows:

Lao PDR:	7.7% of all schools with trained teachers providing Lifeskills education overall;
Mongolia:	3.3% (primary) and 67.7% (secondary);
Burma:	32% (primary) and 46.5% (secondary);
Thailand:	100% (overall);
Vietnam:	100% (overall) - with the accompanying caveat that the 'UNAIDS definition of the indicator was not strictly followed.'

48. Some of these figures do not match with those presented in the Regional Forum indicating difficulties in assessing the scale of the Lifeskills response. Even greater difficulties are to be encountered in assessing the quality of the response.
49. Further attention needs to be given to ensuring that appropriate indicators are adopted consistent with the principles of the Three Ones³⁸ and within the capacity of the Ministry of Education to monitor the education response to HIV and AIDS. In particular, more work is required on assessing the effectiveness of school-based prevention, especially Lifeskills education. The current UNGASS indicator lacks fitness for purpose.
50. Before moving on to the Regional Forum itself, it is worth noting the findings of Smith, Kippax, Aggleton and Tyrer³⁹ in a UNAIDS funded study of HIV/AIDS education in the Asia-Pacific region. They found:

- education provided is largely information-based;
- sexual practices are rarely dealt with except in a somewhat mechanistic way, focusing mainly on human reproduction and anatomy;
- there is a developing emphasis on Lifeskills such as assertiveness and negotiation.

51. In addition, the above-mentioned study identified barriers to effective HIV/AIDS education. These included:

- reluctance to introduce HIV/AIDS education into primary school; (NB. This should be a concern especially where transition rates to secondary education are low);
- HIV/AIDS education is rarely compulsory; (confirmed in this report -see annex 1)
- 'cultural sensitivities' relating to religion, local community and teacher discomfort;

34 See Burnett Institute. 2002. Revisiting the Hidden Epidemic.

35 MAP.2004. Op cit.

36 UNAIDS. 2003 Progress Report on the Global Response to the HIV/AIDS Epidemic, 2003.

37 UNAIDS. 2003. Op cit. Annex 3.

38 UNAIDS. 2004. The Three Ones. One national AIDS coordinating authority, one national AIDS action framework and one agreed country level monitoring and evaluation system.

39 Gary Smith, Susan Kippax, Peter Aggleton and Paul Tyrer. 2003. HIV/AIDS School-based education in Selected Asia-Pacific Countries. Sex Education. Vol.3, No. 1,2003.

52. They raise several key questions about the extent a) to which a skills-based curriculum can be delivered by teachers accustomed to more didactic modes of teaching; b) to which teachers are willing and able to discuss the content outlined in contemporary HIV/AIDS curricula; c) to which content that does not appear in curricula is discussed in class and d) the detailed processes of policy/curriculum development that lead to success in this field.

Unicef Regional Forum on Lifeskills Based Education for Behaviour Development and Change. Bangkok. 1-4 June 2004.

Purpose of the Regional Forum

53. The Regional Forum was organised to facilitate the exchange of experiences at country level in the development of schools-based Lifeskills based education. Nineteen countries participated from South Asia⁴⁰, South East⁴¹, East Asia⁴² and the Pacific⁴³. UNICEF convened the meeting which was hosted by the Ministry of Health, Thailand. UN participation included UNAIDS (China), ESCAP and UNODC. DFID was the only bilateral agency represented.

UNICEF Regional Forum Processes

54. The Regional Forum was structured so as to permit plenary presentations on key issues such as HIV and drug and substance use among young people in Asia and the Pacific. Panel presentations were organised thematically to enable various country perspectives on issues such as the development of prevention messages, acquisition of psychosocial competencies, provision of services, establishment of a supportive policy environment and mechanisms to ensure sustainability, networking and partnership building, and last not least, monitoring and evaluation. These issues also provided a framework for country team discussions. In addition, market stalls enabled country teams to provide further information on Lifeskills development processes and products.

Current Regional Situation. Some findings presented at the Regional Forum.

55. The following findings are drawn from documents and presentations given or made available during the Forum.
56. Prevention coverage provided by school-based lifeskills education varies considerably across the Asia-Pacific region reflecting the state of the national response and the level of priority given by Ministries of Education to developing such programmes. UNICEF⁴⁴ (EAPRO) has constructed a 4-point scale⁴⁵ for assessing the status of the lifeskills response. This framework provides a means of developing a simple typology of country response and an indicative means of charting progress.
57. On the basis of available information, 8 countries⁴⁶ fall into the preliminary 2 categories leading up to and including programme preparation. These countries are at an early stage of lifeskills development and include Bangladesh and China. 6 countries⁴⁷ are involved in the continuum of implementation, while a further 5 countries⁴⁸ are taking programmes to scale. Of these, only Burma and Lao PDR seem to be attempting to take the approach across the education system.
58. Given the targets and aspirations set in the UNGASS Declaration of Commitment for Lifeskills acquisition by young people, the current rate of progress in the Asia-Pacific region should be regarded in general as slow and inadequate to meet the challenge. The good progress being made by Burma and Lao PDR is particularly noteworthy; the former is evidence of effective UNAIDS support and the second of national leadership accompanied by strategic agency support. The case of Thailand is particularly interesting and suggests that HIV prevention among young people is a far from being a completed and sustainable endeavour, despite early successes.
59. Many of the lifeskills-based programmes in the region are being introduced at the level of secondary education. This ignores the rates of transition to and completion of secondary education. The result of this is that children who do not proceed - and these are characteristically the poorest and most vulnerable - are denied access to prevention education. The countries reporting development of programmes for primary and secondary education are as follows:

40 Bangladesh, Bhutan, India, Nepal, Pakistan, Sri Lanka
 41 Burma, Cambodia, Indonesia, Lao PDR, Malaysia, Philippines, Timor Leste, Thailand, Vietnam
 42 China, Mongolia,
 43 Fiji, Vanuatu
 44 UNICEF 2004. Summary Report on Behaviour Development and Qiangse/ Lifeskills-based Education in East Asia and the Pacific towards 2005 Goals. (Draft)
 45 Contemplation, Preparation, Action and Expansion/ Maintenance
 46 Bangladesh, Bhutan, China, Mongolia, Pakistan, Philippines, Sri Lanka and Timor Leste.
 47 Cambodia, Fiji, Indonesia, Nepal, Vanuatu and Vietnam
 48 Burma, India, Lao PDR, Malaysia, Thailand

- Burma
 - Cambodia
 - India (there is no evidence for primary education response Lifeskills development)
 - Lao PDR
 - Mongolia
 - Nepal
 - Thailand
60. It should be noted that out of these, Burma and Lao PDR appear to have made substantial progress at both these levels in developing Lifeskills based education in the formal curriculum.
61. The current status of Lifeskills within the Asia region displays a conspicuous lack of educational leadership by governments and the international development system and a failure so far to give sufficient priority to Lifeskills -based health education. There is a lack of concerted effort to ensure that young people have access to the information and skills that they will need to ensure their own health and to prevent HIV. Instead of preparing for the introduction of Lifeskills -based education in the core curriculum to ensure maximum coverage and quality of programme, many countries are introducing the approach as a co-curricula or extra-curricula activity. This is the path of least resistance; it remains to be seen how effective this approach is.
62. The Lifeskills approach is poorly understood by educators and non-educators alike. UNICEF report that it is still not fully understood in Asia by its own project officers and national partners⁴⁹. There is a tendency to stretch the term to include a wide range of participatory and information-based education programmes without the inclusion of psychosocial competency development.
63. Other constraints on effectiveness are noted by UNICEF⁵⁰ These include:
- lack of policy support including on prevention education; lack of guidelines on programme content;
 - lack of pre-service training for teachers and a reliance on in-service teacher training; teachers feel that they are inadequately prepared to give reproductive health and sex education;⁵¹
 - Insufficient time on task for learners in Lifeskills-based programmes;
 - weak monitoring and evaluation arrangements; inadequate evidence base on behaviour and vulnerability of young people; lack of capacity to report against UNGASS indicators;
 - lack of involvement of young people in developing programmes;
 - lack of linkages to services, including 'youth friendly' services;
 - weak community involvement.
64. Some positive outcomes have been observed through collaborative networking which has resulted in a reduction in the duplication of effort. Of note is the UNICEF (Indonesia) approach to mapping Lifeskills education programmes.

49 UNICEF. 2004. Summary of Behavior Development and Change/Lifeskills-based Education in East Asia and the Pacific towards the 2005 Goals.

50 UNICEF. 2004. Ibid

51 UNICEF. Indonesia Presentation

Annex 1.

Summary Review of Country Programmes.

(Latest UNAIDS estimates for HIV prevalence in the 15-49 age group are given for the end of 2003 - low estimate and high estimates⁵² are provided where available.) All reports are based on available information and are intended to provide a snapshot of progress.

Bangladesh (<0.2%)

Bangladesh currently has no comprehensive policy document or strategic plan for education and HIV and AIDS.

Lifeskills based education is currently an extra-curricular activity in schools. The Ministry of Education is currently examining how Lifeskills curricula may be incorporated into secondary level education. No assessment of behaviour or vulnerability has been conducted among the school population. Materials for teacher training and classroom teaching have yet to be produced. Resistance is anticipated by communities and policy makers to any school-based reproductive health and sexuality education.

Bhutan

Bhutan currently has no comprehensive policy document or strategic plan for education and HIV and AIDS.

Lifeskills based education is currently delivered as extra-curricula activities through schools, through the scout movement - only a small percentage of scout leaders have been trained so far. No assessment of behaviour or vulnerability has been conducted among the school population.

Constraints recorded include:

- lack of trainers;
- technical and financial resources;
- factors related to school policy

Burma (0.6% - 2.2%)

Burma currently has no comprehensive policy document or strategic plan for education and HIV and AIDS. There has been no baseline behavioural survey among young people.

Life-skills-based education in Burma is delivered through the School-based Healthy Living and HIV/AIDS Prevention Project (SHAPE). This now reaches some 122 townships (out of 324) and 14,062 schools out of 39,117. This means reaching some 1,848,110 students out of 7,264, 505.

The SHAPE curriculum is compulsory and part of the core curriculum at primary level and co-curricular at secondary level. SHAPE Plus reaches out of school children at community level in 5 townships. There is however no policy on prevention education or any systematic ongoing monitoring mechanism for SHAPE.

Implementation of SHAPE is reportedly constrained by:

- competition with other subjects;
- lack of master trainers;
- lack of interest by school principals,
- lack of financial resources,
- low motivation of teachers,
- lack of ongoing support for trained teachers,
- lack of systemic monitoring arrangements,
- lack of linkage to services,
- poor educational infrastructure including communications and transportation.⁵³

A range of materials have been developed including most notably teachers guides for primary, middle and high school⁵⁴.

52 UNAIDS. 2004. 2004 Report on the global AIDS epidemic.

53 Smith et al. 2003. Op cit.

54 UMCEF. 2004. Behaviour Development and Change/ Lifeskills-based HIV/AIDS and Substance Abuse Prevention Educational Materials in East Asia and Pacific region.

Cambodia (1.5- 4.4%):

Cambodia is developing a strategic plan for HIV and AIDS for education⁵⁵

Lifeskills education policy was developed by an interdepartmental group of MoEYS in 2001.⁵⁶ It was not accompanied by any resource allocations. The policy makes no specific reference to HIV and AIDS. Three categories of life skill are identified:

1. general skills e.g. health awareness, diet, cooking, managing the family budget; skills for home and formal study; and skills for everyday life e.g. safe driving, using leisure time, agriculture etc.;
2. pre-vocational skills such as language and communication skills, rights and duties of employers and employees; ICT skills; handicraft skills
3. simple vocational skills such as carpentry, English language skills, raising animals, repairing electronic appliances etc.

A more comprehensive response - Curriculum Policy Development 2005-9 - was drafted and circulated in 2003. Lifeskills will be taught as an interdisciplinary subject across the whole range of school subjects from grade 1 to 12. HIV and AIDS will be examinable in the core curriculum.

Lifeskills is part of the national EFA plan. The HIV and AIDS Curriculum has been developed for both primary and secondary education. The pre-service curriculum for HIV and AIDS is being developed. A comprehensive youth risk behavior survey is being finalised by MoEYS covering 11 topics including HIV and AIDS.

However, lifeskills-based education is currently at the pilot stage with MOEYS and NGOs. These are being supported by UNICEF, World Education, Save the Children Norway and USAID. Most Lifeskills programmes are currently non-core extra curricular activities. Funded by NGOs or by local resources. Lifeskills is both core curricular and extra-curricular. It remains to be seen whether this will be manageable in terms of a consistent and complementary approach to prevention education.

Some key constraints on scaling up are:

- no coordination mechanism for Lifeskills education
- Lack of effective teacher training arrangements
- lack of human resources and time at MoEYS
- lack of funds
- lack of monitoring and evaluation system for Lifeskills education.

A significant number of teaching and learning resources have been developed by World Education and UNICEF. These include a peer education manual, teacher training manual, pre-service teacher training annual and supplementary learning materials for English language programmes.

Linkages to services is provided through the promotion of a hotline providing phone counseling. Through this callers are referred to voluntary counseling and testing centres.

China

China has developed education sector policy on HIV and AIDS but no strategic plans for implementation⁵⁷. Lifeskills is considered a co-curricular activity and not a core curriculum subject.

Data on young people in china are very limited. There are no national-level data. While scattered surveys exist, these are variable in scope and quality, generally quantitative and lacking qualitative research. Findings have been used for advocacy rather than informing the design of interventions⁵⁸.

Lifeskills based education is being piloted on a project basis in selected secondary schools in 39 counties in 9 provinces with coverage of around 120,000 students in 400 schools. Some 8,000 teachers have been trained. Programmes for out of school youth are being developed in 8 provinces.

55 UNESCO, IBE. 2004. *Quality Analysis of set of curricula and related materials for HIV and AIDS prevention in school settings*. Unpublished.

56 MoEYS. 2001. *Policy for Lifeskills in schools*

57 UNESCO, IBE. 2004. *Op cit.*

58 China Country Team Presentation

The Ministry of Education in 2003 gave approval for Lifeskills to be integrated into the health curriculum with a primary focus of HIV prevention for grades 1-10. UNICEF is now supporting the Curriculum Development Centre and Lifeskills working Group to finalise the curriculum and piloted in schools from 2005.

The MoE developed guidelines on HIV/AIDS Prevention and Drug prevention Education in 2003. Local level action plans are being developed based on these.

UNICEF has developed a teachers' guide for HIV/AIDS prevention.

Fiji and Vanuatu

Policies and strategic plans for HIV and AIDS for education are lacking in individual Pacific Island States.

Lifeskills education in the Pacific islands (Fiji, Tonga, Micronesia, Tonga, Solomon Islands and Vanuatu) is being developed through *the Pacific Stars* programme. It is extra-curricular for young people in and out of school (age 13-30). It has not been incorporated into the formal school curricula. It is based on a broad peer and community education network.

Issues include:

- a lack of supportive policy
- materials have not been translated into local languages;
- more national programme advisers are needed
- programme monitoring and evaluation have not been carried out yet;

India (0.4%-1.3%)

India has no comprehensive policy document or strategic plan for education and HIV and AIDS. However, the National AIDS plan contains some provisions related to the education system⁵⁹.

The School AIDS Education Programme (SAEP) aims to cover 100% of all senior schools in the country (classes 9-11). This is being developed in most states across the country through the States AIDS Control Societies and the Department of Education. NACO and the Department of Education (MHRD) have developed draft comprehensive guidelines for Monitoring and Reporting for SAEP. However, the programme is being delivered as extra-curricular activities rather than as core curriculum. The number of teachers trained (through in-service training) is currently a very small percentage of the total. 2 teachers per school are being trained (one male, one female). The total number of schools to be reached in this programme is 104,385.

Bottlenecks in implementation include:

- a lack of clear definition of roles;
- poor coordination;
- lack of monitoring and evaluation system; and
- inadequate resource mobilisation.

SAEP has recently been reviewed by NACO and UNICEF.⁶⁰ It recommended that the DoE take ownership of the programme at school level. DoE needs to integrate Lifeskills based education into the curriculum and conduct co-curricular sessions on Lifeskills for HIV prevention. Teacher training both pre and in-service needs to integrate HIV prevention content.

ActionAid have carried also out a review of HIV/AIDS education in Tamil Nadu⁶¹. Findings included :

- 70% of teachers reported never having been on a training course;
- 52% of teachers said they did not have enough time to teach HIV/AIDS;
- 53% of students claimed the HIV component was being taught in contrast to 95% of teachers;
- selective teaching is taking place regarding sex-related issues;
- teachers felt uncomfortable teaching students of the opposite sex.

⁵⁹ UNESCO. IBE. 2004. Op cit.

⁶⁰ NACO and UNICEF. 2004. Safe Space for Young People. A Review of the School AIDS Education Programme.

⁶¹ ActionAid. 2003. The Sound of Silence. Difficulties in communicating on HIV/AIDS in Schools.

Indonesia (0.0 - 0.2%)

Indonesia has developed both HIV and AIDS policy and strategic planning for education⁶².

UNICEF has undertaken a collection of baseline data on the vulnerability of young people to HIV in Papua where 35% of reported AIDS cases in the country are to be found. The survey will inform the development of a pilot lifeskills-based education programme in secondary education. Lifeskills education aimed at preventing HIV is being developed in 6 priority provinces in 5 districts in Papua province. Current implementation of lifeskills is as a co-/extra curricula activity. The number of participating schools are as follows:

- primary level: 777 schools out of 148, 516 (0.52%)
- junior secondary school: 890 schools out of 20,842 schools (4.27%)
- senior secondary school: 524 out of 12,307 schools (4.26%)

Peer education to address HIV and drug use is being developed for out of school youth through youth-led NGOs.

Indonesia's policy on youth and reproductive health does not allow access of unmarried young people to reproductive health services.

Lao PDR (<0.2%)

Lao PDR has no comprehensive policy document or strategic plan for education and HIV and AIDS.

Lifeskills education development was initiated in 1998. It has been included in the curriculum at primary level (grades 4-5), lower secondary level (grades 6-8) and upper secondary level. It is incorporated into 5 competency-based core curricular subjects (world around us -primary level; biology, civics, geography and natural science at secondary level).

Lifeskills education is being implemented in 6 provinces with UNICEF support in primary (393 schools out of 573) and lower secondary schools (227 schools out of 328). The introduction of more participatory teaching methods has been accomplished gradually and time consuming. Training of teachers has been conducted through in-service training (573 teachers trained at primary level; 328 at lower secondary level), but is now being incorporated in pre-service training with UNICEF and UNFPA support. With the integration of population education in 2002, lifeskills education became part of the core curriculum.

UNICEF has supported the development of teachers' manuals and students' work books. Collaboration has been effective between MoE, NRIES, UNICEF, UNFPA and GTZ.

Constraints identified include:

- lack of education policy to support Lifeskills at school;
- wide variation in teacher quality across provinces;
- need for technical assistance;

Malaysia (0.2- 0.7%)

Lifeskills based education has not been formally integrated into the school curriculum. Lifeskills based peer education is being offered to young people who are out of school in Pahang and Sarawak. These efforts are not yet linked with issues related to drug and substance use.

The main school-based Lifeskills programme is called PROSTAR (Healthy without AIDS Programme for Youth). There are 716 PROSTAR clubs at secondary in Malaysia run through the school health unit.

62 UNESCO.IBE. 2004. Op cit.

Mongolia

Mongolia has no comprehensive policy document or strategic plan for education and HIV and AIDS. However, the National AIDS plan contains some provisions related to the education system.⁶³

Lifeskills based education has been introduced as part of the core curriculum at both primary and secondary levels. It is part of the Child Friendly Schools Policy which has been developed and adopted with the support of UNICEF. Some 620 teachers have been trained for a total of 688 schools. UNFPA is supporting the reproductive/sexual health component of health education. The programme is still under development. Teachers' guides and student learning materials are still being prepared. More in-service teacher training is required and advocacy for the approach with school principals.

Nepal (0.3- 0.9%)

Nepal has no comprehensive policy document or strategic plan for education and HIV and AIDS.

A behavioural survey was carried out among 1400 teenagers by UNICEF and UNAIDS.

Development of Lifeskills based education was started in 1998. It is now part of the core national curriculum from grades 1 to 10 within the health curriculum. The curriculum package has yet to be finalised including guidelines on monitoring and evaluation. Current approaches are inconsistent. The coming focus will be on implementation. A current constraint is the lack of master trainers. There will be orientation of parent teacher associations and school management committees to maximize acceptance of the new approach.

An assessment of the impact of HIV/AIDS on the education sector in Nepal was undertaken by Paul Bennell et al (2003). This was funded by Denmark, European Commission and UNICEF. The study based on a survey of 24 schools (primary and secondary) was unable to find evidence of impact and focused more on student behaviour and teacher knowledge. It reported the following:

- the primary school curriculum does not include topics on HIV and AIDS or any are of sexual/reproductive health (SRH);
- the secondary curriculum contains good information coverage of SRH in three core subjects, but does not focus sufficiently on the development of Lifeskills;
- the quality of learning materials is poor and not attractive to a young audience;
- teachers lack competence, confidence and commitment of teachers;

The impact study did not attempt to model future impacts of AIDS on the education system.

Pakistan (0.0- 0.2%)

Pakistan has no comprehensive policy document or strategic plan for education and HIV and AIDS.

Life skill based education is at an early stage of development in Pakistan. It is delivered as co/extracurricular activity in secondary education and in community settings. UNICEF is supporting NACP in piloting Lifeskills based education in 6 districts.

The evidence base is weak. This is being addressed through a study which is being carried out on the knowledge, Lifeskills and attitudes relating to HIV and AIDS and the reproductive health of adolescents in 14 districts.

Essential Lifeskills are expected to be acquired through study of the Quran. Islamic teaching is compulsory in school curricula and in teacher training.

Constraints include the following:

- lack of master trainers;
- time constraints;
- lack of opportunities for in-service training;
- class size.

⁶³ UNESCO IBE. 2004. Op cit.

The Philippines (0.2- 0.8%)

The Philippines have no comprehensive policy document or strategic plan for education and HIV and AID. However, the National AIDS plan contains some provisions related to the education system.⁶⁴

Lifeskills based education is currently in a pilot phase prior to scaling up. It is under preparation as core curriculum and extracurricular activities. Lifeskills education was integrated into the training of teachers in 2002. Capacity building of implementers is required as well as work to develop monitoring and evaluation systems.

Sri Lanka (<0.2%)

Sri Lanka has no comprehensive policy or strategic plan for education and HIV and AIDS.

Lifeskills based education was introduced in junior secondary education in 1999 as core curriculum. 10 core skills have been introduced for grades 7-9. Currently 8,000 schools are participating with some 8,000 teachers trained. The President has identified it as a flagship programme.

It is expected that the following broad these will be developed:

- competencies essential for self awareness, self esteem, self identity and goals;
- competencies essential for the development of positive interpersonal relationships and skills and responsibilities for team work;
- effective learning competencies; and
- vocational guidance and vocational development.

UNICEF has recently undertaken a national survey on adolescent behaviour. The results are expected shortly. There are distinct shortcomings of the current approach: These include:

- there is no national data on adolescent behaviour;
- the curriculum is not addressing current issues among young people;
- cultural barriers to communication on sexuality
- lack of services linked with the programme;
- lack of supportive policy environment;
- weak monitoring and evaluation;
- reported poor attitudes among school principals and teachers;
- difficulties in introducing participatory teaching and learning;
- lack of inclusion in pre-service teacher training;
- lack of teacher skills; teacher training is currently given through in-service training only;
- higher priority is given to examinable subjects
- difficulties in identifying learning outcomes.

Thailand (0.8 - 2.8%)

Thailand has no comprehensive policy or strategic plan for education and HIV and AIDS.

There is a lack of behavioural data on young people. There has been resistance to vulnerability assessments among young people in school. The curriculum developed by the mid 1990's (Training Lifeskills to Prevent AIDS) was not evidence based and implemented on a didactic and prescriptive basis, with no attempt to personalise issues of risk and vulnerability. Schools do not link with services such as VCT.

While education policy (1991) states that prevention education should be provided to all students at upper primary and secondary levels, this predates the lifeskills approach and there is no supportive policy. Stigma and discrimination are not addressed. Currently prevention education is delivered as a co-curricular activity in hours set aside for elective subjects. These are reportedly frequently pre-empted by the administrative duties of the teacher or by school sporting activities. Training is limited to in-service workshops only.

64 UNESCO IBE. 2004. Op. cit.

65 Lifeskills to Prevent AIDS. 1996.

Although launched in 1996⁶⁵ the development of Lifeskills education has been constrained by the lack of a broad coalition of actors and agencies. Efforts have been splintered and with decentralisation involving local responsibility for some 30% of the curriculum, programmes proliferate. An estimated 80% of Lifeskills education programmes are delivered as extra-curricular activities in affiliation with schools in primary, lower and upper secondary schools. Lifeskills programmes may also reach young people through community settings and organisations. Messages related to Lifeskills are delivered through communication channels.

Lifeskills education has become synonymous with participatory teaching and learning. HIV and AIDS are given minimal attention in the school health curriculum.

Participating schools in the Child Friendly Schools Initiative have had success in developing and maintaining community involvement in school programming. It has also been effective in promoting psychosocial responses to children affected by AIDS⁶⁶.

Issues include the following!

- lack of supportive education policy on HIV prevention and Lifeskills based education (no development since 1991 directive);
- lack of master trainers in Lifeskills based education;
- lack of status as compulsory subject especially for HIV and drug use prevention;
- lack of a grading system to make the subject be taken seriously;
- lack of consistency due to decentralisation of activity to schools; it has also led to the creation of competing curricula;
- a large number of curricula are available but may not be used;
- monitoring and evaluation system has not been institutionalized and is inconsistent.

Timor Leste

Timor Leste has no comprehensive policy or strategic plan for education and HIV and AIDS

No Lifeskills based education has been developed yet. A transitional curriculum is currently in place. However, the need for Lifeskills education has been recognised by the Ministry of Health and Ministry of Education, Culture, Youth and Sport.

Vietnam (0.2- 0.8%)

Vietnam is currently developing HIV and AIDS policy and planning for education⁶⁷.

The Survey and Assessment of Vietnamese Youth (SAVY) carried out in partnership with Ministry of Health, General Statistics Office, the East-West Centre, WHO and UNICEF is the first such survey conducted in Vietnam. The report is currently being finalised but preliminary findings indicate some significant gaps in knowledge of sexual and reproductive health by girls. The data will be used to promote discussion and inform programme interventions.

Lifeskills based education is being piloted as an extracurricular subject in secondary education (grades 6-9). A teacher's manual has been prepared but no workbook for learners. The introduction is project based and limited in scope to pilot sites (85 lower secondary schools out of 8,396; 68, 000 students out of 6,497,548; 1500 teachers trained out of a target of 90,000); coverage is therefore restricted and very few teachers have been trained. There is a reported lack of supportive mechanisms, while the approach has been adversely affected by the 'social evils' policy of the government.

There are weak links with services. Monitoring and evaluation seem to be at a preliminary stage of development. Other issues include:

- unfamiliarity of concepts and approaches related to participation;
- the need to expose MoE to examples of good practice.

⁶⁶ Lifeskills Development Foundation. 2003. 'Child Friendly Community Schools Approach for Promoting Health,

Psychosocial Development and Resilience in Children and Youth Affected by AIDS.

Annex 2

UNAIDS Benchmarks for Lifeskills-based Education and Skills-based Health

Education

1. Recognizes the child/youth as a learner who already knows, feels and can do in relation to healthy development and HIV/AIDS related prevention
2. Focuses on risks that are most common to the learning group and responses are appropriate and targeted to the age group;
3. Includes not only knowledge but also attitudes and skills needed for prevention;
4. Understands the impact of relationships on behaviour change and reinforces positive social values;
5. Is based on analysis of learners needs and broader situation assessment;
6. Has training and continuous support of teachers and other service providers;
7. Uses multiple and participatory learning activities and strategies;
8. Involves the wider community;
9. Ensures sequence, progression and continuity of messages across the curriculum;
10. Is placed in an appropriate and effective context or subject area in the school curriculum;
11. Lasts sufficient time to meet program goals and objectives;
12. Is coordinated with a wider school health promotion program;
13. Contains factually correct and consistent messages;
14. Has established political support through intense advocacy to overcome barriers and go to scale;
15. Portrays human sexuality as a healthy and normal part of life, and is not discriminatory in terms of gender, race, ethnicity, or sexual orientation;
16. Includes monitoring and evaluation.

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