

Report on the Regional Forum on Lifeskills-Based Education for Behaviour Development and Change

1-4 June 2004, Bangkok Thailand



Department of Mental Health
Royal Thai Ministry of Public Health



Joint United Nations Programme on HIV/AIDS
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Regional Forum on Lifeskills-Based Education for Behavior Development and Change

Rationale

The challenges facing young people today have changed significantly from those affecting previous generations; some simply did not exist before, and other have intensified or become more complex – for example, HIV/AIDS and other sexually transmitted infections, alcohol, tobacco and other drug use, unplanned pregnancy, sexual and other forms of exploitation, the changing roles of men and women, and discrimination in its many forms.

Psychosocial competence is a person's ability to deal effectively with the demands and challenges of everyday life. It is a person's ability to maintain a state of mental well-being and to demonstrate this in adaptive and positive behavior while interacting with others, the culture and environment.

Psychosocial competence has an important role to play in the promotion of health, physical, mental and social well-being. In particular, where health problems are related to behavior, and where the behavior is related to an inability to deal effectively with stresses and pressures in life, the enhancement of psychosocial competence could make an important contribution to the promotion of health and well-being, since behavior is more and more implicated as the source of health problems.

Abilities or skills related to psychosocial competence have been traditionally learned through the extended family, village members, folklore, formal and informal educational programming, etc. Rapid economic and social developments have divided families and have hindered the acquisition of these skills and have therefore hindered the development of psychosocial competence in many situations. Therefore, educational programming related to the health and wellbeing of young people has been needed to promote psychosocial competence to enhance young people's coping resources and personal and social competencies. This can be done by creating an appropriate learning environment and through the development of Lifeskills (psychosocial competencies).

The Response

Over the past 10 years, key agencies and specialists have been working to develop and institutionalize Lifeskills-based educational programming to respond to the need for prevention of HIV/AIDS, drug use and other issues concerning the health and wellbeing of young people. The core of this response has been the development of supplemental curricula, generally for use in co-curricular or extra curricular activities. However, the development of curricula and the intermittent training of a limited number of teachers in the Lifeskills approach have proven ineffective in sustaining the response.

Barriers to effectiveness

- **Poorly understood:** The term 'Lifeskills' is used in many different ways and there by has taken on many different meanings. However, the terms was originally introduced to describe 'psychosocial and interpersonal skills' (psychosocial competency) which help people to communicate better, to make more informed and balanced decisions, to avoid risky situations, or to cope with stress. Along with the necessary knowledge, these skills are considered important because they can shape attitudes and ultimately lead to healthy and pro-social behaviours and productive lifestyles.
- **Competing priorities:** HIV/AIDS, other health issues and social sciences, are often considered the 'soft subjects' and not given the same status as tradition academic subjects like science or mathematics. In addition, HIV/AIDS requires people to face issues that may not be openly discussed, and some sectors of society would perhaps prefer not to address.
If programming is co-curricular, there may be many different programs competing for the same time in the school syllabus.
- **Poor policy support:** Lifeskills-based education for HIV/AIDS prevention will work best where it is supported by other reinforcing strategies. Appropriate policy can be one of the most influential strategies for creating a supportive environment. Current programs are often implemented without sufficient linkages to policy, which ultimately limits the potential for success.
- **Poor and uneven implementation:** Ongoing support to facilitators (teachers) is essential to ensure that implementation can be achieved with quality. Many programs provide only brief- or one-off training workshops and expect the teachers who were

trained to go back to their schools and implement, in effect, single-handedly. Practical experience suggests that support during implementation is a critical success factor. In addition, although sufficient evidence exists to support 'going to scale', few programs made national coverage a priority from the outset, and most don't progress past pilot level.

- **Poor monitoring and evaluation practices.** Many programs never collected a baseline of student behaviours and vulnerability on which to base their curriculum materials. Immediate behaviour change is expected rather than monitoring it over time. The monitoring of Lifeskills development during programming is often neglected and Lifeskills capacity of young people is not assessed or evaluated.

A Renewed Framework for Lifeskills-Based Education

A number of countries in the East Asia and Pacific and South Asia Region have begun to assess their Lifeskills-based education (LSBE) programming against the essential elements of behavioral development and change interventions. This is being done to examine and develop the appropriateness, quality, and sustainability of current efforts that will ultimately affect the outcomes and impact of programming. These essential elements are: an evidence base, appropriate messages based on the needs and vulnerability of young people, Lifeskills development, provision or linkages services and supplies, a supportive environment, sustained action, collaboration and networking, and monitoring and evaluation.

In East Asia and the Pacific and South Asia, there are still no LSBE programs at country level, which support Lifeskills-based education, that contain all of these essential elements of behavior development and change. However, there are 'good practice' examples of each of these elements emerging in different country programs. Therefore key agencies and specialists across the two regions, who are working in LSBE for the prevention of HIV/AIDS, drug use and other issues concerning the vulnerability, health and wellbeing of young people, have been invited to exchange programming experiences at this in the development and strengthening of the essential elements of behavior development and change to promote policy and programming initiatives in support of Lifeskills-based education through schools.

Introduction

In a landmark gathering in Bangkok, Thailand, representatives from 19 countries from East Asia and the Pacific and South Asia participated in the first Regional Forum on Lifeskills-Based Education for Behavior Development and Change. This regional forum convened by UNICEF from June 1-4, 2004, allowed countries to exchange “good practice” experiences in the development of Lifeskills-Based Education through schools.

Key agencies and specialists working in Lifeskills-based education discussed how to strengthen the essential elements of behavior development and change. With HIV/AIDS, drug use and other issues threatening the health and well-being of young people in virtually every country in the region, participants also considered ways and means to promote policy and programming initiatives in support of Lifeskills-based education.

The essential elements of behavior development and change interventions were used as the framework of the Forum. Participants were also asked to use this framework to analyze and develop strategies that will enhance the appropriateness, quality and sustainability of current Lifeskills programming, as well as provide a guideline for documentation and reporting of these efforts.

Participating countries from both the East Asia and Pacific and South Asia Regions have already begun to rigorously assess their Lifeskills-based education programming against the essential elements of behavior development and change interventions. Prior to the forum, country teams were asked to complete the Survey of Current Status of Support to Lifeskills-based Education through Schools. They were also requested to write a narrative report of programming against the Essential Elements of Behavior Development and Change. The findings of the survey and narrative reports were then summarized into posters that were displayed at the forum.

Opening Remarks

The forum began with opening remarks from Dr. Prat Boonyawongvirot, Director General, Department of Mental Health at Thailand’s Ministry of Public Health. He noted that Psycho-social competencies had traditionally been learned through extended families, villages, folklore, formal and non-formal education. The challenges facing young people today have changed. Some are new and older ones have become more complex. Lifeskills-based education (LSBE) has, therefore, become more important than ever, and while Thailand had been developing its own LSBE program for the past decade, this conference would provide an opportunity for countries to learn from each other.

Inese Zalitis, representative from the UNICEF Office for Thailand, followed with a welcoming statement. She urged participants to remember their own time as youths and the challenges they faced. She added that society had changed greatly since those times because of globalization and technology. With the internet, young people have access to infinitely more information than previous generations. Adolescence, she said, is when the education system has its last chance to prepare young people to face the complexities of the world and the possible bad consequences of risky behavior. Developing a LSBE program is not a one-month or six-month endeavor, but a continuously evolving effort.

Opening presentations were delivered by Ton Smits of the Asian Harm Reduction Network and Dr. Scott Bamber, HIV/AIDS Project Officer for the UNICEF Office for Thailand. Mr. Smits focused on HIV/AIDS and substance abuse among young people in Asia and the Pacific, while Dr. Bamber focused on the vulnerability of young people in the region. Both noted that drug use was associated with poverty, but that HIV/AIDS, while affecting virtually every country in the region to one degree or another, was not a monolithic epidemic but differed in its characteristics depending upon the country, its culture and conditions there. Nonetheless, some patterns are undeniable: HIV/AIDS almost always enters through high-risk groups and then makes its way into the general population through those engaging in high-risk behaviors. Often, young people by nature are disposed to experiment with behaviors that are considered risky and are therefore one of the groups most vulnerable.

Key points made by Mr. Smits included:

- There is a positive correlation between drug abuse and the incidence of HIV/AIDS.
- There are environmental obstacles to the development of LSBE, especially in places where young people are busy coping just to survive.
- Countries need to combine an emergency response to HIV/AIDS with a development response.
- The drug business is extremely profitable, so we may never see a completely drug-free world. Drug traffickers are usually one step ahead of law enforcement.
- There is concern that the zero-tolerance policies of the United States as far as drugs are concerned, is influencing countries in the region.
- Countries with low rates of drug use and HIV/AIDS are countries that have pragmatic policies in place. The policies may be difficult to understand, but they work.
- Prisoners are exposed to dangerous diseases. That's not part of their punishment and is unacceptable.
- Being young means one will experiment. It's our role to help them overcome challenges and see that they experiment safely.
- It's important to understand the underlying issues of drug use.
- It's important to distinguish between drug users and those who are dependent upon drugs.
- Use of illicit drugs has increased in the region, and drugs are the main driver of HIV/AIDS infections.
- More than 50% of new infections in Viet Nam, China, Nepal, Malaysia Indonesia and other countries come from needle sharing. If people fear being arrested for possession of drug paraphernalia, they will share needles.
- In the Asia-Pacific region, 111 people are infected with HIV/AIDS every hour. The region is in denial as far as the seriousness of the epidemic is concerned.
- We need to prioritize injecting drug use because of its overlap with other risk groups, such as commercial sex work. Groups at higher risk of infection are not mutually exclusive.
- Social and economic factors co-define the risk of exposure. Primarily found among disenfranchised populations without adequate access to health services and care.
- When we criminalize sex work, drug use and men-having-sex-with-men we push people and risk behaviors underground, thereby increasing vulnerability. We have to consider all these factors when we design interventions.

Important points made by Dr. Bamber included:

- The epidemic's origins are in high-risk groups such as intravenous drug users, commercial sex workers and men-having-sex-with-men. From those groups the epidemic then spreads to other groups in society.
- We know that many of the people in these groups are young but, information on specific risk and vulnerabilities is non-existent or inconsistent so we don't know much about them.
- The epidemic is introduced to different populations even within the same country at different times.
- When we talk about an Asian Epidemic it's oversimplifying the matter because they're not all alike.
- There is diversity from country to country. The type and level of risk and rate of growth varies relative to the contribution of different risk groups. Differences in linkages between risk groups and non-risk groups. Differences in responses and their effectiveness over time. The epidemic is changing, it's not static.
- We need country specific behavior and vulnerability assessments to understand the epidemic among young people, but at the present time these are few and far between.
- We know that the spread of HIV is not inevitable. We know how to interrupt the chain of transmission.
- Unfortunately while we know what works, the response of the region as a whole has flatlined. The epidemic is alive and well despite so many years of addressing the issue.
- The assumptions we make about the behavior of young people are frequently off target. Programming must become more evidence based to be on target and show results and become effective.
- We need to look beyond the behavior and find what the factors are that lead to the behavior.

The final opening presentation was delivered by Mr. Greg Carl, UNICEF Regional HIV/AIDS Project Officer and provided an introduction and background to Lifeskills (Psychosocial Competencies) for Behavior Development and Change in East Asia and the Pacific Region. Mr. Carl noted that since the meeting on *Lifeskills-Based Education (and Skills-Based Health Education) Especially through Schools, in the Context of Adolescent Development and Participation*, held in Salvador de Bahia, Brazil 17-21 June 2002, countries in the East Asia and Pacific Region have begun to rigorously assess their Lifeskills-based education programming against the essential elements of behavior development and change interventions. Prior to the Regional Forum, country teams were asked to complete the Survey of Current Status of Support to Lifeskills-based Education through Schools and write a narrative report of programming against the Essential Elements of Behavior Development and Change. Mr. Carl then summarized those essential elements based on findings from the region. Among them were:

- **An Evidence Base** - There is a lack of behavior and vulnerability data among young people in school [and out of school]. In countries that have this data, it is often not linked to programming where it can become a necessary baseline to monitor behavior development and change over time. Where young people in-school may be considered at low risk due to presumed or reported low levels of sexual behavior, their vulnerability to HIV can change as other factors of vulnerability change, e.g. drug use, poverty, reproductive health choices, among others.
- **Appropriate Messages** – Prevention messages need to be based on the needs and vulnerability of young people. When behavioral and vulnerability data is collected it is often not applied to advocacy efforts or in the development of appropriate messages/materials. We must not forget to include young people as partners in the development of these messages.
- **Lifeskills Development** – Lifeskills Development is not certain in many circumstances. Lifeskills-based education has mistakenly become synonymous with participatory education. Lifeskills-based education is not synonymous with interactive teaching and learning methods, although it relies on the use of these methods. The development of Lifeskills is facilitated through the interaction among the participants - student to student and student to teacher.
- **Linkages to Services and Supplies** – The majority of programs targeting young people across East Asia and the Pacific and South Asia still do not have linkages between Behavior Development and Change (BDC) / Lifeskills programs and services and supplies. While services and supplies may be absent in some countries, they may be available in others but young people remain unaware of these services and/or lack the skills to access them.
- **A Supportive Environment** – National AIDS policies and strategies support HIV prevention education. However, few countries have yet to education sector policies in place to support both prevention education and Lifeskills-based education. Community involvement and ownership in programming is often still weak across the region.
- **Mechanisms for Sustained action** - A number of countries have moved or are moving toward sustainable programming through compulsory Lifeskills-based curricula (as a separate subject or placement into core subject areas, i.e. not as stand alone activities but as significant blocks of lessons) and building of teacher capacity through the institutionalization of LSBE in pre-service teacher training.
- **Collaboration and Networking** – Closer collaboration between governmental, non-governmental, United Nations and other international agencies conducting programming among young people and appropriate government counterpart organizations in some countries has meant a reduction in the duplication of project efforts, especially in reaching the same populations of young people, as well as facilitate the scaling up of programming.
- **Monitoring and Evaluation** – The mechanisms for the monitoring and evaluation of the impact of BDC/Lifeskills programs are still non-existent, weak, or inappropriate in many countries, as many countries still do not have baselines on young people's behavior and vulnerability. Likewise, while Lifeskills-based curricula have been developed and implemented the development of Lifeskills among students has not been adequately assessed. Without the acquisition of these skills, it is unlikely that behavior change can occur.

Country Summaries on Lifeskills-based Education through Schools

Bangladesh

Bangladesh is still in the preparatory stages of developing a Lifeskills-Based Education program and curricula. At the moment, all such education takes place in the non-formal sector. However, the Ministry of Education has already made a commitment to include LSBE in its national curriculum for secondary schools.

Discussions are being organized to reach a consensus on content and strategies, and teaching and learning materials are expected to be ready by the end of 2005. HIV/AIDS and STI prevention, reproductive health and hygiene education and prevention of violence and substance abuse will feature prominently in the program. Bangladesh believes UNICEF can best assist their efforts in the areas of advocacy, and technical support for curricula, teacher training, and research and evaluation.

Bhutan

LBSE is an extracurricular activity in Bhutan and so far only a small number of Scout leaders have been trained to deliver it. The country is still in the preparation stages for adopting LBSE in schools.

The proposed program will include such content areas as HIV/AIDS and STI prevention, reproductive health, substance abuse prevention, nutrition, violence prevention and hygiene education.

To make the program work, however, Bhutan needs more master trainers, technical and financial resources and high-level support and political commitment. Technical and financial assistance is also needed in the areas of monitoring and evaluation.

Cambodia

LBSE policy in Cambodia was developed by the Ministry of Education, Youth and Sports in 2001 and is now part of the national education plan. The program is both core-curricular and extra curricular. At this time, however, LBSE is still in the pilot project stage.

HIV/AIDS prevention education is carried out in both primary and secondary schools and unique features of the Cambodia program deal with landmines and agricultural issues and skills. A youth risk behavior study is being finalized by the ministry, and when it comes to HIV/AIDS, linkages to services have been provided through a phone counseling hotline.

At the moment there are no coordinating mechanisms between ministries and NGOs when it comes to LBSE, and monitoring and evaluation systems have yet to be put in place. Funding, along with additional human resources, is needed. Moving forward, Cambodia plans to expand LSBE in non-formal settings and remote areas, and increase the teaching time for the program and improve teachers' capabilities to address LSBE.

China

China has been working with UNICEF on initiating Lifeskills-based education since 1997. Policies are in place and government commitment appears to be strong. As a rapidly developing nation with the largest population on earth, however, it's not surprising that implementation has been uneven so far. Programs are relatively strong in urban areas. Interventions in rural areas are lagging behind. At this point, a pilot project in Sichuan province has been analyzed and expanded to scale in five additional provinces.

With China modernizing at breakneck speed, one main issue that needs to be addressed is the lack of knowledge among young people even as their attitudes and behaviors quickly change. Most interventions are aimed at secondary school students, but in a few areas primary school students are also included. And, to ensure that knowledge is sustained and maintained, programs are also in place in at some universities. Condom vending machines are also in place at some universities.

Nonetheless, LSBE is not a core subject in Chinese education, but implemented as a component for capacity building and most frequently integrated into HIV/AIDS prevention education. Programs focus on developing "cluster skills" of communication, decision making, problem solving and self-awareness. In some areas reproductive health services and counseling are available. But curricula still do not adequately teach or motivate young people as to how not to place themselves at risk.

Fiji and Vanuatu

The Pacific Island countries, and Fiji and Vanuatu in particular, have a low prevalence of HIV/AIDS. Nonetheless, they also have a high prevalence of sexually transmitted infections (STI) indicating that the risk of an HIV/AIDS epidemic is very real. This has raised awareness for the need for LSBE programs and some are in place already.

A weak point of programs in place, however, is that they focus on Lifeskills in general rather than being attached to specific issues and vulnerabilities, thus lessening their effectiveness. Modules giving attention to HIV/AIDS prevention have been developed and pre-tested, but not yet implemented. Lifeskills education in the Pacific Islands more closely resembles Western models, focusing on cluster skills, rather than the Southeast Asian models which focus on core skills.

Issues that need attention in Pacific Island curricula are gender-based violence and conflict resolution, which contribute to HIV vulnerability. Statistics indicate the number of young men participating in gang rapes is alarming, while the low status of women in these societies is a barrier to education, counseling and services. Civil and ethnic strife is also present in some countries.

Five of the Pacific Island countries have made HIV/AIDS awareness a national priority. Theological colleges have also been looking into ways to include such awareness programs in their curricula.

A team of master trainers has been trained in each country. These trainers work with national and local partners, e.g. government agencies, NGOs, churches, and youth councils within their respective countries. It's not yet clear, however, if the local partners are incorporating Lifeskills-based education into their core business. Data collection is also an area that needs capacity building along with simplification of tools used in training and data collection.

India

In India, LSBE deals mainly with preventing HIV/AIDS and that is of prime importance as evidence that the disease is spreading among the country's 220 million adolescents as creating a growing sense of urgency and the need for action.

India is fortunate in that there is strong political support and commitment for prevention programming. The entire school system has been mobilized for HIV/AIDS prevention education. India's experience in this regards shows that large-scale interventions are feasible. The demand for knowledge from young people has countered resistance.

Present achievements are no guarantee of future success, and so to ensure the sustainability of the program technical capacities for implementation and integration need to be built. Also, expanding coverage to include vulnerable young people not attending school is vital.

Indonesia

Approximately 30% of Indonesia's 214 million people are between 10 and 24 years old making LSBE crucial for the country's future. While the prevalence of HIV/AIDS is low at 0.1% of the adult population, the percentage is much higher among high risk groups.

LSBE takes two forms in Indonesia: LSBE for Healthy Living and LSBE for HIV/AIDS prevention. The essential elements in the HIV/AIDS prevention component are still under development. The need for this is crucial as Indonesia does not allow unmarried youth to attend reproductive health services. While LBSE is mandated as part of the education curriculum, its definition is broad so that it also includes vocational training.

Some issues that need to be addressed in the programs, however, are: weak overall program design; lack of a functioning monitoring and evaluation system; and unchallenged perceptions about LBSE. Among actions that need to be taken are: organize national level technical committees for LBSE; socialization and advocacy for LBSE; empowering of district level LBSE teams; and setting up of a monitoring and evaluation system.

Lao PDR

Since 1997, Lifeskills-based HIV/AIDS prevention education has been supported by UNICEF in primary and secondary schools in the Lao PDR in six provinces. In the 2001-2002 school year, 44,804 students were trained by 1,078 teachers in 697 schools. In 2002, LBSE was integrated with UNFPA's Population Education and the Gesellschaft für Technische Zusammenarbeit's (GTZ) Drug Prevention Education programs.

The Lao programs initially faced many obstacles. Talking about sex in public was taboo, and educators confused LBSE with vocational training. But resistance gradually waned

through advocacy and social mobilization efforts on HIV/AIDS. The Lao education system is also based on rote learning, and so it was a difficult transition for some teachers to adjust the more participatory framework of LBSE. But, by integrating LBSE with population education, LBSE became part of the core curriculum.

More needs to be done in terms of monitoring and evaluation and behavioral assessments of schoolchildren. No baseline survey has been done on health behaviors of schoolchildren. Classroom level tools for the assessment of knowledge, attitudes, and skills were developed in 2003 using a combination of quantitative and qualitative evaluation techniques.

Malaysia

According to Malaysia's Ministry of Health, more than 40% of those infected HIV are below the age of 29. A 1996 survey by the ministry found that of youths aged 13-25, 6% had had casual sex and 5% were addicted to drugs. The percentages were much higher, 18% and 14% respectively, when the survey was done on "loitering youth", a higher-risk group.

Malaysia has implemented a program called PROSTAR (Healthy Without AIDS Program for Youth) that is aimed towards increasing awareness and knowledge of the dangers of HIV and how to prevent infection, what risky behaviors can lead to infection and how the epidemic is related to social decadence.

In keeping with the program's motto "By Youth, Through Youth and For Youth" the ministry has set up PROSTAR clubs in 716 secondary schools run by students. Teachers serve as facilitators. The clubs are monitored by the Ministry of Health in order to evaluate their effectiveness. The Impact Assessment on behaviors is done every five years.

Mongolia

The Mongolian education sector has made rapid strides in LBSE with UNICEF support; including the program in health education since 1998 and making it part of the core curriculum in all of the country's 688 primary and secondary schools.

Content areas include HIV/AIDS and STI prevention, reproductive health, substance abuse prevention, nutrition, violence prevention and hygiene education. Gender issues and child/human rights have yet to be integrated into the program. However, important components such as an evidence base, linkages to services and supplies, collaborative networking, and monitoring and evaluation are still under development.

Next steps for the country include promotion of advocacy and strategy development, training of in-service teachers, development of teachers' guidebooks and student textbooks on LSBE and a revision of the curriculum including an increased number of classroom hours devoted health education.

Myanmar

Following three-and-a-half years of field testing and study, Myanmar launched an education program for HIV/AIDS prevention in 1998, encompassing 4,000 schools in 30 townships. Today, the program is reaching 14,000 schools in 122 townships.

In 2002, the program was revised to emphasize developing core competencies in Lifeskills. Unfortunately, very few services are available for young people. Most counseling, testing and reproductive health programs are for adults or married couples, and while condoms are available in urban areas, they are harder to find in the countryside.

SHAPE, or School-based Healthy Living and HIV/AIDS Prevention Education, has been incorporated into the Ministry of Education's National Lifeskills curriculum. The program has been compulsory in primary schools since 1998 and secondary schools since 2001. The programs have been accepted well by communities, so that even school drop-outs are now being reached through community-based LBSE programs.

Mechanisms for monitoring and evaluation need to be strengthened, as there is no behavioral data for those under 15 years of age, and only limited studies have been conducted among high risk groups aged 15 and above. There is no systematic monitoring mechanism for behavior development and change over time. However, tools for the assessment of knowledge, attitudes and Lifeskills at the classroom level have been developed for monitoring and grading purposes. The project has also initiated a lesson planning, facilitation and self-assessment tool for teachers and a Lifeskills development self-assessment tool for secondary school students.

Nepal

In 2002, UNICEF Nepal began integrating LBSE for prevention of HIV/AIDS and drug abuse in both the formal and non-formal education systems. Working with the Ministry of Education and Sports, in 2003 the program was integrated into the health curriculum for Grades 1 – 10.

The new curriculum is Lifeskills based. Its primary focus is on HIV/AIDS prevention but also tackles disease prevention, hygiene, sanitation, care and support, community health, nutrition and drug abuse. The program includes participatory activities-based sequential-learning modules, with more complex and sensitive issues dealt with in Grade 10. Coping with difficult vulnerable situations, along with building positive attitudes to reduce stigma are important components.

Nepal's plan of action for 2004-2005 includes: finalization of an LBSE curriculum package including guidelines on monitoring and evaluation; ongoing capacity building in training, monitoring and evaluation; and orientation of parent-teacher associations and school-management communities in LBSE. Implementation of LBSE will be piloted nationally in public schools next year.

Pakistan

When it comes to HIV/AIDS, Pakistan is a low-prevalence country, but there are still many risks faced by Pakistani youth that increase the chances of infection including, socio-economic disadvantage, gender inequality, low levels of education, violations of the rights of children and adolescents and commercial sexual exploitation.

Pakistan's National AIDS Control Program includes a specific chapter on prevention in youth, but LBSE for HIV prevention is not yet provided in schools, nor are the initiatives that do exist aimed at changing behavior. Cultural mores play a significant role in determining the nature of Pakistan's programs. Islamic teaching is compulsory in schools and the Quran is regarded as providing the code of conduct for life which includes healthy behavior, human rights, tolerance, sacrifice, peace and mutual understanding.

Pakistan is attempting to reach youth through "gate keepers", such as parents, teacher and religious leaders and by building alliances with the mass media so they understand how to report on HIV/AIDS-related issues including stigma and discrimination. Advocacy efforts are underway to garner stronger political commitment, and voluntary counseling and testing services are being set up for the general public including youth-friendly services. Monitoring and evaluation mechanisms are not yet in place except in six districts where UNICEF is assisting in a pilot project.

Philippines

With nearly 20% of its population aged between 15 and 24, the Philippines has worked diligently to devise an LBSE program in schools geared towards the essential elements of Behavioral Development and Change. Youth surveys on fertility and sexuality have been conducted regularly to provide a data base from which to build interventions.

LBSE in the Philippines deals with such topics as growth and development, drug education, reproductive health, disease education, responsible parenthood and family planning. But prevention messages must be crafted to motivate and appeal to the needs, beliefs, concerns and readiness of young people. Lifeskills are taught not only in health education classes, but also in values education, social studies and science. Those relating to HIV are in Biology and Health Education.

Voluntary and confidential counseling and testing (VCCT) is available to youths, but only from private/non-governmental organizations at Teen Centers. Telephone hotlines have been set up and condoms are available at drug stores although not easily accessed by youth. Teachers have received training in LBSE, but continual training is needed. Monitoring and evaluation structures are being put in place.

Sri Lanka

Sri Lankan officials admit their LSBE program isn't strong enough to provide vulnerable young people with sufficient strategies to cope with the psychosocial stresses and challenges brought on by 20 years of civil war. Despite this, they are moving forward with interventions to give young people the benefits they can and with eye towards the day when peace will return to the country.

In Sri Lanka the interventions are called "Life Competencies" because "Lifeskills" was already in use for vocational training. Education reforms enacted in 1997 included giving priority to LBSE programs, indicating that education officials are striving to create a supportive environment. Education has moved from teacher-centered to child-centered learning.

Prevention of HIV/AIDS education has been included in the program, but implementation has been difficult because of taboos surrounding speaking about sexual issues. Responsible sexual behavior and delaying sexual relationships until marriage are the main themes rather than condom use.

Emphasis has also been placed on prevention programs for alcohol, tobacco and substance abuse using a Lifeskills-based approach. That fact that few Sri Lankan teenagers smoke is an indicator that the programs are having some success.

Thailand

Thailand has long been recognized as a pioneer in HIV/AIDS prevention. Nonetheless, moving from rote education to an LBSE approach is proving to be a huge leap for educators.

A key element missing from the Thai programs is an adequate collection of baseline studies from which effective interventions can be designed. Until now, Thai curricula have focused on providing information in ways that are prescriptive; students are told what is right and wrong, good and bad. Development of analytical capabilities in young people is generally lacking.

Condoms are available throughout Thailand, but their cost may be prohibitive for some youths. VCCT is also widely available, but social mores may inhibit some young people from making use of the service. And while there has been a directive since 1991 that HIV prevention be taught to young people, there is still no national policy on the issue. Some officials still look upon such education as encouraging sexual activity. HIV/AIDS prevention education is still a "co-curricular" subject, taught as an elective in clubs or after school.

Without baseline studies it has been difficult to assess behavior change and vulnerability reduction over time. Outcomes have been assessed on a limited scale at project levels, but no further.

Timor Leste

Newly independent Timor Leste is essentially still in the planning stages when it comes to LSBE, but the need for such programs has been recognized by the Ministry of Health and the Ministry of Education, Culture, Youth and Sport. UNICEF is already working with the government on HIV-prevention programs, but not yet on LSBE.

Virtually all elements of a behavioral development and change program are under research and discussion at this point in time and details about design and implementation have yet to be decided. Nonetheless, training of a first batch of teachers for LBSE is scheduled for August 2004, and a pilot plan for a Lifeskills module is expected in September 2004.

Technical assistance is being sought to design a Lifeskills module for pre-secondary and secondary school and the hope is that such a program will be included in the syllabus when completed in 2006.

Vietnam

Although Vietnam established an LBSE program in 1995 in lower secondary schools, it is still an extra-curricular program. The program has also not yet reached national scale, although preparations are being made to do so.

Vietnam's program includes HIV/AIDS and STI prevention, reproductive health, prevention of substance abuse, gender issues, coping with stress, sexual abuse and child rights. However, linkages to services and supplies are still limited and weak.

The first national youth survey has been conducted and results are being finalized, which should provide a base of data to help formulate and adjust LBSE programs. But, unfamiliarity with participatory-style education is a constraint upon program effectiveness.

The next step for Vietnam is to consolidate its experiences and develop strategies to expand programs. Technical assistance is needed for capacity building and assessment and evaluation.

Panel Discussion I: An Evidence Base

Interventions are evidence-based and therefore specific to the risk and vulnerabilities of young people

**** The target audience needs to be clearly identified. Situation analyses and behavioral assessments need to be conducted in order to establish a baseline. ****

The opening panel discussion was moderated by Dr. He Jinglin, National Project Officer for UNAIDS China and included representatives from Indonesia, the Philippines, Thailand, Vanuatu and Vietnam.

Each panelist presented information on the methodology their country was using to gather data about their young people in order to provide meaningful, accurate and up-to-date information about their views and behaviors regarding a range of problems, situations or issues for which they are at risk or vulnerable. Survey results were also presented. The compilation and interpretation of information provides the baseline from which effective interventions can be designed. Without such baselines, programs can only be designed by what is essentially guesswork, and success rates will often be low.

For all the nations represented on the panel collecting data on young people was a relatively new experience. While the Philippines has conducted two national surveys – the first in 2000 and the second in 2004 – Vietnam only recently completed its first Survey and Assessment of Vietnamese Youth (SAVY). Diversity issues also came into play in gathering information. All countries included both rural and urban youth in their surveys, and Vietnam made sure to include ethnic youth. The extreme vastness and diversity of Indonesia, however, forced it to focus on one region, Papua, which while only constituting 2% of Indonesia's population, accounts for 30% of all its HIV/AIDS cases. Nonetheless, even within Papua there a number of tribal groups with different cultures and mores. Vanuatu, which surveyed Pacific Island youths, faced similar challenges. Although their populations are relatively small at a total of 200,000, they are spread across 32 islands and also have distinct cultures.

Methodologies included a combination of surveys, interviews, focus groups and questionnaires. Each survey was a learning experience for those who designed and administered them. Vietnam, for instance, found that the order of questions asked could affect how respondents interpreted the questions and thus alter responses. Who asked the questions was also an issue, as young Vietnamese preferred to be interviewed by those of the same age group and same sex.

Thailand, which has a longer history of conducting national surveys on risk behavior, made a presentation that focused on the use of Palm Pilot technology to gather data by self-interviewing. Thailand found that Palm technology-assisted self interviews had a high enrollment rate and provided statistically higher accurate answers from participants. It proved very good at collecting sensitive information. The downside, however, is that the method is more expensive and less mobile.

Common findings from the surveys were that Lifeskills training and health education in general needs to be increased and expanded among youths and particularly rural youths. A significant number of youths in all countries had engaged in premarital sexual activity, and while awareness of HIV/AIDS was relatively high, misinformation about what causes infections and how to prevent them abounded. All agreed that, while their findings were crucial to designing effective LBSE programs and other interventions, more surveys and data collection needed to be done to verify original findings and expand upon them so that interventions could be fine tuned and made even more efficacious.

Panel Discussion II: Appropriate Messages

Prevention messages crafted to motivate and appeal to the needs, beliefs, concerns and readiness of the young people

**** What are specific factors of risk and vulnerability of young people? What motivates or protects young people from placing themselves at risk? Does the curriculum accurately and adequately address these? How do the students relate to what is being taught? Are they able to see the relationship between activity/lesson and their daily lives? ****

The second panel discussion was moderated by Thongdeng Silakoune, HIV/AIDS Project Officer for UNICEF in Laos and included participants from China, the Philippines, Indonesia, Vietnam and Vanuatu.

With data from surveys and interviews in hand, the next challenge for those working in LBSE is to use that data to craft messages aimed at youths that will be effective in motivating them to change behaviors. For instance, baseline surveys in the Indonesian province of Papua showed that only 70% of students who had sex during the past year used condoms. This information indicates that a significant percentage of Papuan youths are either unaware or misunderstand the consequences of unprotected sex and could be used to generate messages about how condom use can prevent HIV/AIDS and STIs. More importantly, those messages must be crafted in ways that will change attitudes and behaviors.

How to present messages is also crucial to whether or not they will be effective in changing behaviors. Generally speaking, messages need to be simple and personalized. For example, the message that “anyone can get HIV” is not personalized enough. Message formation is in a sense social marketing, and so some principles of marketing need to be employed, such as, having identified risk groups, targeting messages towards those groups in personalized terms so that members of those groups will relate to them more easily.

In China, researchers have found that young people are bored by reading and lectures, and messages are absorbed to a greater degree if they are integrated into activities that young people find fun, such as in comic books or on websites, through audio/visual presentations and interactive, participatory events. Discussions can be effective if they are non-judgmental. In the Philippines, researchers found that messages need to be delivered through a variety of means – through family, in the schools, by peers and through mass media – to see that they are effective. This necessitates educating and training teachers, parents, peers and those who work in the media.

Panel Discussion III: Development of Lifeskills

Young people must be provided with opportunities to develop Lifeskills (psychosocial competencies).

**** Does the curriculum and teaching facilitate Lifeskills development? How? What skills are targeted, core skills or cluster skills? Does the content of the activities/lessons get thoroughly analyzed or processed? Are linkages made between an activity/lesson with the young people's daily lives/lifestyles? Are linkages made with other issues that may increase a young person's vulnerability to HIV infection? Is the curriculum competency based? ****

Laura Fragiacomio, Assistant Project Officer, HIV/AIDS for UNICEF Pakistan, moderated the third panel discussion which included participants from Cambodia, Thailand, Sri Lanka, Myanmar, Lao PDR and Vietnam.

Common to all the countries that participated in the panel discussion was an education system that traditionally focused on rote learning, where students rarely asked questions of teachers or were encouraged to think creatively. In the face of such traditional education models, LBSE presents a serious challenge, not just to students, but to teachers and other educators. By its nature LBSE is participatory and seeks to nurture creative thinking and problem solving. In a country such as Cambodia, however, where the education system was all but destroyed during a quarter century of civil war and conflict, a cultural bias has developed that values more theoretical lessons in schools as opposed to learning how to cope with real-life situations as being part of an academic curriculum.

While Lifeskills-based education is not synonymous with interactive teaching and learning methods, it relies on the use of these methods for the development of skills. Lifeskills development cannot occur where there is no interaction among the participants – student to student and student to teacher. In Thailand, an LSBE approach is already in use in dealing with HIV/AIDS prevention education. There, students are given scenarios and presented with choices that demand individual analysis and problem solving, fosters small group discussions and sharing thoughts, opinions and experiences with the whole class and the teacher. To develop critical thinking and problem-solving skills, Myanmar educators employ buzz groups and discussions, brain storming and role playing among other methods. Similar approaches are found in Lao PDR and Vietnam. Crucial to making these methods effective, however, is capacity building and training among teachers. In all countries on the panel, teachers had little or no experience with these styles and approached to teaching, and so training and educating teachers in applying these methods is the cornerstone of making it work. However, in some locations, such as Sri Lanka, teachers said they liked the new teaching methods.

In addition to the interactive teaching and learning methods, Lifeskills-based education must have two additional elements in place: the actual Lifeskills identified, and a content area or focus for the program. Both Lao PDR and Myanmar have revised their LSBE curricula to strengthen the content areas – HIV/AIDS, drug and substance use prevention, and related areas – and to become Lifeskills competency based. The addition of competencies to each content area has aided in the development of lesson processing guidelines that ensure skills development and in the development of assessment tools that can aid in the monitoring of Lifeskills development in the classroom.

In general discussions following the presentations a number of questions and issues were raised, including: How do we move away from generic Lifeskills programs that are not attached to specific outcomes to combining Lifeskills-based approaches that can promote specific behavior development and change for the prevention of HIV/AIDS and other related issues?; What are the benchmarks for LSBE and how do we link competencies with evidence base and obtain feed back in an evidence base? And, how do we target leadership to support LSBE through policy development, teacher training and other strategies for long term sustainability?

Panel Discussion IV: Linkage to Services and Supplies

Young people must be provided with appropriate services and supplies.

**** Do young people have access to voluntary and confidential counseling and testing services (VCCT), reproductive health services, and other services as needed? Is appropriate referral included in the intervention? Do young people need to have access to condoms and other equipment for prevention? ****

Rachel Odede, HIV/AIDS Project Officer for UNICEF Indonesia, moderated the fourth panel discussion which included participants from Thailand, Mongolia and EAPRO for Cambodia.

While knowledge is useful, knowledge alone won't get young people very far without access to supplies and services. When it comes to HIV/AIDS and reproductive health, which means access to VCCT among other services. And for LSBE in general, access to youth clinics and youth-friendly sectors of the public health system. In Cambodia, a national program providing toll-free hotline counseling services for young people that is linked to VCCT services has been established. In Thailand, school-based counseling services identify young people at risk and refer them to youth clinics and other supporting services. While in Mongolia, LSBE is taught within the Child Friendly Schools Framework. All nations on the panel, and many others, face difficulties when it comes to funding and resources to establish and link supplies and services to LSBE.

Panel Discussion V: A Supportive Environment

A supportive environment needs to be created for prevention programming.

**** Are the administrators, teachers, parents, PTA, community leaders supportive of LSBE? Are education policies in place to support LSBE/interventions among young people? What measures of advocacy need to be put into place? Are participatory teaching methods used in the classroom? Are communities also receiving benefits from programming? ****

The fifth panel discussion was moderated by Dr. He Jinglin, National Project Officer for UNAIDS China and included representatives from Vietnam, Nepal, China, Mongolia, Myanmar and Cambodia.

From the upper echelons of government down to communities and households, understanding of and support of LSBE is essential if an environment is to be created in which programs and interventions will succeed. Because LSBE teaches young people the skills necessary to make good choices when confronted with problems and decisions in the world at large, their chances of making good choices can only improve if policy makers and communities are supportive.

In Myanmar, the SHAPE or School-based Healthy Living and HIV/AIDS Prevention Education program has enlisted the support of local Parent Teacher Associations (PTA) as partners and stakeholders in LSBE. The PTA members receive training about the SHAPE program and healthy practices and safe behaviors that should be modeled for young people in the community and at home, including prevention of HIV infection and care and support of people living with HIV/AIDS. The PTA then work with the community to build a supportive environment for LSBE. SHAPE has recently been expanded in a number of pilot communities, under the name SHAPE Plus, in order to reach young people out-of-school. Both the school and the PTA have played an important role in mobilizing the young people's participation by advocating the benefits of LSBE to families and the community.

In Vietnam, support takes the form of adolescent forums which foster interaction between young people both in and out of school. These forums are linked to agencies which work around the youth agenda. Awareness of community sensitivities is also key for garnering support for LSBE programming.

Nepal began its LSBE program two years ago, and is finding that during these early stages advocacy is still necessary to create that supporting environment. Lobbying of policy makers and decision makers at appropriate ministries is still important, as is collaborations with ministry officials, NGOs, PTAs and UNICEF to expand the ring of stakeholders. That is similar to the approach taken by Mongolia, which enlists UN agencies, national and international institutions and NGOs to support formal and non-formal health education. China's government had displayed strong commitment to creating an environment conducive to LSBE through a series of policies and regulations formulated by the Ministry of Education. In particular, the ministry has put an emphasis on enhancing teachers' training so that they are well-qualified to carry out LSBE programs and interventions. It is still unclear, however, to what extent communities and NGOs have been mobilized to support the effort.

Panel Discussion VI: Mechanisms for Sustainability

Mechanisms are in place to sustain programming and prevention behaviors.

**** How is Lifeskills programming incorporated into the school curriculum or activities? Is it single or a series of once-off activities? Is it co-curricular or core curricular? Is it incorporated into pre-service teacher training? What will help ensure that skills are continuously strengthened? ****

The sixth panel discussion was moderated by Thongdeng Silakoune, HIV/AIDS Project Officer for UNICEF in Lao PDR and included participants from Nepal, Lao PDR, India, Myanmar and Malaysia.

As Lifeskills Based Education is still a new phenomenon across much of Asia, integrating into school curricula is still a challenge or hurdle for many countries. Nepal has worked to build support for its LSBE initiative by linking it international policy mandates such as the Millennium Development Educational Goals Report and Education for All. Now in the midst of its tenth national five-year development plan, one element of that plan is to develop and implement LSBE programs for grades one through ten. Having already completed its evidence-gathering phase, Nepal is now engaged in creating and enabling environment and capacity building. By contrast, India teaches HIV/AIDS prevention only in grades 9 and 11, and by its own admission the LSBE component is weak. Nonetheless, the country is rapidly attempting to strengthen that component and to scale up its program to reach 90% of schools by the end of 2004. It's doing that by stepping up teacher training and using a mix of formal and non-formal education settings to see that as many young people are reached as possible. In smaller states NGOs are handling much of the program, while in larger ones the Ministry of Health is leading the effort.

From just five schools in a pilot project in 1995, Laos has now integrated HIV/AIDS prevention education in five core subjects for all schools in grades 4 through 11, along with stepping up teacher training and expanding coverage to non-formal education. Neighboring Myanmar, meanwhile, has made LSBE a separate but compulsory co-curricular subject at the primary school level and is in the process of doing so at the secondary school level. To ensure sustainability of the program, Lifeskills have been incorporated in pre-service teacher training at 23 colleges and institutes. Malaysia's PROSTAR (Healthy Without AIDS Program for Youth) clubs are co-curricular, but receive strong support, encouragement and coordination from teachers and government, and has so far reached 716 schools.

Panel Discussion VII: Collaboration and Networking

Collaboration and networking with different sectors of the community/country.

**** How is the Lifeskills programming linked to other programs outside school? Are the PTA and parents involved in programming? Are other organizations being used as resources? Do partnerships facilitate access to supplies and services? Is the LSBE in the classroom/intervention linked with opportunities for young people to apply/practice their skills in the community? ****

Laura Fragiacomio, Assistant Project Officer, HIV/AIDS for UNICEF Pakistan, moderated the seventh panel discussion which included participants from Lao PDR, Indonesia, India, Malaysia and Thailand.

Collaborating and networking with a range of partners from government, to NGOs to communities is essential for creating the supporting environment and garnering the resources needed to make LSBE interventions effective. The Lao PDR has found that collaborating and seeking cooperation from agencies such as UNFPA and GTZ is essential to revising its curriculum, scaling up its program and to reducing duplication of efforts so that resources aren't wasted. Indonesia, meanwhile, partners with NGOs such as Save the Children, IMC and Plan International in some districts, but on the whole still seeks to gain the thrust of its collaborations with UNICEF and UNFPA. India also has found collaborating with NGOs useful in some areas where they have specific knowledge and expertise, especially in areas where LSBE is carried out in non-formal settings.

Malaysia's PROSTAR clubs have enlisted support not just from politicians, but also actors and other prominent members of society. Public support from the Prime Minister has been an important factor in this as it creates a ripple effect of support at all levels of society. NGOs are also playing a part as PROSTAR is divided into two categories, clubs managed directly by the government and clubs managed by NGOs with funds and support from the government. Thailand's National Lifeskills Network was originally based on broad partnerships with the Ministries of Defense and Health aside from Education, but for several factors this approach did not work. The Network was then moved directly into schools, to mobilize and build collaboration with local PTAs, NGOs, People Living with HIV/Aids, the business sector and the mass media in an effort to make the program as wide reaching, effective and sustainable as possible.

Panel Discussion VIII: Monitoring and Evaluation

Monitoring and evaluation are essential processes.

**** Are structures in place to facilitate on-going monitoring and evaluation? What will be monitored and what will be evaluated – and at what level? Do countries have a system of behavioral surveillance in place and are young people included? Are behavioral assessments regularly conducted throughout the school system and among young people out of school? Are knowledge acquisition and attitudinal and Lifeskills development accurately being assessed in the classroom and in other intervention efforts? ****

Rachel Odede, HIV/AIDS Project Officer for UNICEF Indonesia, moderated the eighth panel discussion which included participants from Lao PDR, Myanmar, Indonesia and India.

Few have a well-established monitoring and evaluation system in place at this time. The reasons for that are obvious: LBSE is a new teaching dimension for most, HIV/AIDS prevention programs are also relatively young, some programs are still only in pilot stages and many countries lack experience, trained personnel and other infrastructures to carry out large-scale surveillance studies. Nonetheless, all realize the importance and necessity of putting monitoring and evaluation mechanisms in place. There is simply no other reliable means of gathering the necessary evidence to know whether or not programs are working, behaviors are changing and how to make existing programs more effective.

Most countries employ a mix of quantitative and qualitative methods for monitoring and evaluation. Lao PDR, for instance, uses a two-step Knowledge, Attitude and Lifeskills (KAL) questionnaire requiring a true or false response and then the reason for the response to verify the answer for grading purposes. The reasons for the response are then compared against the Lifeskills competencies for each subject area to monitor skills development. Attitudinal surveys and teaching checklists are also used in student and teacher self assessment. In preparation for its first national Assessment in 2005, assessment instruments are being tried out; guidelines, manuals and questionnaires developed; and data is being gathered on schools for the sampling.

Myanmar carried out an assessment of its SHAPE (School-based Healthy Living and HIV/AIDS Prevention Education) program in 2002, and it has already provided detailed knowledge on communities and HIV/AIDS. Two-step KAL questionnaires, attitudinal surveys for self-assessment and teaching guidelines for planning, facilitation and teacher self-assessment are all currently being piloted. In both Lao PDR and Myanmar, the monitoring of behavior change is not regular because there is a lack of baseline data and mechanisms to support periodic behavioral and vulnerability assessments. However, discussions have been taking place in both countries to remedy this.

In the province of Papua, Indonesia utilized the Provincial Department of Education and UNICEF questionnaire for students in its assessment of the program. In evaluating its program, Indonesia monitored implementation (the numbers of students, trainers and materials available), knowledge and behavior. The country recognizes that more systematic monitoring and evaluation is needed and the capacity for teachers to carry this out must be improved. In India, monitoring is school-based and focuses more on processes, such as the extent to which the program is reaching intended audiences and stakeholder satisfaction with the adequacy of training and delivery of the programs. Teachers use the assessments to judge how the interventions are doing at the school level. Still, India acknowledges that a system of more routine reporting needs to be put in place.

Conference participants noted that when it comes to surveys and questionnaires, information gathered is often more accurate if you ask teens about attitudes and behaviors of their peers. When asked about their own attitudes and behaviors they have a tendency to tell the interviewer what they want to hear.

Forum Outcomes

During the final session, Mr. Greg Carl reviewed what had led to the Forum, what had been accomplished and turned an eye toward the future to see what is on the horizon as far as developing LSBE around the region and future gatherings of those involved in programming and advocacy.

Mr. Carl noted that much hard work was put into narrative reports and surveys, holding discussions with UNFPA, UNESCO and Ministries of Health and Education. From a regional perspective, many countries have pieces of LSBE puzzle in place but lack others. Some countries have started their programs earlier than others. While some may be conducting baseline surveys, they aren't specifically examining young people of school age, and where they are, the results have yet to be linked to school-based programming. A certain amount of collaboration exists in program implementation, but as far as policy at the national level, there aren't truly effective mechanisms.

The Forum was a tool that helped shed light on these situations. It showed participants what pieces of the puzzle they may be lacking in their respective countries and posed the question of how do we link up or pick up the missing pieces? Information gathered at the forum will be brought back home and shared with colleagues and other agencies and ministries.

For the future, those missing pieces need to be linked. Participants know what they are trying to achieve – quality education and quality development of our young people. To that end, several developments are already underway around the region and others are in the planning stages. Among them are:

- National Forums on Lifeskills-Based Education for Behavior Development and Change through Schools with Regional technical inputs (from UNICEF and/or counterparts) will be conducted in countries in India and China.
- Regional Forums on Lifeskills-Based Education for Behavior Development and Change through Non-Formal Education and for highly-vulnerable young people are currently being planned.
- A Regional meeting among UNAIDS co-sponsors, INGO, bilaterals and others on Lifeskills-based education and prevention programming among young people is currently being planned for the end of the third / fourth quarter to build greater collaboration among agencies in programming for young people.
- Country teams are planning rigorous reviews of their Lifeskills-based education programs that will feed into National Forums in select countries with support from the UNICEF Regional and Country Offices to examine the following:
 1. Advocacy and policy development based on the outcomes of the above activities. Lifeskills-based prevention education integrated into the national core curriculum with capacity building support from UNICEF or between countries.
 2. Curriculum revision in a number of based on rigorous situation review, which involves qualitative data analysis of adolescent behavior and vulnerability.
 3. Development of a Lifeskills-based education programming monitoring and evaluation toolkit based on best practices in Southeast and South Asia.
 4. Systems developed to support teachers through professional development, including:
 - Lifeskills-based education incorporated into pre-service teacher training
 - Partnerships established to develop an institution-based capacity building centre/s.
 - A system of performance appraisal established to ensure that teachers and school administrators implement Lifeskills-based education.
- Mappings of agencies in selected countries involved in Lifeskills-based or participatory HIV/AIDS and drug and substance use prevention education that highlight global priorities, goals and commitments.

- Documentation of good practice examples in the elements of behavior development and change and a guideline for Lifeskills-based education in the East Asia and Pacific Region.
- Collaboration between government agencies is being promoted and coordinated by UNICEF to facilitate technical assistance across borders.

In conclusion, representatives from all countries expressed appreciation for the opportunity to meet with and share ideas and experiences with colleagues from around the region working on the same or similar programs and issues. All agreed there was much value in such exchanges and are looking forward to future meetings to map progress, explain developments and fine-tune evolving programs based on evidence and experiences gathered before the next Forum on Lifeskills-based Education for Behavioral Development and Change.