## Document information

<table>
<thead>
<tr>
<th><strong>Title</strong></th>
<th>Global Life Skills Education Evaluation: Draft Final Report</th>
</tr>
</thead>
</table>
| **Version** | V7.0a  
Final  
Minor edits at 15 March 2012 |
| **Date** | 29th February 2012 |
| **Circulation** | UNICEF |
| **Author** | E/C GLSEE team:  
John Wood ([j.wood@efc.co.uk](mailto:j.wood@efc.co.uk))  
Laetitita Antonowicz, David Clarke, Patricia Daniel, Jake Grout-Smith, Sophie Tanner  
Felisa Tibbits, Maureen Wang’ati |
<p>| <strong>QA</strong> | Barbara Fletcher, Julie Carpenter |
| <strong>Copyright</strong> | UNICEF 2012 |
| <strong>Contract details</strong> | 43113923 between UNICEF and EfC |</p>
<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIDS</td>
<td>Acquired immunodeficiency syndrome</td>
</tr>
<tr>
<td>BFPA</td>
<td>Barbados Family Planning Association</td>
</tr>
<tr>
<td>CARICOM</td>
<td>Caribbean Community</td>
</tr>
<tr>
<td>CASEL</td>
<td>Collaborative for Academic, Social and Emotional Learning</td>
</tr>
<tr>
<td>CCSLC</td>
<td>Caribbean Certificate of Secondary Level Competence</td>
</tr>
<tr>
<td>CEECIS</td>
<td>Central and Eastern Europe and Commonwealth of Independent States</td>
</tr>
<tr>
<td>CFS</td>
<td>Child-friendly schools</td>
</tr>
<tr>
<td>CO</td>
<td>(UNICEF) Country Office</td>
</tr>
<tr>
<td>CRC</td>
<td>Convention on the Rights of the Child</td>
</tr>
<tr>
<td>CSO</td>
<td>Civil society organisation</td>
</tr>
<tr>
<td>CXC</td>
<td>Caribbean Examination Council</td>
</tr>
<tr>
<td>DAC</td>
<td>Development Assistance Committee</td>
</tr>
<tr>
<td>DHS</td>
<td>Demographic and Health Survey</td>
</tr>
<tr>
<td>DRR</td>
<td>Disaster risk reduction</td>
</tr>
<tr>
<td>EAPRO</td>
<td>East Asia and the Pacific Regional Office</td>
</tr>
<tr>
<td>ECCE</td>
<td>Early childhood care and education</td>
</tr>
<tr>
<td>ECD</td>
<td>Early childhood development</td>
</tr>
<tr>
<td>EDUCAIDS</td>
<td>Global Initiative on Education and HIV and AIDS</td>
</tr>
<tr>
<td>EFA</td>
<td>Education for All</td>
</tr>
<tr>
<td>EMIS</td>
<td>Education management information systems</td>
</tr>
<tr>
<td>ERfKE</td>
<td>Education Reform for the Knowledge Economy</td>
</tr>
<tr>
<td>ESARO</td>
<td>East and South Africa Regional Office</td>
</tr>
<tr>
<td>EXCEL</td>
<td>Expanded and Continuous Education and Learning</td>
</tr>
<tr>
<td>FBO</td>
<td>Faith-based organisation</td>
</tr>
<tr>
<td>GDP</td>
<td>Gross domestic product</td>
</tr>
<tr>
<td>GER</td>
<td>Gross enrolment rate</td>
</tr>
<tr>
<td>GIZ</td>
<td>Deutsche Gesellschaft für Internationale Zusammenarbeit (for GTZ)</td>
</tr>
<tr>
<td>GNI</td>
<td>Gross national income</td>
</tr>
<tr>
<td>HDI</td>
<td>Human Development Index</td>
</tr>
<tr>
<td>HFLE</td>
<td>Health and family life education</td>
</tr>
<tr>
<td>HIV</td>
<td>Human immunodeficiency virus</td>
</tr>
<tr>
<td>HRBA</td>
<td>Human rights-based approach</td>
</tr>
<tr>
<td>ICT</td>
<td>Information and communication technologies</td>
</tr>
<tr>
<td>IIEP</td>
<td>International Institute for Educational Planning</td>
</tr>
<tr>
<td>INGO</td>
<td>International non-governmental organisation</td>
</tr>
<tr>
<td>INEE</td>
<td>Inter-agency Network for Education in Emergencies</td>
</tr>
<tr>
<td>KIE</td>
<td>Kenyan Institute of Education</td>
</tr>
<tr>
<td>LSBE</td>
<td>Life skills-based education</td>
</tr>
<tr>
<td>LSE</td>
<td>Life skills education</td>
</tr>
<tr>
<td>M&amp;E</td>
<td>Monitoring and evaluation</td>
</tr>
<tr>
<td>MDGs</td>
<td>Millennium Development Goal</td>
</tr>
<tr>
<td>MENA</td>
<td>Middle East and North Africa</td>
</tr>
<tr>
<td>MES</td>
<td>Ministry of Education and Science</td>
</tr>
<tr>
<td>MIE</td>
<td>Malawi Institute of Education</td>
</tr>
<tr>
<td>MINED</td>
<td>Ministry of Education (Mozambique)</td>
</tr>
<tr>
<td>MoE</td>
<td>Ministry of Education</td>
</tr>
<tr>
<td>MSC</td>
<td>Most Significant Change</td>
</tr>
<tr>
<td>NER</td>
<td>Net enrolment rate</td>
</tr>
<tr>
<td>NGO</td>
<td>Non-governmental organisation</td>
</tr>
<tr>
<td>NIE</td>
<td>National Institute of Education</td>
</tr>
<tr>
<td>PCAR</td>
<td>Primary Curriculum and Assessment Reform</td>
</tr>
<tr>
<td>PE</td>
<td>Physical education</td>
</tr>
<tr>
<td>PLHIV</td>
<td>People living with HIV/AIDS</td>
</tr>
<tr>
<td>Acronym</td>
<td>Full Form</td>
</tr>
<tr>
<td>---------</td>
<td>-----------</td>
</tr>
<tr>
<td>PTA</td>
<td>Parent teacher association</td>
</tr>
<tr>
<td>PSS</td>
<td>Psycho-social skills</td>
</tr>
<tr>
<td>PVE</td>
<td>Pre-vocational education</td>
</tr>
<tr>
<td>ROSA</td>
<td>Regional Office of South Asia</td>
</tr>
<tr>
<td>SAP</td>
<td>School Awareness Programme</td>
</tr>
<tr>
<td>SHAPE</td>
<td>School-Based Healthy Living and HIV Prevention Programme</td>
</tr>
<tr>
<td>SRH</td>
<td>Sexual and reproductive health</td>
</tr>
<tr>
<td>STI</td>
<td>Sexually transmitted infection</td>
</tr>
<tr>
<td>TACRO</td>
<td>The Americas and the Caribbean Regional Office</td>
</tr>
<tr>
<td>ToR</td>
<td>Terms of reference</td>
</tr>
<tr>
<td>TTC</td>
<td>Teacher training college</td>
</tr>
<tr>
<td>UNAIDS</td>
<td>Joint United Nations Programme on HIV/AIDS</td>
</tr>
<tr>
<td>UNDAF</td>
<td>United Nations Development Assistance Framework</td>
</tr>
<tr>
<td>UNESCO</td>
<td>United Nations Educational, Scientific and Cultural Organization</td>
</tr>
<tr>
<td>UNFPA</td>
<td>United Nations Population Fund</td>
</tr>
<tr>
<td>UNGASS</td>
<td>United Nations General Assembly Special Session (on HIV and AIDS)</td>
</tr>
<tr>
<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
</tr>
<tr>
<td>UNIFEM</td>
<td>United Nations Development Fund for Women</td>
</tr>
<tr>
<td>UNRWA</td>
<td>United Nations Relief and Works Agency</td>
</tr>
<tr>
<td>WCARO</td>
<td>West and Central Africa Regional Office</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
</tr>
</tbody>
</table>
# Contents

Abbreviations ........................................................................................................... ii  
Contents ................................................................................................................... iv  
List of Figures ........................................................................................................... v  
List of Tables ........................................................................................................... v  
Executive Summary ................................................................................................. 1  
1 Introduction ........................................................................................................... 6  
1.1 UNICEF Global Life Skills Education Evaluation ......................................... 6  
2 Methodology .......................................................................................................... 8  
2.1 Overview ............................................................................................................ 8  
2.2 Life skills literature review .............................................................................. 8  
2.3 Country documentation review ....................................................................... 8  
2.4 Country case studies ......................................................................................... 9  
2.5 Delphi survey .................................................................................................... 9  
2.6 Limitations ......................................................................................................... 10  
3 Life skills concepts, trends and critical issues .................................................... 12  
3.1 Defining life skills ............................................................................................. 12  
3.2 The development of life skills ......................................................................... 15  
3.3 Life skills in education ....................................................................................... 16  
3.4 UNICEF and life skills education ..................................................................... 22  
3.5 Implementation of life skills education ............................................................ 25  
3.6 Monitoring and evaluation of LSE ................................................................... 30  
4 Case study country contexts ................................................................................. 35  
4.1 Armenia ............................................................................................................. 36  
4.2 Barbados .......................................................................................................... 37  
4.3 Jordan ............................................................................................................... 39  
4.4 Kenya ............................................................................................................... 40  
4.5 Malawi .............................................................................................................. 41  
4.6 Mozambique ...................................................................................................... 43  
4.7 Myanmar .......................................................................................................... 45  
5 Findings .................................................................................................................. 47  
5.1 Relevance .......................................................................................................... 47  
5.2 Coverage .......................................................................................................... 60  
5.3 Efficiency .......................................................................................................... 70  
5.4 Effectiveness ..................................................................................................... 79  
5.5 Sustainability ..................................................................................................... 94  
5.6 UNICEF additionality ....................................................................................... 100  
6 Recommendations ............................................................................................... 106  
Annex 1. Terms of reference .................................................................................. 114  
Annex 2. Description of methodology .................................................................. 124  
Annex 3. References and background materials ................................................ 139  
Annex 4. People interviewed .................................................................................. 146  
Annex 5. Delphi findings summary ....................................................................... 150
List of Figures

Figure 1: The links between human rights and education in international rights documents ........................................... 21
Figure 2: Qualities of a rights-based, child friendly school ................................................................................................. 23
Figure 3: Intervention logic ................................................................................................................................................ 26
Figure 4: Quality standards for LSE ..................................................................................................................................... 32
Figure 5: INEE Minimum Standards ..................................................................................................................................... 33

List of Tables

Table 1: Case study consultations ............................................................................................................................................. 9
Table 2: Examples of how life skills may be used for different topics ......................................................................................... 15
Table 3: Thematic areas of LSE interventions from the 2007 UNICEF stocktaking exercise ..................................................... 22
Table 4: Intervention logic ......................................................................................................................................................... 25
Table 5: Characteristics of effective curriculum-based programmes ......................................................................................... 27
Table 6: Demographic, education and HIV indicator data for case study countries ........................................................................... 35
Table 7: Comparison of the case study countries against indicators for relevance: LSE is relevant to the life and challenges of all learners ................................................................................................................. 49
Table 8: Comparison of the case study countries against indicators for relevance: Intervention recognises and addresses social norms and behaviours ................................................................................................................. 52
Table 9: Comparison of the case study countries against indicators for relevance: LSE addresses national needs ............................................................................................................................................................................. 55
Table 10: LSE in national policies and plans .......................................................................................................................... 55
Table 11: Thematic areas in LSE interventions .......................................................................................................................... 56
Table 12: Comparison of the case study countries against indicators for relevance: LSE content and delivery embody CRC principles ......................................................................................................................................................... 57
Table 13: Comparison of the case study countries against indicators for relevance: there is opportunity to respond to changing circumstances ............................................................................................................. 58
Table 14: Comparison of the case study countries against indicators for coverage: LSE intervention reaches all intended groups ....................................................................................................................................................... 61
Table 15: Comparison of the case study countries against indicators for coverage: LSE intervention is adapted to the needs and circumstances of beneficiaries, including marginalized, vulnerable and at risk groups ................................................................. 62
Table 16: Comparison of the case study countries against indicators for coverage: LSE (or complementary initiatives) addresses out-of-school children ....................................................................................................................................................... 63
Table 17: Comparison of the case study countries against indicators for coverage: LSE interventions are targeted at ages or groups appropriately for knowledge, attitudes, skills and behaviour change .................................................................................................................. 64
Table 18: Comparison of the case study countries against indicators for coverage: LSE interventions are gender sensitive and inclusive ....................................................................................................................................................... 65
Table 19: Comparison of the case study countries against indicators for coverage: resources reach all points of delivery ......................................................................................................................................................... 66
Table 20: Curriculum modality and allocated time for formal school-based LSE, case study countries ............................... 68
Table 21: Comparison of the case study countries against indicators for efficiency: LSE intervention makes good use of available resources, and resources have been adequate ......................................................................................... 71
Table 22: Efficiency of teaching and learning materials, case study countries ........................................ 72
Table 23: Efficiency of teacher deployment, case study countries .......................................................... 74
Table 24: Comparison of the case study countries against indicators for efficiency: LSE is of acceptable quality for the resources provided ........................................................................................................ 75
Table 25: Comparison of the case study countries against indicators for efficiency: LSE interventions are complementary and coordinated .......................................................................................... 76
Table 26: Comparison of the case study countries against indicators for effectiveness: LSE is delivered to quality standards .................................................................................................................. 80
Table 27: UNICEF Quality Standards (2010), by case study country ........................................................ 80
Table 28: Comparison of the case study countries against indicators for effectiveness: LSE intervention logic is explicit and robust ........................................................................................................... 82
Table 29: Comparison of the case study countries against indicators for effectiveness: there is a method and resources to monitor and evaluate outcomes ........................................................................ 83
Table 30: Comparison of the case study countries against indicators for effectiveness: LSE intended learning outcomes are clearly stated .................................................................................................. 85
Table 31: Comparison of the case study countries against indicators for effectiveness: LSE intended learning and behavioural outcomes are substantially achieved and demonstrated ............................................ 86
Table 32: Percentage of young people aged 15-19 years who reported having had sexual intercourse by the age of 15 years, selected case study countries ......................................................... 87
Table 33: Percentage of young people aged 15-24 years who had more than one partner in the past 12 months and reported having used a condom during the last sex act, selected case study countries ................. 87
Table 34: Comparison of the case study countries against indicators for sustainability: LSE is institutionalised in the national structures for education and/or other sectors in a coherent way ........................................... 95
Table 35: Comparison of the case study countries against indicators for sustainability: material and human resources for LSE are committed ...................................................................................................... 96
Table 36: Comparison of the case study countries against indicators for UNICEF additionality: UNICEF support contributes to quality design and implementation of LSE .............................................................................. 101
Table 37: Comparison of the case study countries against indicators for UNICEF additionality: UNICEF support has worked to develop national ownership and a basis for sustained LSE in national education contexts ........ 103
Table 38: Comparison of the case study countries against indicators for UNICEF additionality: UNICEF has taken account of evidence and formative evaluation ................................................................................. 104
Table 39: Analytical framework .................................................................................................................. 110
Table 40: Critical components for fidelity of implementation ......................................................................... 113
Table 41: Curriculum documents received .................................................................................................. 132
Table 42: Policy and planning documents received .................................................................................... 133
Table 43: Evaluation documents received .................................................................................................. 133
Table 44: List of countries included in the document review, by region ..................................................... 133
Executive Summary

The evaluation

This is the report of the Global Evaluation of Life Skills Education commissioned by UNICEF Evaluation Department and undertaken under contract number 43113923 by Education for Change Ltd., UK. The evaluation started in November 2010 and was completed in October 2011.

The aims of the evaluation were to consider life skills education initiatives and assess them for relevance, coverage, efficiency, effectiveness, and sustainability and to consider UNICEF’s role and additionality in support of them, recognising that UNICEF has been an advocate for life skills education and a source of support in many countries. The evaluation was asked to identify lessons and make recommendations for UNICEF and partners.

Methodology

The evaluation was guided by an evaluation framework prepared in consultation with UNICEF during inception, which informed the four phases of this evaluation:

- International literature review of key concepts, trends and issues around LSE;
- Review of country documentation on LSE from forty UNICEF Country Offices;
- Country case studies in Armenia, Barbados, Jordan, Kenya, Malawi, Mozambique and Myanmar;
- A Delphi survey on findings and ways forward amongst UNICEF Country Office staff, UNICEF national partners and other professionals involved in LSE.

Life skills concepts, trends and critical issues

Over the past two decades life skills education has come to be seen as important for young people to negotiate and mediate challenges and risks and enable productive participation in society. However, there is no common definition of life skill and although the World Health Organisation and others have given definitions, the concept is elastic and includes a range of skills and knowledge. Important in its conception are the personal, inter-personal and cognitive psycho-social skills that enable people to interact appropriately, manage their own emotional states and make decisions and choices for an active, safe and productive life.

These skills are considered to be universally applicable and generic but certain psycho-social life skills have been identified as especially relevant for dealing with specific risks, particularly around HIV prevention, sexual and reproductive health and, increasingly, issues of citizenship and disaster risk reduction. It is largely through such thematic areas that life skills education has been introduced, creating nationally prioritised sets of “content-specific” life skills delivered in combination with relevant knowledge. Much of the literature pertains to these content-specific life skills initiatives and shows how the term has been applied to make the links to rights and to environmental education.

UNICEF has taken a major role in supporting the introduction of life skills education both within country initiatives and globally by producing guidance and standards documents.

Life skills education has been introduced in different ways in formal schools: as a new subject or integrated to various degrees within the teaching practice and content of other subjects. In some cases it is offered as an extra or co-curricular provision. Life skills education’s psycho-social aims require a conceptualisation of the curriculum that includes not only knowledge and skills but also behaviour, attitudes and values. This has been a driver to use more participatory and interactive teaching and learning methodologies in the delivery of life skills education. These are difficult changes in traditional education systems.

Life skills education seeks outcomes of changed attitudes and behaviour and it has highlighted the need for new forms of monitoring and assessment able to capture attitudinal and behavioural change this need has remained largely unmet.
Findings of this evaluation

**Life skills education programme relevance:** Life skills education programmes have generally been introduced as part of national responses to identified priorities, and are thus closely aligned to national and sectoral policies and plans. Evidence from learners, parents and teachers confirms the general relevance of these priorities to the lives of learners. However, there appear to be few opportunities for the meaningful and systematic participation of learners’ voices in designing interventions that take account of their different contexts, needs and interests.

In the implementation of interventions, there is potential for such opportunities through effective participatory methodologies; yet systemic constraints in education systems and resources limit the realisation of these opportunities. There is therefore a lack of differentiation and adaptation in the delivery of life skills education to different children in specific contexts, particularly to vulnerable and marginalised groups.

There is evidence of the impact of social norms (both supportive and constraining) on the design, implementation and outcomes of life skills education at all levels. Conservative social norms can seriously limit children’s access to reliable knowledge of sexual and reproductive health, yet few life skills education interventions have undertaken detailed analyses of social norms to understand their impact, or have explicitly recognised and found appropriate ways to address them.

**Coverage:** Intended coverage is growing as life skills education becomes integrated into national education systems and curricula. Implementation, however, is variable. Evidence from schools suggests that life skills education has a tendency to be squeezed out in the context of teacher shortages, overcrowded curricula, limited teaching material, and the focus on traditional examinations, of which life skills education is rarely a part. There is limited support and professional development structures for teachers of life skills education.

Curricula are generally perceived to be age appropriate and incremental through the education system. However, there is still a significant gap at the pre-primary level, and insufficient attention has been paid to the issue of the appropriateness and relevance of curricula for learners enrolled in classes for which they are over-aged.

Content and delivery of life skills education is often restricted in its capacity to move beyond knowledge and into the development of psycho-social skills, attitudes and behaviours. This is particularly apparent in the treatment of gender relations through life skills education, where awareness of gender inequalities and gendered roles may be raised, but opportunities and conducive environments (both in and beyond the classroom) to challenge and develop alternative gender relations and gendered identities are limited.

Beyond the school system, data is limited and there is rarely a clear picture of life skills education coverage. This is compounded by the fact that, in the non-formal sector, life skills education is largely in the hands of non-governmental organisations and other, generally small scale, providers with little coordination, reporting or quality assurance mechanisms.

**Efficiency:** The use of standards and benchmarks in life skills education programmes is limited and there are significant gaps in the monitoring and evaluation of life skills education outcomes, particularly of attitudes and behaviours. This presents considerable difficulties in analysing inputs against identified outcomes.

Life skills education suffers from the systemic resource constraints of many education systems in terms of human resources, teaching and learning materials, curriculum time, school capacities etc. Through external support, such as that provided by UNICEF, the introduction of life skills education has often been accompanied by sufficient and high quality materials, but these have been difficult to sustain in scaling up interventions or to distribute effectively at national levels.

There is a particular challenge in developing sufficient human resources (both in terms of numbers and quality) for life skills education delivery. Many programmes have specific teacher training components and increasingly this includes both in-service and pre-service training. Yet despite this, the demand for further training remains extremely high amongst teachers, with indications that existing training is not adequately addressing important elements for life skills education delivery, such as the psycho-social skills and attitudes of teachers themselves.
There are increasingly strong national coordination mechanisms for life skills education interventions within the formal education system but few structures or systems to ensure the coordination and complementarity of non-formal life skills education interventions across the non-formal sector or with formal education programmes.

**Effectiveness:** There is strong evidence of life skills education developing relevant knowledge, skills, and attitudes amongst learners, both in thematic risk areas and general psycho-social skills. Life skills education is having an impact, but there is little systematic monitoring and evaluation serving either individual learners or the national system. Little assessment is done beyond traditional examinations in which knowledge acquisition tends to dominate.

There is a considerable gap between quality standards in design and the realities of implementation, particularly in the dependence on participatory methodologies for the effective delivery of life skills education: issues such as inadequate teachers and insufficient teacher training, class size and lack of resources hamper the use of such methodologies.

There is considerable overlap and opportunities for mutually supportive programming between life skills education and child-friendly schools approaches. However there is surprisingly little coordination of these programmes at any level.

**Sustainability:** There appears to be increasingly visible political recognition of life skills education, with inclusion in relevant policies, plans and strategies of governments and the agendas of donors and implementing partners. The institutionalisation of life skills education beyond these documents is more mixed, however, with gaps in the institutionalisation of implementation and monitoring functions. Life skills education interventions are also still reliant on external resources.

There are good examples of advocacy and engaging public debate around life skills education and to support the behavioural life skills education outcomes of learners beyond the school environment. Mechanisms to guide and advocate for the integration of life skills education into national agendas and plans are in place, and operational within formal education systems in many countries, but there is a considerable way to go in this regard in the non-formal sector and in linking together the formal and non-formal sectors.

**UNICEF additionality:** UNICEF has been one of the central players in bringing life skills education onto the agendas of government ministries and partners at policy and programming levels, and acting as an innovator in the promotion and introduction of new ideas and approaches around life skills education. In many cases it has successfully supported the development of national ownership and capacity of life skills education through strong partnerships, and taken the opportunity to introduce life skills education within a broader reform approach aimed at improving the quality of education.

UNICEF has developed a comparative advantage and expertise in providing and sourcing technical expertise for design and development of curriculum and teaching materials, teacher training for life skills education, and providing initial and ongoing financial support for the introduction and expansion of life skills education into education systems.

There are opportunities for enhancing UNICEF’s life skills education programming, however, through better coordination and integration of life skills education and child-friendly schools interventions at international and national levels. UNICEF also has an important role to play in identifying and developing more effective assessment tools and strategies for life skills education outcomes that can be realistically integrated into school systems and non-formal interventions.

**Main recommendations**

The evaluation recognises the importance of life skills education in promoting psycho-social skills as a necessary part of learning and addressing the important risks facing children. To strengthen life skills education, several recommendations are made:
International policy

1. UNICEF and partners should take a lead in developing the taxonomy of the learning outcomes of life skills education interventions that includes both the psycho-social skills and the knowledge associated with the major themes.

2. UNICEF should develop standards for expected results and outcomes at individual, school and national level. UNICEF should seek to establish a result/outcome framework for life skills education in its target countries.

3. UNICEF should consider integrating life skills education into the Child-friendly Schools programming strategy, child-friendly schools being the vehicle to carry UNICEF’s rights mandate into education.

National planning

4. UNICEF should develop guidelines for understanding and addressing social norms and religious contexts that are likely to affect implementation, to raise awareness of the barriers and risks arising and inform advocacy.

5. It is recommended that guidance on participation, particularly of parents and of community groups, which recognise and address the potential tensions between life skills education aims and practices and social norms be strengthened to support practitioners to mediate concerns and deliver life skills education that addresses children’s needs.

6. UNICEF should recognise and support national plans to build capacity at institutional, organisational and personal level to lead and support life skills education.

7. UNICEF should support the use of better data on the changing context and possible impact of life skills education.

8. It is recommended that in design and implementation, and particularly in going to scale, the opportunities for children to influence the content and methodology of life skills education be prioritised, from national to institutional levels.

9. The integration of life skills education into the formal education system has expanded its reach significantly, but there has been limited attention to how this integration can accommodate the needs and interests of the most vulnerable and excluded groups of learners. It is recommended that specific emphasis is placed on identifying and addressing the needs of these groups in curricula and learning materials.

10. Non-formal life skills education interventions are playing an important role in extension out-of-school children and to a holistic approach. It is recommended that support be given to improving coordination for non-formal life skills education interventions at national and local levels.

11. UNICEF should support national plans to integrate quality assurance, monitoring and evaluation processes and tools for life skills education amongst those partners implementing non-formal interventions.

Implementation

12. UNICEF needs to build on the experience gained in life skills education curriculum development to support national curricula that are more child-friendly, focused on equity and meet the real life needs of all children.

13. It is recommended that life skills education knowledge content should, wherever possible, be integrated within the school curriculum so that it is not perceived as an add-on that contributes to curriculum overload but as a core curriculum component that can be assessed within the standard assessment processes.

14. UNICEF should develop clear guidelines on life skills education assessment that can support the integration of effective life skills education assessment into education systems, schools and classrooms.
15. UNICEF should continue its valuable support for institutionalising school-based HIV and sexual and reproductive health life skills education in generalised epidemics and that they include HIV and stigma prevention among young vulnerable populations in concentrated epidemics.

*An analytical framework for LSE*

16. UNICEF country and regional offices engaged with LSE programming, should review their existing progress on LSE systematically, and make use of an analytical framework that asks about critical elements of design and implementation. A draft analytical framework is presented.
1 Introduction

1.1 UNICEF Global Life Skills Education Evaluation

1.1.1 Purpose and scope of the evaluation

This report presents the findings of the Global Life Skills Education Evaluation, commissioned by UNICEF to evaluate their support to establish sustainable and evidence-based life skills education (LSE) programmes.

As per the terms of reference (ToR), the evaluation has the specific purpose of:

- examining where countries are with respect to accepted knowledge about components of successful LSE programmes at formal and non-formal levels;
- assessing whether LSE programmes are implemented from a rights-based perspective, and make additional effort to include the most at risk and/or vulnerable young people; and
- examining the added-value of UNICEF investments in LSE programmes in terms of their relevance, coverage, efficiency, effectiveness and sustainability.

The scope of the evaluation laid out in the ToR covers:

- **Ministry of Education sector responses**: the national education system response to HIV and AIDS; national education policy and sector plans; formal school curricula for primary and secondary level education; pre-service teacher training curricula; inspections; and examinations;
- **Formal intervention in schools**: formal school-based LSE programmes serving children and youth of pre-primary to secondary school age;
- **Extra-curricular and non-formal interventions**: a selection of LSE programmes targeting in-school children with extra-curricular activities delivered through school clubs and/or community-based organizations, and non-formal programmes designed for out-of-school populations to mitigate perceived risk and/or address specialised instances of vulnerability;
- **Skills focus**: the focus on psycho-social capabilities for using knowledge (critical thinking, problem-solving), for being decisive and resilient (decision-making, motivation, resilience), and for living together (communication, empathy);
- **Thematic focus**: the relevance of themes chosen in curricula (such as health promotion and disease prevention; environmental protection and disaster risk reduction; social and emotional learning and psycho-social support; human rights, citizenship and social cohesion; and livelihoods and financial literacy) within specific country contexts; and
- **Implementation focus**: implementation levels and capacity, efficiency of implementation methods and enabling learning environments.

The full ToR is presented in Annex 1 of this report.

1.1.2 Terminology used in this document

This evaluation has considered interventions that are called “life skills”. However, there is a complex landscape of activities and associated terminology, which is not used consistently across all actors or countries: For consistency the following terms are used in this document:

- **Life skills**: refers to a large group of psycho-social and interpersonal skills which can help people make informed decisions, communicate effectively, and develop coping and self-management skills that may help lead a healthy and productive life.¹
- **Life skills education**: refers to educational interventions that seek to address the above areas.

Life skills-based education: is a combination of learning experiences that aim to develop not only knowledge and attitudes, but also skills (i.e. life skills) which are needed to make decisions and take positive actions to change behaviours and environments. Life skills-based education (LSBE) is used in this document when there is explicit integration of life skills elements into a specific thematic area (such as HIV prevention) in order to enhance the delivery and acquisition of knowledge, attitudes and skills in this area.

Livelihood skills: refers to income generation and may include technical/vocational skills (carpentry, sewing, computer programming), job seeking skills such as interviewing, business management skills, entrepreneurial skills, and skills to manage money.

The report uses life skills education (LSE) as the most general term that includes the definitions used internationally and discussed in section 3.1.

1.1.3 Structure of the report

The following chapter (Chapter 2) provides an overview of the methodology and tools used in conducting this evaluation, and the limitations and challenges encountered (full details can be found in Annex 2).

Discussions from the literature review are presented in chapter 3.

Chapter 4 contains overviews of the country context and background to the LSE programmes in each of the case study countries.

In Chapter 5, findings, issues and conclusions from the documentation review and the case studies are presented according to the criteria of the evaluation framework. Recommendations, including an analytical framework for LSE, are presented in Chapter 6.

The Annexes to this report contain: the Evaluation Terms of Reference (Annex 1); the full methodology of the evaluation, including the evaluation framework (Annex 2); a bibliography of background materials used (Annex 3); a list of people consulted during the case studies (Annex 4); and a summary of the findings from the Delphi survey (Annex 5). Short summary reports from each of the case study country evaluations are also presented in a separate Appendix 1.

---

2 Ibid. This definition is drawn from UNICEF’s definition of ‘Skills-based health education’, as ‘Life skills-based education’ is defined as “a term often used almost interchangeably with skills-based health education” apart from content, which in addition to health includes, for example, ‘life skills-based literacy and numeracy, or life skills-based peace education, or human rights.”

3 Ibid.
2 Methodology of the Evaluation

2.1 Overview

An evaluation framework was prepared in consultation with UNICEF during the inception phase: this informed the four phases of this evaluation:

- Literature review;
- Analysis of country documents;
- Country case studies;
- Delphi survey on findings and ways forward

The following sections give a brief account of the methodology used in each of these components of the evaluation. A full account of the methodology is presented in Annex 2 of this report.

2.2 Life skills literature review

An analysis of the existing literature on life skills and LSE was undertaken to provide a framework and context. A wide range of documents and data was sourced through consultation with UNICEF and other agencies, web-searches and reference to bibliographies in retrieved documents. The review was organised according to the enquiry framework for this evaluation, led by a senior member of the consultant team. The review sought to identify the theoretical underpinnings and debates around life skills, the direction of its development, main actors and the challenges and opportunities of LSE in practice. A list of documents consulted in this literature review is presented in Annex 3.

2.3 Country documentation review

70 countries were identified in UNICEF’s 2007 stocktaking exercise as having a national intervention for LSE. The relevant seventy UNICEF Country Offices (CO) were approached by UNICEF Headquarters with a request for documents regarding the LSE policy and practice within their country: 40 COs responded between February and April 2011. A variety of documents was received: most COs provided curriculum outlines and teaching manuals/resources, but there were also a small number of government, UNICEF and other donor and non-governmental organisation (NGO) programme documents, reports and evaluations (see Annex 2).

Country document sets were supplemented by additional materials provided by UNICEF Headquarters and the Eastern and Southern Africa Regional Office (ESARO); the UNGASS country progress reports where available; education planning and policy documents sourced from the UNESCO/IIEP Planipolis website; and through keyword web-searches.

Each set of country-specific documents was reviewed, with key characteristics and issues recorded by country using an online data collection instrument (covering contexts, policy, coverage, content and aims, and quality of implementation) and a narrative summary report (covering issues of relevance, coverage, efficiency, effectiveness, sustainability and UNICEF additionality). All instruments and summary reports were collated and analysed, with the overall findings presented alongside the findings from the literature review in an interim evaluation report. The findings from this country documentation review are also available through a web-based report.

---

6 A full list of documents and sources is available on request. Send request to s.tanner@efc.co.uk.
2.4 Country case studies

Seven country case studies were undertaken in order to explore issues of LSE policy, programming and practice in more depth, and were informed by findings of the literature review and country documentation review. The case studies involved two tracks of countries: the first track covering a range of thematic concerns of LSE beyond HIV and AIDS; and the second track consisting of two countries from southern Africa with hyper-endemic HIV scenarios, and a strong HIV and AIDS focus within existing LSE programmes. The selection of the seven countries was made by UNICEF Headquarters in discussion with COs and the evaluation team, and comprised: Armenia, Barbados, Kenya, Jordan and Myanmar (track 1), and Malawi and Mozambique (track 2). Demographic, education and HIV indicators are compared across case study countries in Table 6.

Table 1: Case study consultations

<table>
<thead>
<tr>
<th>Countries</th>
<th>Armenia</th>
<th>Barbados</th>
<th>Jordan</th>
<th>Kenya</th>
<th>Malawi</th>
<th>Mozambique</th>
</tr>
</thead>
<tbody>
<tr>
<td>Schools visited</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary</td>
<td>-</td>
<td>3</td>
<td>-</td>
<td>6</td>
<td>6</td>
<td>10</td>
</tr>
<tr>
<td>Junior Secondary</td>
<td>9*</td>
<td>-</td>
<td>-</td>
<td>2</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Senior Secondary</td>
<td>3*</td>
<td>6</td>
<td>2**</td>
<td>1</td>
<td>6</td>
<td>-</td>
</tr>
<tr>
<td>School location</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rural</td>
<td>5</td>
<td>5</td>
<td>-</td>
<td>1</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>Urban</td>
<td>7</td>
<td>4</td>
<td>2</td>
<td>8</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>Non-formal initiatives (interviews and site visits)</td>
<td>2</td>
<td>11</td>
<td>3</td>
<td>5</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Region / Province covered</td>
<td>Tavoush</td>
<td>Lori</td>
<td>Syunik</td>
<td>National</td>
<td>Amman</td>
<td>Nairobi</td>
</tr>
<tr>
<td>Numbers interviewed</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>National level Ministry of Education</td>
<td>7</td>
<td>4</td>
<td>6</td>
<td>10</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Other relevant Ministries or agencies</td>
<td>8</td>
<td>2</td>
<td>-</td>
<td>2</td>
<td>7</td>
<td>3</td>
</tr>
<tr>
<td>Teacher training institutions</td>
<td>2</td>
<td>-</td>
<td>-</td>
<td>14</td>
<td>12</td>
<td>9</td>
</tr>
<tr>
<td>Implementing partners and NGOs</td>
<td>8</td>
<td>8</td>
<td>1</td>
<td>6</td>
<td>12</td>
<td>21</td>
</tr>
<tr>
<td>District government officials</td>
<td>1</td>
<td>-</td>
<td>7</td>
<td>-</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Head / deputy head teachers</td>
<td>13</td>
<td>9</td>
<td>3</td>
<td>11</td>
<td>12</td>
<td>10</td>
</tr>
<tr>
<td>Teachers</td>
<td>44</td>
<td>31</td>
<td>15</td>
<td>52</td>
<td>52</td>
<td>45***</td>
</tr>
<tr>
<td>Focus group students (male)</td>
<td>56</td>
<td>49</td>
<td>-</td>
<td>91</td>
<td>113</td>
<td>108</td>
</tr>
<tr>
<td>Focus group students (female)</td>
<td>59</td>
<td>58</td>
<td>-</td>
<td>95</td>
<td>126</td>
<td>108</td>
</tr>
<tr>
<td>MSC (male)</td>
<td>30</td>
<td>26</td>
<td>-</td>
<td>27</td>
<td>33</td>
<td>33</td>
</tr>
<tr>
<td>MSC (female)</td>
<td>30</td>
<td>24</td>
<td>-</td>
<td>27</td>
<td>36</td>
<td>34</td>
</tr>
<tr>
<td>Parents / guardians</td>
<td>57</td>
<td>37</td>
<td>-</td>
<td>35</td>
<td>86</td>
<td>35</td>
</tr>
</tbody>
</table>

Myanmar is not included in this table as the case study was carried out as desk-research based on available documentation.

* Armenian junior secondary schools include all primary and junior secondary grades, and senior secondary include all primary, junior and senior secondary grades

** In Jordan the 2 school consultations consisted of a discussion with the principal and lead LSE teacher from each school. Both schools included primary, junior and senior secondary school classes.

*** This number includes eight activistas

The case studies in Armenia, Barbados, Kenya, Malawi and Mozambique lasted four to six weeks and were undertaken by teams of one international consultant from the core evaluation team and two to four national consultants. The case study in each country comprised:
Chapter 2 Methodology of the Evaluation

- One week of national level interviews undertaken by the international consultant and lead national consultants with relevant Government officials, UN agency staff, NGOs, teacher training institutions and other national bodies.
- Field visits to up to four schools in three districts of the country (a total of between nine and 12 schools were visited in each country).

The districts and schools visited were identified in advance, in consultation with the UNICEF CO, with consideration to geographical location, socio-economic context, cultural differences, varying types of school (private, public, religious etc.) and coverage of LSE interventions. Each school visit lasted 2 days and included: individual interviews and completing a school characteristics questionnaire with the Principal/Head Teacher; focus group or individual interviews with teachers; single-sex focus group discussions with students (boys and girls); individual interviews with boy and girl students to collect Most Significant Change Stories; and a focus group of students’ parents. Where non-formal LSE interventions or other appropriate organisations were present at the district level, the evaluation team also sought interviews with programme staff and participants.

Individual reports were prepared from each school visit and compiled with the findings from the national level interviews into a single national report for each country.

In Jordan, a more limited set of activities was undertaken for the case study by one international consultant. This was due to the fact that UNICEF had recently undertaken an extensive formative evaluation of the implementation of LSE with the support of the Ministry of Education and therefore a significant body of relevant school-level data was already available. The international consultant was given access to the findings from this evaluation (which involved extensive interviews and surveys with school Principals, supervisors and teachers and classroom observations), and supplemented this with national level interviews, and two focus groups with supervisors and teachers. Due to internal restrictions and the availability of respondents, the Myanmar case study was undertaken remotely through a desk-review of the extensive documentation available on the LSE programmes.

2.5 Delphi survey

Towards the end of the country case studies, a Delphi survey was initiated in the form of two rounds of short on-line questionnaires. The first round of the survey asked respondents for their reactions to some of the broad emerging findings and issues from the literature and country documentation review and case studies. The second round of the survey was designed to explore in more detail some of the divergences in the first round responses and gather respondents’ opinions and thoughts on emerging recommendations from the evaluation. Both rounds of the survey were sent to all 70 COs included in the initial request for documentation in the country documentation review phase, as well as UNICEF partners in the case study countries and other international senior professionals involved in LSE identified by the evaluation team. The results of this survey have fed into the conclusions and recommendations of this report.

2.6 Limitations

The countries invited to submit documents for the Phase 1 documentation review, and the selected case study countries, were from those that were reported in the earlier stocktaking as having national provision for LSE. This focused attention on countries that have included LSE in the formal schooling system, and limited the opportunity to consider different strategies and modalities, or early geographically limited pilots.

The response to requests for country documents in Phase 1 was too low to support generalisation from those findings. There has been a particularly low response from countries in mainland Latin America: possible reasons for this are discussed in Annex 2. The range of documents that were available for the Phase 1 review (in either paper or electronic form) was limited, underlining the challenges of document management and archiving in country operations and limiting the evidence base for Phase 1.

The selection of case study countries for Phase 2 was by negotiation between the countries and UNICEF Headquarters. All countries agreed to take part so the selection was not random.

The case study methodology is based on an extended visit to a relatively small sample of schools, which provided opportunities for collecting and validating the qualitative data. However, it provides no basis for statistical inference. Selection criteria for the field visit institutions were intended to assure coverage of
different contexts but were not intended to create a properly representative or stratified sample. In all countries the UNICEF CO played some part in the selection.

The evaluation did not attempt to assess overall efficiency of LSE, due to the lack of financial data and insufficient information and monitoring of measurable programme outcomes against.

The evaluation took evidence of behaviour change from current students and their parents working within the school. It was not able to gather evidence from beneficiaries in later life to assess longer-term impacts and outcomes of LSE, although changing high-risk behaviour is particularly relevant to young people post-school.
3 Review of life skills concepts and trends

Over the past two decades LSE has come to be seen as integral to preparing young people and adults to negotiate and mediate everyday challenges and risks and enable productive participation in society. It has also come to be seen as an important contributor to the quality of education, through an approach that emphasises: the acquisition of competencies; content that is relevant to everyday life and the use of teaching and learning methods to develop skills and promote cooperative learning.

International and national political commitments have been made to LSE, with its inclusion in key global documents, such as the Dakar Framework for Action on Education for All (EFA) and the UNGASS Declaration of Commitment on HIV and AIDS, in the agendas of multi-lateral agencies such as the World Health Organisation (WHO) and UNICEF, and in the national sectoral policies and strategies of many countries. This has led to the rapid expansion of LSE initiatives, with a very wide spectrum of content, scale, approaches and goals that show the challenge of defining and operationalising a concept as broad, complex and multi-faceted as life skills.

3.1 Defining life skills

Clarity of definition facilitates common understanding of what life skills are, how they may be acquired and how they might be assessed. The term “life skills” has gained currency in the fields of health, education and social policy, yet remains without a full and widely accepted definition. It has the virtue of linking personal and social skills to the realities of everyday life, but suffers because it is difficult, and potentially contentious, to determine which skills are relevant for life and which are not. As the WHO states: “skills that can be said to be life skills are innumerable, and the nature and definition of life skills are likely to differ across cultures and settings.” The concept is thus highly elastic and has been stretched to embrace a very wide range of skills: this is problematic because, if all skills are relevant for life, the concept has little utility. In addition, there have been difficulties in translating the concept across languages, with additional elements or interpretations appearing in different language-speaking areas.

Much of the discourse has centred on a range of psycho-social skills, drawing on research in the social sciences, psychology and the “new sociology of childhood” that point towards their importance to our protection and well-being and our ability to live productive, meaningful and fulfilling lives. In combination with communication skills, these enable people to interact appropriately and manage their own emotional states. With the support of relevant knowledge they are seen as instrumental in enabling us to negotiate and protect ourselves from a multitude of risky environments and behaviours: they have become a focus for supporting vulnerable populations whose exposure to such risks is particularly high.

In recent years the field has attracted the interest of economists trying to identify ways to reduce poverty and redress socio-economic inequalities. A recent World Bank multi-country study, for example, found that psycho-social competencies, emotively referred to as “power within”, and including resilience, personal agency and self-confidence, can help a person move up and out of poverty. Empowerment programmes for youth along these lines have demonstrated short term gains in self-esteem and aspiration, but whether effects are sustained for the longer term within the wider socio-economic context remains to be determined. Further links have also been made to employment potential and workforce development, which is increasingly being seen as not simply the acquisition of technical skills, but also the social capacity to work productively, including

---

1 WHO (1997), Life Skills Education in Schools, WHO Programme on Mental Health
2 See Annex 2 for a brief discussion of the issues of “life skills” in Latin America
5 Narayan, D et al. (2009), Moving out of Poverty Volume 2, World Bank
Chapter 3: Review of life skills concepts and trends

interpersonal, cooperation, communication and creative skills, particularly in the context of ever more flexible and technological labour markets.\(^\text{12}\)

Despite this increasing focus on the importance of a broad category of psycho-social skills in a range of different sectors, the task of identifying and prioritising specific psycho-social skills into a clearly defined and delineated body of life skills remains a significant challenge for educators.

It must be noted that there are other terms in use that cover similar types of skills, such as “social and emotional learning”, “personal and interpersonal education”, and “character building”.

3.1.1 Attempts to define core “life skills”

In order to better understand the term “life skills” it is helpful to investigate its origin. An early mention is in the 1986 Ottawa Charter for Health Promotion, which stated under the rubric of “personal skills” that health promotion: “supports personal and social development through providing information, education for health, and enhancing life skills. By so doing, it increases the options available to people to exercise more control over their own health and over their environments, and to make choices conducive to health”.\(^\text{13}\) This links “life skills” with responsible personal decision-making and the capacity to make appropriate behavioural choices for a healthier life. A clear application is in the area of substance abuse where “life skills” has become part of the vocabulary in alcohol education. The concept was broadened by the WHO, which stated that life skills “may be defined as abilities for adaptive and positive behaviour that enable individuals to deal effectively with the demands and challenges of everyday life”.\(^\text{14}\) The crux of the problem though is in clearly identifying or categorising those abilities from a broad range of positive and desirable attitudinal and behavioural outcomes.

From the mental health perspective, WHO initially identified five basic areas of life skills that are “relevant across cultures”.\(^\text{15}\)

- Decision-making and problem-solving;
- Creative thinking and critical thinking;
- Communication and interpersonal skills;
- Self-awareness and empathy; and
- Coping with emotions and coping with stress.

A similar classification has been undertaken in education settings by the US-based Collaborative for Academic, Social and Emotional Learning (CASEL), which aims to promote children’s success in school and life. CASEL has identified five core groups of social and emotional competencies:\(^\text{16}\):

- Self-awareness - accurately assessing one’s feelings, interests, values and strengths;
- Self management - regulating one’s emotions to handle stress, and controlling impulses;
- Social awareness - being able to take the perspective of and empathise with others;
- Relationship skills - establishing and maintaining healthy and rewarding relationships, resisting inappropriate social pressure, resolving conflict; and
- Responsible decision-making - making decisions based on appropriate social norms, respect for others, applying decision-making skills to academic and social situations.

These two categorisations overlap and involve both personal and social (interpersonal) domains of behaviour.

A further set of psycho-social skills categories has been identified for early childhood development (ECD), which include: pre-academic skills; motor and physical skills; self-expression including through arts and crafts, music and dance; language skills including communication skills; social skills such as sharing and cooperation,

\(^{12}\) See for example: World Bank (2007), School and Work: does the Eastern Caribbean Education System Adequately Prepare Youth for the Global Economy?


\(^{14}\) WHO (1997), Life Skills Education in Schools, WHO Programme on Mental Health

\(^{15}\) WHO (1999), Partners in Life Skills Education: Conclusions from a United Nations Inter-Agency Meeting

Chapter 3: Review of life skills concepts and trends

respect for others and understanding others’ feelings; self-sufficiency skills including responsibility of self-care and belongings; and self-assessment skills, including developing self-confidence17.

In its recent efforts to develop a guiding framework for life skills education, UNICEF has consolidated the various sets of core life skills drawn up by UN agencies and other organisations, such as CASEL, under three broad categories of “generic life skills”18:

- Cognitive - critical thinking and problem solving skills for responsible decision-making;
- Personal - skills for awareness and drive and for self management; and
- Inter-personal - skills for communication, negotiation, cooperation and teamwork, and for inclusion, empathy and advocacy.

Whilst there has been convergence on what the broad groups of core psycho-social skills might be, there is no definitive list or categorisation of the skills involved and how they might relate to one another. By their very nature such skills are largely intangible and difficult to isolate from the complex web of interactions and contextual factors that can contribute to their development, usage and impact. They are thus difficult to define and very difficult to measure: indicators and assessment tools for psycho-social competency acquisition and development have proved particularly challenging19.

Questions also remain around the conceptual boundaries of life skills beyond psycho-social skills. The World Declaration on EFA (1990), for example, states “literacy is a necessary skill in itself and the foundation of other life skills”20. Literacy is a primary tool for accessing information about, reflecting on, and acting in the world21 through which content messages, including about safe sex, substance abuse, environmental protection and emergency measures, are accessed and transmitted. Literacy skills are necessary for educational advancement, for investigation (research) and for using modern information and communication technologies (ICT). However, within the literature of life skills education, where literacy is discussed it is largely viewed as a parallel aspect of quality education rather than an integral life skill itself; UNICEF’s Life skills learning and teaching: principles, concepts and standards, for instance, states: “alongside literacy and numeracy, life skills are essential learning outcomes of quality education”22.

Within these broad conceptualisations of life skills there is thus a need for further clarity about the boundaries between different categories of skills, as well as a greater understanding of their inter-relationships and development, so as to create a common understanding.

3.1.2 Generic and content-specific life skills

The types of psycho-social skills that have been discussed are usually considered to be universally relevant and applicable to all individuals (implicitly taken as independent of social and cultural context) to enable them to deal with the challenges they face, and to participate fully and productively in society. They are considered generic and empowering in their own right.

A number of other areas of study that may have been absent from formal schooling but have been recognised as important, have become associated with life skills in educational interventions including, for example, citizenship, personal health, human rights and equality. Knowledge in these areas can also be considered as universally applicable-developed and developing countries and to all social classes and cultures.

However, LSE has also developed as part of the response to specific challenges and risks, including those of the HIV pandemic, conflict and substance abuse. Certain psycho-social life skills have been seen as particularly relevant to dealing with such risks, creating prioritised sets of “content-specific” life skills to address particular thematic areas23. In practice they are often delivered in combination with relevant knowledge, as seen in the many LSE initiatives addressing sexual and reproductive health, particularly HIV and AIDS, that seek to develop...

---

18 UNICEF (2010), Life skills learning and teaching: principles, concepts and standards
20 UNESCO (1990), World Declaration on Education for All and Framework for Action to Meet Basic Learning Needs
22 UNICEF (2010), Life skills learning and teaching: principles, concepts and standards
23 See for example, WHO (2003), Skills for Health. Skills-based health education including life skills: an important component of a Child Friendly Health Promoting School, pp.10-12
boys’ and girls’ knowledge of areas such as puberty and of HIV transmission and prevention, alongside the skills for boys and girls to avoid risky sexual activity, increase their self-esteem and self-efficacy and to respect the rights of those living with and affected by HIV.

The various risks and challenges faced by an individual in relation to these identified thematic areas are dependent on their socio-cultural norms, environmental, socio-economic and political contexts, age, gender and individual circumstances. Thematic LSE therefore needs to reflect these contextual and individual differences, not just in the knowledge content but in the psycho-social skills that are identified as most effective in utilising that knowledge for positive behaviour development in relation to the thematic risks, and how those can best be developed within a context their attitudinal and behavioural development pathways.

There is therefore a very complex mix of aims within LSE practice, but a common organising principle is to distinguish between the generic and content-specific or thematic approaches. In practice they are rarely independent and content-specific areas provide the most relevant vehicle for developing generic skills (see examples in Table 2). However, the complexities of this relationship and the range of aims under the heading “life skills” confuses the concept at different levels of planning and implementation: one review in Africa stated that “the concept of Life Skills education is still difficult to grasp in program documents, and the term ‘Life Skills’ remains imprecise and even unclear to most actors.”

Table 2: Examples of how life skills may be used for different topics

<table>
<thead>
<tr>
<th>Topics</th>
<th>How generic life skills may be used</th>
</tr>
</thead>
</table>
| Sexual and reproductive health and HIV and AIDS prevention | • Communication skills: students can observe and practice ways to effectively express a desire to not have sex  
• Critical thinking skills: students can observe and practice ways to analyse myths and misconceptions about HIV and AIDS, gender roles and body image that are perpetuated by the media  
• Skills for managing stress: students can observe and practice ways to seek services for help with reproductive and sexual health issues |
| Alcohol, tobacco and other drugs            | • Advocacy skills: students can observe and practice ways to generate local support for tobacco-free schools and public buildings  
• Negotiation/refusal skills: students can observe and practice ways to resist a friend’s request to chew or smoke tobacco without losing face or friends |
| Violence prevention or peace education      | • Skills for managing stress: students can observe and practice ways to identify and implement peaceful ways to resolve conflict  
• Decision-making skills: students can observe and practice ways to understand the roles of aggressor, victim and bystander. |

3.2 The development of life skills

An increasing body of evidence points towards the importance of early childhood experiences in the development of an individual’s life skills and attitudes. In particular, home and family environment has been identified as an important factor in establishing the foundations for skills, attitudes and values relating to society. Importantly, family environment can be significantly affected by factors such as the level of life skills and education of parents, the nature of family relationships and communication within the family, and levels of household poverty and material considerations which restrict access to information and experiences.

---

24 UNICEF (2010), Life skills learning and teaching: principles, concepts and standards
Similarly, the social norms of the wider community, and the social structures in which children observe, experience, test and internalise those norms, influence the development of relevant skills and behaviours. For example, prevailing religious and cultural attitudes and conventions (e.g. reluctance to acknowledge or discuss sexuality and sexual activity among the young or gender-unequal practices) can restrict the opportunities to develop empowered and responsible behaviours around these issues. Also, where violence and discrimination is endemic at home and in the community, children are more likely to see this as acceptable behaviour and to imitate it\textsuperscript{29}. Such children later find difficulty recognising these issues as negative norms, and may need more opportunity to learn about, discuss and reflect on alternative patterns of behaviour. Socio-economic characteristics of the community and wider context can also influence aspirations concerning well-being, employment and life chances.\textsuperscript{29}

The importance of early childhood experiences in the development of psycho-social skills and behaviours, as well as cognitive skills, has attracted much attention to the potential of early childhood care and education (ECCE) interventions\textsuperscript{30}. Existing research (largely from developed country contexts) suggests that, whilst home environments have the most influence on development, ECCE interventions of sufficient quality can have considerable impact on psychological development (as well as physical, mental and cognitive development), particularly for disadvantaged children\textsuperscript{31}. Indeed, a strong economic case has been put forward for such programmes on the basis that intervention in early childhood to overcome inequality and unequal life chances is more effective and efficient than tackling these inequalities later in life\textsuperscript{32}. Equally, however, the research points to the importance in having close links to children’s home and social contexts and the need for continuing support through primary and secondary education so that the benefits of early interventions can be sustained into later life.

The implications for LSE programming is the extension of at least the psycho-social skills aspects of interventions into the early childhood sector, and the need for a holistic approach to LSE that links across school, home and community. However, there are clearly age-related issues concerning some of the thematic areas through which LSE has been promoted, such as HIV prevention and sexual and reproductive health. As these thematic concerns have often been the primary vehicle for the introduction of LSE\textsuperscript{33}, the focus of programmes has largely remained on primary and secondary education (or on children of those ages).

As well as thematic content, however, a focus on primary and secondary education levels in LSE interventions reflects another important stream of work relating to adolescence and life skills development. Although the concept of adolescence varies between cultures, the physical changes that occur during puberty are universal, alongside the construction of one’s identity, including sexual identity. Adolescence is a particularly intense period of change for individuals, not only biologically but also psychologically and socially; it is a period when problem-solving, abstract and logical thinking, introspection, rationalisation and moral development become more sophisticated and social interactions become more complex\textsuperscript{34}. This process is critical to how young people will respond to risky situations and challenges, and increases the importance of opportunities for dialogue and supportive environments in which to navigate and make sense of these changes. Children living with increased risks and with more limited support in their home and community may be even more in need of these opportunities.

### 3.3 Life skills in education

The Dakar Framework for Action on EFA includes life skills in two of the six goals: with regard to the learning needs of young people (Goal 3) and the essential learning outcomes of quality education (Goal 6). The rationale for including life skills is that:

\begin{itemize}
  \item \textsuperscript{29} WHO (2009), \textit{Changing cultural and social norms that support violence}
  \item \textsuperscript{30} Camfield, L and Tafere, Y. (2009), ‘Children with a good life have to have school bags’, Young Lives Working Paper No. 37.
  \item \textsuperscript{31} UNESCO (2007), \textit{Strong foundations – early childhood care and education. EFA Global Monitoring Report}
  \item \textsuperscript{34} UNICEF (2010), \textit{Life skills learning and teaching: principles, concepts and standards}
  \item \textsuperscript{35} WHO (2003), \textit{Skills for Health}
\end{itemize}
Young people, especially adolescent girls, face risks and threats that limit learning opportunities and challenge education systems. These include exploitative labour, the lack of employment, conflict and violence, drug abuse, school-age pregnancy and HIV and AIDS. Youth-friendly programmes must be made available to provide the information, skills, counselling and services needed to protect them from these risks.\(^{35}\)

It is asserted that “all young people and adults must be given the opportunity to gain the knowledge and develop the values, attitudes and skills that will enable them to develop their capacities to work, to participate fully in their society, to take control of their own lives and to continue learning.”\(^{36}\). For some children these opportunities will be more limited because of their circumstances of marginalisation and need.

With no real consensus on what specific skills are incorporated under the term “life skills”, it is not surprising that there is no accepted definition of LSE, which has created difficulties in tracking progress on the relevant EFA Goals, a theme that is regularly raised in the annual EFA Global Monitoring Report.

It may be argued that the generic psycho-social skills identified by UNICEF are a universal and fundamental aim of quality education, and thus the responsibility of all teachers and schools. Elements of a quality education system such as the interactions between individuals, participatory and active teaching and learning methodologies and school environments all support the development of such skills. CASEL research suggests that a focus on such elements have indirect and direct impact on student learning and school success;\(^{37}\) classroom and school interventions that make the learning environment safer, more caring, better managed and more participatory, and that enhance students’ social competences, have been shown to increase student attachment to school. In turn, students who are more engaged and attached to school have better attendance and higher graduation rates, as well as higher grades and standardized tests scores. The research indicates that attachment to school and to pro-social teachers and peers increases the likelihood of students behaving in pro-social ways themselves and decreases the prevalence of high-risk behaviours.

Creating more caring and psychologically safe classroom environments also improves a variety of students’ social and emotional skills. In supportive atmospheres, for example, students feel more comfortable approaching and interacting with teachers and peers, strengthening their relationship skills. Unfortunately such elements of a quality education system are often missing or severely constrained, and in LSE the psycho-social skills elements have become primarily linked to thematic content to address priorities such as HIV and AIDS, human rights and disaster preparedness.

The development of life skills is presented in the Dakar Framework for Action on EFA as a critical element in quality education, both as an educational objective in its own right and for content-related skills to support programmes on HIV and AIDS and enhance learners’ health and personal safety.\(^{38}\) Whilst this duality of focus on both generic and content-related life skills is present in the broad framework and rationale for LSE, existing evidence of implementation indicates that LSE has been largely driven by specific content areas with related content-specific life skills.\(^{39}\)

The introduction, emphasis and combination of content areas within national and sub-national education systems vary according to the identified social, economic and environmental priorities, but the most prominent are discussed below.

### 3.3.1 Life skills-based health education

Health is a primary concern for all nations and relates to several Millennium Development Goals (MDGs) – clean water, sanitation and hygiene; maternal and infant mortality; control of HIV, sexually transmitted infections (STIs) and other preventable diseases such as malaria. Ill-health contributes to poor attendance,

\(^{35}\) UNESCO (2000), *Dakar Framework for Action; Education For All: Meeting Our Collective Commitments*

\(^{36}\) Ibid.

\(^{37}\) Collaborative for Academic Social and Emotional Learning (CASEL) (not dated), *How Evidence-Based SEL Programs Work to Produce Greater Student Success in School and Life*

\(^{38}\) Ibid.

\(^{39}\) UNICEF (2010), *Life skills learning and teaching: principles, concepts and standards*
performance and completion of basic schooling. In all nations there are additional concerns such as substance abuse and risky sexual behaviour which may contribute to crime and violence.

Health education has long been a focus of programmes in both developed and developing countries, with the emphasis largely on the provision of information. This approach has evolved in response to growing understanding of how social, family and peer influences, individual experience and social norms can affect the development of skills, attitudes and behaviours related to health. Since the early 1990s a growing body of evidence has indicated that improving access to information may increase knowledge, but is not sufficient in itself to alter behaviours affecting health risks. Achieving behavioural change requires programmes to complement knowledge with a simultaneous focus on relevant attitudes and life skills, such as negotiation and refusal, communication and critical thinking that can help individuals navigate through interactions and influences and build positive health behaviours.

For a number of prominent health issues, such as HIV prevention, nutrition, sexual and reproductive health (SRH), early pregnancy, reducing infections, violence, and substance abuse, life skills-based health education has become internationally recognised and promoted. The FRESH (Focusing Resources on Effective School Health) framework drawn up by WHO, UNICEF, UNESCO and the World Bank in 2000 in support of EFA, for example, identifies skills-based health education as one of the four core elements to be implemented simultaneously for effective school health programming, alongside health-related school policies, safe water and sanitation, and school-based health and nutrition services.

The most comprehensive guidance on such skills-based health education was issued by WHO in 2003 in collaboration with a wide range of partners, including UNICEF. It is defined as an approach to creating or maintaining healthy lifestyles and conditions through the development of knowledge, attitudes, and especially skills, using a variety of learning experiences with an emphasis on participatory methods. This may provide the opportunity for young people to be exposed to different scenarios and explore different choices, to understand what influences them, what is in their best interests and how they can make their own decisions to protect and enhance their own and others’ health.

3.3.2 Life skills-based education for HIV prevention

Perhaps the most prominent and widespread driver of life skills-based health education, and LSE more generally, has been in response to HIV and AIDS, reflecting the priority that this issue has received in many developing countries. LSBE for HIV prevention was identified as a key component in the international response framework for HIV and AIDS in the late 1990s by UNAIDS. This was further recognised in the UNGASS Declaration of Commitment on HIV and AIDS in 2001 with a core national indicator for assessing the coverage of school-based LSE for HIV prevention (Indicator 11). Regular national reporting on progress in developing life skills-based HIV education has been provided through the biannual UNGASS Country Progress Reports.

LSBE for HIV prevention draws heavily on the aforementioned WHO Skills for Health approach. WHO provided technical guidance for preventing HIV within the framework of Health Promoting Schools in 1999, in which

45 WHO (2003), Skills for Health
46 WHO (2003), Skills for Health
42 WHO (2003), Skills for Health
41 See for example the modules for ‘Sexuality and Sexual Health’ and ‘Self and Interpersonal Relations’ in UNICEF, CARICOM and EDC (2008), Health and family life education. Regional curriculum framework for ages 9-14
47 See http://www.unaids.org/en/dataanalysis/monitoringcountryprogress/2010progressreportssubmittedbycountries for the current 2010 country progress reports; 88 countries have reported on this indicator in 2010 – UNAIDS (2011), Securing the future today. Strategic information on HIV and young people
LSBE is cited among the range of responses advocated\(^{48}\). More recently, comprehensive technical guidance on education sector responses to HIV and AIDS has been drafted by UNESCO through the EDUCAIDS initiative\(^{49}\). From this guidance, LSBE approaches are to be included in the curricula for all epidemic scenarios.

The UNAIDS Interagency Task Team on Education has also played an important role in promoting life skills-based HIV education. The Team has enabled consensus to be developed on the education response to HIV through various publications which cover issues including HIV prevention, treatment education, HIV mainstreaming in education, impact mitigation, protection and care of orphans and vulnerable children, and responding to stigma and discrimination. A systematic review of the evidence from developing countries on effectiveness in preventing HIV amongst young people, undertaken by the UNAIDS Interagency Task Team on HIV and Young People\(^{50}\), concluded that there is sufficient evidence to support widespread implementation of school-based interventions, incorporating 17 characteristics of effective programmes derived from research results (see section 3.5.1 below)\(^{51}\).

This evidence has informed the development of guidelines on sexuality education by UNESCO (2009) with support from UNAIDS, UNFPA, UNICEF and WHO, which include the rationale\(^{52}\) and recommended topics and learning objectives\(^{53}\). Sexuality education is an evolving paradigm for addressing HIV and SRH health education. It builds on the evidence from HIV education and retains an emphasis on LSBE. Whilst the terminology is not accepted by all countries, there is a pronounced shift towards a more holistic approach to education concerning sexual issues, including SRH and population. Both the ‘Planeando Tu Vida’ programme developed by the Mexican Institute for Research on Family and Population (IMIFAP) and used extensively in Latin America\(^{54}\) and the Sexuality Information and Education Council of the United States (SIECUS) curricula are often cited examples of this.

The perceived role of the education sector in preventing HIV has changed internationally during the past decade. In all contexts, there is a now a priority on identifying populations at most risk and targeting them with interventions. In low and concentrated epidemics (<1% of in the 15-49 age group infected), these are typically injecting drug users, men who have sex with men and female sex workers and their clients. These are not typical profiles of the school population. Thus, a strong focus on most-at-risk populations tends to reduce focus on school-based HIV prevention.

For HIV prevention in Asia, it was proposed by UNICEF, UNESCO and UNFPA in 2008\(^{55}\) that adolescents and young people engaging in high risk behaviours should be the main priority; followed by adolescents and young people who are more vulnerable to start engaging in high risk behaviours. For this second priority group, which includes young migrants, young people living on the street and out-of-school young people, a wider, less HIV specific approach was recommended, focused on improving the safety of their direct environment. This could be, for example, by providing safe spaces to stay and education or vocational training opportunities. HIV-related messages could be mainstreamed and integrated into wider social support programmes. A large majority of people in the age group up to 24 years old are at low risk and low levels of vulnerability to HIV infection: many are in the younger age groups. It was proposed that HIV prevention information and skills for them should be considered only after the first groups have been sufficiently covered, or if prevention information and skills can be integrated at low or no cost, for example as part of broader adolescent reproductive health programmes. For the large majority of young people, who are living in very low HIV prevalence areas, do not have risk behaviours, live in relatively stable families, work and / or attend school, HIV and AIDS related awareness messages could be integrated into school curricula at low or no cost.

\(^{48}\) WHO (1999), Preventing HIV/AIDS/STI and related discrimination: an important responsibility of health promoting schools
\(^{49}\) UNESCO (2010), Practical guidelines for supporting EDUCAIDS implementation (Draft)
\(^{50}\) UNAIDS Interagency Task Team on Young People (2006), Preventing HIV/AIDS in Young People. A Systematic Review of the Evidence from Developing Countries
\(^{52}\) UNESCO (2009), International Technical Guidance on Sexuality Education. Volume 1. The rationale for Sexuality Education
\(^{53}\) UNESCO (2009), International Technical Guidance on Sexuality Education. Volume 2. Topics and Learning Objectives
\(^{55}\) UNICEF, UNESCO and UNFPA. (2008), Responding to the HIV prevention needs of adolescents and young people in Asia: Towards (cost-) effective policies and programmes. Bangkok.
Community-integrated responses (i.e. youth union activities, scouts, youth clubs) or via the mass media could be considered as part of a wider package of ‘adolescent health and development’.

In generalised epidemics (>1% HIV prevalence in the 15-49 age group), particularly those in East and Southern Africa there remains a strong case for school-based HIV prevention education as a component of the national response. For example, a meta-analysis revealed that among 22 studies of school-based prevention education programmes in low- and middle-income countries, 16 were determined by WHO and others to significantly delay sex, reduce frequency of sex, reduce number of partners, increase use of condoms or contraceptives, and decrease frequency of unprotected sex. In another meta-analysis of 30 studies in developing countries, peer education interventions were significantly associated with increased HIV knowledge, reduced equipment sharing among injection drug users, and increased condom use, but peer education programmes had a non-significant effect on STIs; the meta-analysis indicates that peer education programmes in developing countries are moderately effective at improving behavioural outcomes but show no significant impact on biological outcomes. Further research is needed to establish effective methods of evaluating effectiveness and attributing causality.

Moreover, there are limits to the impact LSE can have on prevention, particularly where children and young people are living in high risk environments. A recent randomised control trial suggests that cash transfers to schoolgirls based on their attendance meant they were less likely: to be infected with HIV, to have an older male partner, and to have sexual intercourse once per week. There is also evidence that simply attending school and reaching a higher level of education reduces the risk of HIV infection. This underlines the need for outreach to marginalised children and young people who are not attending formal school.

3.3.3 Human rights, citizenship and social cohesion

Both the Universal Declaration of Human Rights and the Convention on the Rights of the Child (CRC) identify explicit and fundamental roles for education in the promotion and respect for human rights, tolerance and peace (see Figure 1).

The emphasis here is not only on factual awareness of rights and identifying where these are exploited or restricted, but how individuals’ and groups’ attitudes and behaviours towards these rights and values are internalised and enacted through interactions with one another. The development of inter- and intra-personal skills that enable individuals to avoid potentially abusive or exploitative relationships, cooperate with others and resolve conflict peacefully have thus become a pillar in educational responses to rights commitments.

Of course, the challenges to the protection and promotion of rights, the types of rights abuses and exploitation experienced by different sections of society, and the potential avenues and priorities for acknowledging and claiming rights are dependent on the specific cultural, social, political and economic context. A wide array of different thematic programmes has thus emerged in response to varying contexts, carrying forward different emphases and combinations of life skills considered relevant to the focus of the programme. In a recent guidance document on education for life skills, citizenship, peace and human rights, Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) and UNESCO identified a number of broad trends amongst these programmes:

62 Ibid.
Chapter 3: Review of life skills concepts and trends

Figure 1: The links between human rights and education in international rights documents

**Universal Declaration of Human Rights, Article 26(2):**

*Education shall be directed to the full development of the human personality, and for the strengthening of respect for human rights and fundamental freedoms. It shall promote understanding, tolerance and friendship between all nations, racial or religious groups, and shall further the activities of the United Nations for the maintenance of peace.*

**Convention on the Rights of the Child (1989), Article 29:**

*States Parties agree that the education of the child shall be directed to:*

(a) *The development of the child’s personality, talents and mental and physical abilities to their fullest level;*

(b) *The development of respect for human rights and fundamental freedoms, and for the principles enshrined in the Charter of the United Nations;*

(c) *The development of respect for the child’s parents, his or her own cultural identity, language and values, for the national values of the country in which the child is living, the country from which he or she may originate, and for civilizations different from his or her own;*

(d) *The preparation of the child for responsible life in a free society, in the spirit of understanding, peace, tolerance, equality of sexes and friendship among all peoples, ethnic, national and religious groups and persons of indigenous origin;*

(e) *The development of respect for the natural environment.*

- In conflict-affected areas the focus has been on the promotion of conflict resolution and peace education to enhance the understanding between groups and facilitate reconciliation and peace-building;
- In post-conflict and fragile contexts, peace education and social cohesion may form the basis for the rebuilding of societies and national identities that promote tolerance, mutual understanding and respect for diversity and to avoid a recurrence of conflict;
- For countries with a history of human rights abuses and oppression, the focus may be on stressing human rights, toleration and respect for diversity;
- Where populations have suffered from political repression, an emphasis on democratic citizenship, participation and civil society is often apparent;
- Countries with a history of widespread corruption and weak rule of law have stressed the values, behaviours and skills required for good governance;
- In societies at peace there has been an emphasis on the need to enhance constructive and active citizenship amongst young people;
- Where there are specific concerns of interpersonal pressures on youth that contribute to vulnerability to violence, drug abuse, HIV infection etc. responses incorporate a more specific focus on life skills to reduce risky behaviours amongst young people (as discussed in the previous sections).

Recent efforts by the UNESCO International Bureau of Education, in collaboration with GTZ (now GIZ) have attempted to draw these various types of programmes together under the broad term “Learning to Live Together”63. The Guide that has been produced under this title, whilst recognising the different thematic emphases of such programmes, provides a stronger framework to reflect the cross-cutting focus on interpersonal relations and behaviours, and the LSBE components that seek to support or shape these in certain ways64.

63 Ibid; Sinclair, M. (2004), Learning To Live Together
64 Ibid.
3.3.4 Disaster risk reduction and environmental protection

The role of education to prepare children to manage their response to disasters and to take a role in the preparedness and resilience of their communities has emerged as a concern over recent years, with several interventions and projects focussing on children’s role in disaster risk reduction (DRR). It is a thematic area that also recognises the importance of a range of skills in communication, critical thinking and awareness. UNICEF has incorporated this strongly in its 2010 document addressing principles, concepts and standards for LSE, stating: “by addressing these concerns across the emergency spectrum (preparedness, response, recovery and development) life skills education can contribute to averting future emergencies as well as promoting individual and community resilience and mitigating impact in the aftermath of an emergency.”

The DRR discourse, in connection with climate change issues, particularly adaptation and mitigation, incorporates the growing awareness of environmental threats to agriculture, water and land stability. Climate change, the study of environmental science, and the impact of human behaviours on the environment, at the global or local levels, have been introduced into school curricular in different modalities, including as part of some LSE initiatives.

3.4 UNICEF and life skills education

UNICEF has had a significant role in LSE development and initiatives at both national and international levels. A global stocktaking exercise in 2006/7 to assess progress in LSE at country levels found 156 countries with UNICEF-supported LSE activities, of which 145 had integrated LSE into the curriculum at primary and/or secondary levels, and 70 had made LSE a compulsory subject. It is evident from the range of different thematic areas under which these LSE activities have been introduced across countries and regions, that UNICEF-supported LSE activities reflect both the adaptation of LSBE to local priorities and the difficulties involved in defining and shaping a specific LSE concept across such a broad range of different programmes. This is further supported by the global evaluation of UNICEF’s CFS initiative (2009), which found considerable variation in how LSE was being implemented in different countries.

Table 3: Thematic areas of LSE interventions from the 2007 UNICEF stocktaking exercise

<table>
<thead>
<tr>
<th>Region</th>
<th>Main thematic focus where life skills-based education has been incorporated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central &amp; Eastern Europe and the Commonwealth of Independent States</td>
<td>HIV &amp; AIDS, the environment, health, hygiene, conflict, drugs, emergencies, rights, citizenship, and others</td>
</tr>
<tr>
<td>East Asia and the Pacific Islands</td>
<td>Health, HIV &amp; AIDS and drug use</td>
</tr>
<tr>
<td>Eastern and Southern Africa</td>
<td>HIV &amp; AIDS, peace education, and gender</td>
</tr>
<tr>
<td>Middle East and North Africa</td>
<td>HIV &amp; AIDS, peace education, gender</td>
</tr>
<tr>
<td>South Asia</td>
<td>Environment, peace building, gender, reproductive health and rights, HIV &amp; AIDS, and drug use</td>
</tr>
<tr>
<td>Americas and the Caribbean</td>
<td>HIV &amp; AIDS, violence, gender</td>
</tr>
<tr>
<td>Western and Central Africa</td>
<td>HIV &amp; AIDS, peace education, gender</td>
</tr>
</tbody>
</table>

Building on the stocktaking exercise, and in collaboration with a wide range of partners, in 2010 UNICEF attempted to establish principles, concepts and standards for LSE. A list of relevant theoretical frameworks was drawn up, but not discussed in detail in relation to the acquisition of life skills. These include behaviourism, cognitivism, constructivism, humanism, social learning theory, problem-behaviour theory, social convention theory, and outcomes-based learning. While there is conceptual overlap among these theories, there is also some significant divergence in perspectives. This suggests that LSE currently lacks a clearly defined foundation.
articulated and empirically evidenced theory of learning in institutional settings, and that the opportunity to
analyse and put forward a clearer relationship between life skills and learning theory (or theories) was not
realised in this exercise.

UNICEF does, however, have important existing frameworks, most notably CFS, that are closely aligned to LSE,
which have potential to reinforce and mutually support the development of holistic and rights-based
approaches to LSE.

3.4.1 Life skills, child friendly schools and human rights based approaches

UNICEF has elaborated strategies and programme materials that are associated with CFS as well as the
integration of a human rights-based approach (HRBA) to education for all. These approaches are
complementary and, to some extent, overlapping, with the main aims and tenets of LSE.

UNICEF’s CFS framework (which is presented in the life skills section of its main website70) sets out child-
centred approaches to the organisation of teaching and learning in order to promote a quality education for all
children in schools. The CFS framework operationalises the substantive right to education ensured by
international human rights standards. The CFS framework also transforms into guidelines the primary pillars of
the CRC, which are survival and development, non-discrimination, participation and the best interest of the
child.

Figure 2: Qualities of a rights-based, child friendly school71

1. Reflects and realizes the rights of every child - cooperates with other partners to promote and monitor the
well-being and rights of all children; defends and protects all children from abuse and harm (as a sanctuary),
both inside and outside the school.

2. Sees and understands the whole child, in a broad context - is concerned with what happens to children
before they enter the system (e.g. their readiness for school in terms of health and nutritional status, social
and linguistic skills), and once they have left the classroom—back in their homes, the community, and the
workplace.

3. Is child-centred - encourages participation, creativity, self-esteem, and psycho-social well-being; promotes a
structured, child-centred curriculum and teaching-learning methods appropriate to the child’s developmental
level, abilities, and learning style; and considers the needs of children over the needs of the other actors in the
system.

4. Is gender-sensitive and girl-friendly - promotes parity in the enrolment and achievement of girls and boys;
reduces constraints to gender equity and eliminates gender stereotypes; provides facilities, curricula, and
learning processes welcoming to girls.

5. Promotes quality learning outcomes - encourages children to think critically, ask questions, express their
opinions— and learn how to learn; helps children master the essential enabling skills of writing, reading,
speaking, listening, and mathematics and the general knowledge and skills required for living in the new
century—including useful traditional knowledge and the values of peace, democracy, and the acceptance of
diversity.

6. Provides education based on the reality of children’s lives - ensures that curricular content responds to the
learning needs of individual children as well as to the general objectives of the education system and the local
context and traditional knowledge of families and the community.

7. Is flexible and responds to diversity - meets differing circumstances and needs of children (e.g. as
determined by gender, culture, social class, ability level).

8. Acts to ensure inclusion, respect, and equality of opportunity for all children—does not stereotype,
exclude, or discriminate on the basis of difference.

9. Promotes mental and physical health - provides emotional support, encourages healthy behaviours and

71 Adapted from UNICEF (2009), Child-Friendly Schools Manual
practices, and guarantees a hygienic, safe, secure, and joyful environment.

10. Provides education that is **affordable and accessible** - especially to children and families most at-risk.

11. Enhances teacher capacity, morale, commitment, and status - ensures that its teachers have sufficient pre-service training, in-service support and professional development, status, and income.

12. Is family focused - attempts to work with and strengthen families and helps children, parents and teachers establish harmonious, collaborative partnerships.

13. Is community-based - strengthens school governance through a decentralized, community-based approach; encourages parents, local government, community organizations, and other institutions of civil society to participate in the management as well as the financing of education; promotes community partnerships and networks focused on the rights and well-being of children.

UNICEF’s language around the CFS framework suggests that it considers this to be the “solution” to the integration of the rights-based approach to programming—which is being promoted throughout the UN system as well as with development agencies. To support the technical and practical implementation of this approach, the manual on CFS was co-produced by UNICEF and United for Children in 2009.

Earlier in 2007, UNICEF co-produced with UNESCO *A Human Rights-Based Approach to Education for All: A framework for the realization of children’s right to education and rights within education*72. This resource reflected more closely the core, universal principles of the HRBA developed in accordance with the Common Understanding document of the United Nations73. The HRBA places special emphasis on the inclusion of human rights standards and human rights values in programme planning and implementation processes. These human rights values include: non-discrimination and equality; participation and inclusion; and accountability. HRBA-reflective programming also prioritises working with the most vulnerable populations.

HRBA emphasises the empowerment of rights holders to know and claim their rights and the capacity development of duty bearers to fulfil their obligations. HRBA requires that all programming be carried out in a manner that is mindful of State commitments to international human rights treaties, such as the CRC, which implies that both rights holders (children and their parents) and duty bearers (parents, teachers, school staff and educational planners) be informed of such standards.

Active participation and empowerment of young people can be seen as fundamental to LSE, which, again, may challenge traditional views and educational cultures. For example, the term “child-friendly schooling” was rejected by the teaching force in Barbados as undermining teachers’ rights, being replaced by UNICEF with “school positive behaviour management programming” which carries with it an element of student compliance rather than promoting children’s rights74.

The CFS strategies share common cause with much in LSE, and indeed, the qualities of a child friendly school (Figure 2), have aspects of LSE in many areas, for example: social and linguistic skills; the encouragement of participation, creativity, self-esteem and psycho-social well-being; the encouragement of critical thinking, asking questions and expressing opinions; and encouraging healthy behaviours and practices and guaranteeing a hygienic, safe, secure and joyful environment. However, despite these significant overlaps in principles and implementation aims, there has been no attempt to integrate or develop practical guidance on how these two key UNICEF concerns might work more coherently together.

---

72 UNICEF and UNESCO (2007), *A Human Rights-Based Approach to Education*


3.5 Implementation of life skills education

3.5.1 Logic of interventions

The intervention logic is explicit in most countries, essentially as shown in Table 4, which also shows some of the assumptions of the logic chain. These are less explicitly stated and suggest areas where implementation may threaten the results chain. These risks are elaborated in the analytical framework (Figure 3).

Table 4: Intervention logic

<table>
<thead>
<tr>
<th>Level</th>
<th>Logic chain</th>
<th>Assumptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goals</td>
<td>Young people adopt safer and more positive behaviours that reduce risks to their health and life chances.</td>
<td>1. Outcomes to Goals • Peer, family and societal norms do not undermine positive behaviours • LSE reaches a critical mass of students</td>
</tr>
<tr>
<td>Outcomes</td>
<td>Students gain and sustain: • Knowledge to avoid risks • Skills and self-esteem that empower them in risk situations • Positive attitudes to managing risk in their life</td>
<td>2. Output to Outcomes • Knowledge and skills are perceived as relevant by students • Complementarity of knowledge and other skills • Classroom practices build self-esteem and psycho-social skills • School environment contributes to personal development</td>
</tr>
<tr>
<td>Outputs</td>
<td>LSE teaching: • Covers psycho-social skills • Includes relevant knowledge • Is age appropriate • Has appropriate materials • Reaches critical numbers of students</td>
<td>3. Inputs to Outputs • Inputs (teachers, teaching and learning materials) reach the schools • Teachers are personally and professionally equipped to deliver psycho-social skills and sensitive subject knowledge • Curriculum time is adequate to cover curriculum • Curriculum is relevant to students’ needs and psychological readiness • Participatory methodologies can be introduced despite systemic constraints in education sector • Supportive school leadership and management</td>
</tr>
<tr>
<td>Inputs</td>
<td>Teachers: selection, training and deployment Curriculum • knowledge • skills Curriculum time Teaching and learning materials • Classroom activities</td>
<td></td>
</tr>
</tbody>
</table>
3.5.2 Design of interventions

On the national scale, reviews of LSE interventions highlight the need for political commitment and coordination from a range of ministries, donor agencies and other regional and national programmes. Where the LSE initiative incorporates national political priorities it is reasonable to assume that political and wider public commitment can be mobilised. This was the case in many countries of sub-Saharan Africa where LSE developed in response to the HIV pandemic.

Evidence confirms the positive effect of the involvement of national leadership from the planning stages, advocating to and listening to communities and contributing to building commitment and priority for LSE programmes, particularly in the face of cultural sensitivities around issues such as sexual and reproductive health. This is critical to sustainability and improving the relevance of programmes.

National level leadership, however, must be supported at a local level through the involvement of students, parents and the wider community at all stages of the programme. As mentioned above, the development of appropriate life skills and behaviours is influenced by social and cultural influences, both inside and, more significantly, outside the classroom. Strong linkages to families and wider communities are thus important to build a supportive and conducive environment for school-based interventions and ensure relevance, sustainability and effectiveness. The WHO Skills for Health document also recognises the importance of coherent and coordinated approaches, incorporating related school initiatives such as school health programmes, and based on contextual lessons from pilot projects that can be scaled to national levels.

Reviews of programme evaluations suggest at least 14 hours of teaching is needed per academic year for LSE-focussed HIV prevention interventions, although some intense programmes have used small groups, and subsequent booster sessions to sustain outcomes. These reviews also note the importance of focusing on clear

---

75 Boler, T. and Aggleton, P. (2005), Life skills education for HIV prevention: a critical analysis; WHO (2003), Skills for Health; Senderowitz J. and Kirby D. (2006), Standards for Curriculum-Based Reproductive Health and HIV Education Programs, Family Health International
76 WHO (2003), Skills for Health
77 Ibid.
and articulated behavioural goals, providing medically accurate information, personalising and continually reinforcing key messages, and introducing practical skills and examples for dealing with social pressures or specific situations. The need for programmes to be age appropriate and relevant to the learner’s situation is emphasised.

The UNAIDS Interagency Task Team on HIV and Young People has undertaken a systematic review of the evidence from developing countries on preventing HIV amongst young people. Citing strong evidence that school-based life skills-based programmes have reduced sexual risk behaviour and increased HIV and AIDS-related knowledge, it identified 17 characteristics of effective programmes (Table 5).

Table 5: Characteristics of effective curriculum-based programmes

<table>
<thead>
<tr>
<th>Developing the curriculum</th>
<th>Content</th>
<th>Implementation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Involve multiple people with different backgrounds in theory, research and sex/ HIV education.</td>
<td>Curriculum goals and objectives 1. Focus on clear health goals, such as the prevention of STIs and HIV and/or pregnancy.</td>
<td>1. Secure at least minimal support from appropriate authorities, such as ministries of health, school districts or community organisations.</td>
</tr>
<tr>
<td>2. Assess relevant needs and assets of target group.</td>
<td>2. Focus narrowly on specific behaviours leading to these health goals (such as abstaining from sex or using condoms or other contraceptives); give clear messages about these behaviours; and address situations that might lead to them and how to avoid them.</td>
<td>2. Select educators with desired characteristics, train them and provide monitoring, supervision and support.</td>
</tr>
<tr>
<td>3. Use a logic model approach to develop the curriculum that specifies the health goals, the behaviours affecting those health goals, the risk and protective factors affecting those behaviours, and the activities addressing those risk and protective factors.</td>
<td>3. Address multiple sexual–psychosocial risk and protective factors affecting sexual behaviours (such as knowledge, perceived risks, values, attitudes, perceived norms and self-efficacy).</td>
<td>3. If needed, implement activities to recruit and retain youths and overcome barriers to their involvement (for example, publicise the programme, offer food or obtain consent from youths or parents).</td>
</tr>
<tr>
<td>4. Design activities consistent with community values and available resources (such as staff time, staff skills, facility space and supplies).</td>
<td>4. Create a safe social environment in which youths can participate.</td>
<td>4. Implement virtually all activities as designed.</td>
</tr>
<tr>
<td>5. Pilot-test the programme.</td>
<td>5. Include multiple activities to change each of the targeted risk and protective factors.</td>
<td></td>
</tr>
<tr>
<td>6. Use instructionally sound teaching methods that actively involve participants, that help participants personalise the information and that are designed to change each group of risk and protective factors.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Use activities, instructional methods and behavioural messages that are appropriate to the culture, developmental age and sexual experience of the participants.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Cover topics in a logical sequence.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

80 UNAIDS Inter-agency Task Team on Young People (2006), Preventing HIV/AIDS in Young People
81 Ibid, p.108
Out-of-school youth are targeted by a wide range of non-formal interventions, which is an area of primary concern for many developing countries reflecting social and economic problems and risks to national development. This is compounded by low enrolment and attendance at secondary level, where young people who are entering adolescence are missing LSE opportunities. Marginalised or vulnerable groups are, by definition, difficult to involve in appropriate educational provisions, and non-formal interventions seek to meet this challenge where formal schooling has not. However, LSE interventions targeting out of school youth “are still sporadic and based on NGOs’ goodwill”[82]. Non-formal interventions and programmes often fall outside any established LSE supervision and coordination mechanisms at national and even local levels, being outside the government support system[83]. Innovative activity may be taking place in these contexts, but keeping track of these activities and monitoring their outputs and outcomes remains a very significant challenge.

3.5.3 Life skills and curriculum

LSE reflects a shift in the conceptualisation of the curriculum as it broadens the range and nature of competencies to include not only knowledge and skills but also behaviour, attitudes and values.

The point of departure in UNICEF guidance[84] on developing the LSE curriculum is identifying and achieving agreement on learning outcomes, with clear impact goals. The second stage is to develop objectives in order to achieve the goals identified. This is to be done through a process that includes an analysis of risk and protective factors, prior knowledge and aptitudes. The third step involves the translation of these goals and objectives into measurable learning outcomes. This reflects a “product approach” to the curriculum, which derives from the work of Tyler[85] and sets out four principles:

- Define the purposes of the curriculum;
- Define the educational experiences related to the purposes;
- Define the organisation of these experiences; and
- Define the evaluation of the purposes.

In this curriculum model, carefully pre-determined objectives lead to the appropriate selection of content to be taught, as well as teaching methods to meet the needs of learners and the capabilities of teachers. The product approach is usually discipline- or theme-based. It is a model that has been influential and is widely used in education systems where there is a shortage of adequately trained teachers. Its merits include a systematic and transparent approach, but care must be exercised to avoid an overly prescriptive attitude towards the learning outcomes.

A contrasting approach to the curriculum is a “process approach”, which emphasises activities and the very process of learning including critical thinking and reflection[86]. It involves student choice-control and content may be negotiated. Whilst this approach appears to be more congruent with the aims of LSE, in terms of curriculum design (and pedagogy) it is challenging, especially in developing countries with limited resources and professional capacity.

Different curriculum modalities are taken to deliver LSE: it may be integrated into the curriculum, be included as a stand alone subject, or offered as a co-curricular activity. An integrated approach infuses life skills across the curriculum or delivers specific topics and content through carrier subjects, such as science and sport. As a stand alone subject, topics may include a range of psycho-social skills and thematic content, for example: interpersonal relations, health, sex education and HIV prevention, and environmental protection[87]. The integrated approach may be seen as more efficient in many ways; however, UNICEF has highlighted that with some content areas, especially HIV prevention, there is a risk that subject teachers are inadequately equipped in their own knowledge, attitudes and skills to teach effectively and with confidence[88].

---

83 UNICEF/UNAIDS (2005), Life skills-based education in South Asia
84 Ibid.
85 Tyler, R. W. (1949), Basic Principles of Curriculum and Instruction
86 Stenhouse, L. (1974), Process model of the curriculum
87 See, for example, CARICOM and UNICEF (2005), Curriculum Framework for Health and Family Life Skills
The information, attitudes, and skills that comprise the programme content need to be relevant to the health-related risks and protective behaviours of learners. Successful programmes have a planned and sequenced curriculum across primary and secondary school, incrementally adjusted to the age and stage of the learner. Senderowitz and Kirby list the following standards for curriculum content and approach in relation to HIV and sex education:

- Incorporate a means to assure a safe environment for participating and learning;
- Focus on clear health goals in determining curriculum content, approach, and activities;
- Focus on specific behaviours that lead to or prevent unintended pregnancy, STIs, and HIV;
- Address multiple risk and protective factors affecting sexual behaviours;
- Include multiple activities to change each of the targeted risk and protective factors;
- Incorporate instructionally sound and participatory approaches;
- Use activities, messages, and methods that are appropriate to the culture, age, and sexual experience of targeted populations;
- Address gender issues and sensitivities in both the content and teaching approach;
- Cover topics in a logical sequence;
- Present information that is scientifically and medically accurate.

As the UNICEF stocktaking report highlights, LSE cannot be described in terms of curriculum content only. There is a "hidden curriculum" which can either support or undermine the goals of LSBE and is a powerful determinant of what young people learn and do. The experiences, interactions and environmental context to which learners are exposed within the school contribute to this "hidden curriculum". CFS recognises many of these aspects and is a crucial UNICEF strategy which articulates these considerations.

There is a danger of failing to recognise the structures and outside influences affecting young people, and the knowledge, vulnerabilities and assets they bring into the classroom.

3.5.4 Life skills and pedagogy

It is frequently stated, including in UNICEF guidance, that LSE involves the use of interactive and participatory teaching and learning methods, and experiential and activity-centred pedagogy. Examples of interactive learning activities include: class discussion, brainstorming, role play, games and simulations, case studies, debate and storytelling. This range of activities also help develop life skills, and are closely related to self-expression, promotion of emotional intelligence, empathy, interpersonal communication, cooperation, negotiation, examining or analysing different perspectives, constructive argument and problem solving. At the same time the activities are used to explore and develop content-related knowledge, attitudes and skills. They bring new information into the classroom for young people to engage with, as well as drawing on their own experiences.

Using these methods, teachers are facilitators of learning and important actors in the environments for young learners, acting as role models and encouraging and empowering the students they work with. The implication is that teachers of LSE themselves must be equipped with (or willing to develop) and demonstrate the same range of effective life skills as their students are intended to learn. Teachers need to be able to withhold judgement and listen to different opinions, gaining the trust of their students so that they feel comfortable expressing themselves, knowing that what they discuss remains confidential. Teachers also need to be able to

---

89 WHO (2003), Skills for Health
91 UNICEF (2007), Stocktaking of life skills-based education, pp.17-18
92 Boler, T. and Aggleton, P. (2005), Life skills education for HIV prevention
93 UNICEF (2010), Life skill learning and teaching: principles, concepts and standards
continue to re-examine their own attitudes and values, developing an awareness and objectivity of life issues in specific socio-cultural contexts⁹⁵.

In addition, proposed methods for assessment of learning outcomes⁹⁶ also show a variety of approaches, many of which differ from traditional methods and need additional support to equip teachers with the relevant formative and summative assessment skills:

- **Knowledge**: e.g. multiple-choice questions or poems, essay, posters;
- **Attitudes**: through scalar attitude measurement tools, open ended questions and closed questions;
- **Skills**: through close-ended questions, role plays and simulations, case study analysis, check lists;
- **Behavioural intent**: through close-ended questions, case studies, simulations, checklists etc.

Thus there are implications for the identification and recruitment of suitable teachers to deliver LSE⁹⁷, and for professional support and training, both at pre-service and at in-service/continuous professional development level⁹⁸.

As with the hidden curriculum, pedagogy in schools is influenced by a range of factors. Based on research in relation to quality education and EFA in Indian schools, for example, Alexander identifies a framework for pedagogy as ideas, and as practice. Pedagogy as ideas includes: “‘enabling’ ideas (on students, learning, teaching and curriculum), ‘formalising’ ideas (on policy and schooling) and ‘locating’ ideas (on culture, self, and identity)”. Pedagogy as practice includes “the teaching act itself (comprising task, activity, interaction, judgement), the form that teaching typically takes (lesson), and the contextual and policy frame (space and resources, student organisation, time, curriculum, routine, rule and ritual) within which the act of teaching is set”⁹⁹.

Thus it is likely that, given the traditional, didactic approach to teaching and learning in many developing countries, the pedagogy required for effective LSE will be difficult for individual teachers to develop and apply: it is likely to challenge, and be undermined by, prevailing and entrenched approaches. A more focussed and defined pedagogical framework for learning and teaching is therefore suggested as the starting point of any educational process, with clarity about which skills should be taught as life skills, why these skills are chosen, and how they should be taught¹⁰⁰.

### 3.6 Monitoring and evaluation of life skills education

At an international level, the monitoring and evaluation of LSE has largely been confined to issues of quantitative coverage under the thematic area of HIV and AIDS through the UNGASS indicator 11: “The percentage of schools that provided life skills-based HIV education in the last academic year”¹⁰¹. In the last national reporting round against the UNGASS (HIV and AIDS) indicators in 2010, 88 countries provided data against indicator 11 using the latest data available and these reports presented a significant degree of variation within and across regions¹⁰².

UNGASS has recognised some difficulties in the interpretation and comparability of indicator 11 due to different contexts of enrolment¹⁰³. Further limitations have also been raised around its validity with one recent international non-governmental organisation (INGO) report suggesting that the wide variations in coverage reflect confusion amongst countries over the definition of what LSE covers, and the broad range of data

---

⁹⁵ CARICOM and UNICEF (2006), HFLE Teacher Training Manual
⁹⁶ UNICEF (2010), Life skill learning and teaching: principles, concepts and standards
⁹⁷ Senderowitz J. and Kirby D. (2006), Standards for Curriculum-Based Reproductive Health and HIV Education Programs
⁹⁸ WHO (2003), Skills for Health; Senderowitz J. and Kirby D. (2006), Standards for Curriculum-Based Reproductive Health and HIV Education Programs
⁹⁹ Alexander. R (2008), Education For All, the Quality Imperative and the Problem of Pedagogy, CREATE Pathways to Access Monograph No. 20, p.50.
¹⁰⁰ Boier, T. and Aggleton, P. (2005), Life skills education for HIV prevention
¹⁰¹ UNAIDS (2009), UNGASS Monitoring the Declaration of Commitment on HIV/AIDS: Guidelines on Construction of Core Indicators
¹⁰² Ibid.
¹⁰³ Ibid.
sources used, ranging from national demographic and health surveys to small scale evaluations of pilot projects\textsuperscript{104}. This report also states:

First, the results are biased as they depend on self-reporting and, second, it gives no indication of how many teachers have been trained, the proportion of students who have been taught life skills or the format this teaching has taken. Uganda, for example, has reported that 100\% of their schools are teaching life skills, while Kenya recently reported 59\%\textsuperscript{105}.

Whilst some of this criticism is somewhat misplaced in respect to indicator 11 (UNGASS stress in their own reporting that indicator 11 is “a measure of coverage. The quality of education provided may differ by country and over time”\textsuperscript{106}), it does reflect some of the wider gaps in the monitoring and evaluation of LSE interventions across all thematic areas, relating to both the quality of implementation and the impact of LSE on young people’s skills and behaviours\textsuperscript{107}. Even with this caveat the UNGASS reporting assumes that all LSE covers HIV and AIDS, and so is relevant to their concerns.

### 3.6.1 Challenges of measuring the effectiveness of LSE

Challenges of measuring the effectiveness of LSE arise, in part, from the lack of an agreed definition\textsuperscript{108}, but also from the difficulty of measuring not only knowledge, but skills, attitudes and (most challengingly) behaviours\textsuperscript{109}: these are complex and abstract outcomes, as opposed to basic skills\textsuperscript{110} for which there is more experience of assessment.

Life skills are not static but evolving, with a dependence on family and gender; any measure therefore needs to “take into account disparities in social background, gender and the labour market, as well as national and international cultural variations”\textsuperscript{111}. Measuring the effectiveness of LSE needs identified measurable outcomes—the skills, attitudes, values and behaviour, with appropriate process indicators—\& monitoring and assessment has to be able to assess all the areas as well as the LSE methodology: the context; as well as the outputs\textsuperscript{112}.

In addition to measuring behaviour through individual achievements, indicators should also be holistic and take into account values such as living together, respect and tolerance of differences and diversity, active participation in community, group, work and social life; living and working in dignity; and making informed decisions. Few tools or frameworks exist, however, that are able to capture and meaningfully evaluate progress in such areas. This is consistently highlighted as one of the key weaknesses in LSE programming, with very little evidence of systematic monitoring and evaluation at national or local levels\textsuperscript{113}.

### 3.6.2 Life skills standards, benchmarks and indicators

**UNICEF Guidelines**

UNICEF has developed comprehensive guidelines for monitoring and evaluation processes for CFS\textsuperscript{114} as well as developing standards and benchmarks for LSE. In the *Life skills learning and teaching: principles, concepts and standards* document, UNICEF suggests that continuous assessment is one of the most effective ways of measuring long-term LSE, or the pre/post-test model of assessment for short-term programmes. Programme evaluation is also mentioned as a way to measure how learning is applied. The standards (Figure 4), which are

\textsuperscript{104} Boler, T. and Agpleton, P. (2005), *Life skills education for HIV prevention*, p.3

\textsuperscript{105} Ibid.

\textsuperscript{106} UNAIDS (2009), *UNGASS Monitoring the Declaration of Commitment on HIV/AIDS*


\textsuperscript{108} Tiendrebéogo G., Meijer S., Engleberg G. (2003), *Life Skills and HIV Education Curricula in Africa*


\textsuperscript{113} Tiendrebéogo G., Meijer S., Engleberg G. (2003), *Life Skills and HIV Education Curricula in Africa*

\textsuperscript{114} UNICEF (2009), *Child Friendly Schools Manual*
broken down into benchmarks, give a framework for creating indicators which measure process and aid in the
design of effective programmes.

Figure 4: Quality standards for LSE

- **Standard 1.** Outcomes: LSE is needs-based (that is, child-centred)
- **Standard 2.** Assessment: Life skills learning is results-based;
- **Standard 3.** Activities: Life skills learning is knowledge, attitudes and skills-based;
- **Standard 4.** Teaching: Teachers are trained on methods and psychosocial support;
- **Standard 5.** Learning environment: life skills education is provided in protective and enabling
  environments with access to community services.

An issue with monitoring and evaluating LSE is the perceived difficulty of assessing individual behaviour
change. While this is the ultimate goal of LSE, UNICEF’s 2010 guidelines assert that behaviour objectives “are
not the best measure of success in life skills education”. Instead, it is suggested that the best methods for
assessing LSE are the learning outcomes. Whilst some general examples of methods to assess these learning
outcomes are suggested, there is little clear guidance as to how LSE assessment can be integrated
systematically into national assessment systems, including school-based assessments, in line with the
increasing integration of LSE into national curriculum frameworks and education systems.

Further UNICEF guidance on assessment, specifically for skills-based health education with a focus on HIV
prevention, can be found in a 2003 publication. This suggests strategies to assess progress in classroom
activities for HIV and AIDS prevention, providing practical tools and examples for assessing knowledge,
attitude, skill and behavioural objectives. The introduction acknowledges the difficulty of assessing behaviour
outcomes, but posits that teachers should be aware of strategies to do so as “this is the ultimate goal of HIV
and AIDS prevention education”.

Prior to this document, UNICEF produced Program evaluation: life skills-based education measures and
indicators, which lists possible, general indicators for evaluating programmes under the following
categories: individuals– behavioural indicators, attitude, knowledge; and process–HIV and AIDS curriculum, LSE
process and approach.

The UNICEF website also provides a brief overview of indicators, giving examples of process and outcome
indicators for immediate and medium/long-term evaluations at the programme level, for teachers/facilitators
and for participants. Examples of outcome indicators cover three levels: session/classroom level (knowledge,
attitudes, skills), behavioural level (behaviour), and social health epidemiology level (health and social
outcomes).

Other sources

There are very few monitoring and evaluation guidelines or frameworks that have been developed with a
focus on life skills specifically. Where life skills are touched upon, it is largely through guidance for the
evaluation of thematic programmes that incorporate content-specific life skills (such as HIV and AIDS), and
provides only general suggestions with limited consideration of the practicalities and challenges for their
operationalisation.

UNESCO has produced a guide on designing, monitoring and evaluation of the life skills related programmes of
Learning to Live Together. The first half discusses methods for creating objectives, implementing positive
and effective teaching and learning processes, evaluating textbooks and curricula, and characteristics of
programmes. The monitoring and evaluation section provides guidance for field level programmes, school

---

115 UNICEF (2010), *Life skill learning and teaching: principles, concepts and standards*
116 Ibid
117 Fountain, S. and Gillespie, A. (2003), *Assessment Strategies for Skills-Based Health Education with a focus on HIV prevention and related issues* (Draft)
118 UNICEF (2002), *Program Evaluation: Life skills-based education Measures and Indicators*
120 UNESCO IBE and GTZ (2008), *Learning to live together*
level programmes and teacher training and professional development. This includes outlining methods of monitoring and evaluation (M&E), participatory processes, how to develop indicators, data requirements and collection and analysis of findings.

The INEE minimum standards (Figure 5) highlight the importance of community participation in monitoring and evaluation. They also specify that the monitoring of learners should take place during and after a course has been completed and give examples of what monitoring should measure, include the awareness and application of key life skills.121

**Figure 5: INEE Minimum Standards**

121 Inter-Agency Network for Education in Emergencies (INEE) (2010), *Minimum Standards for Education: Preparedness, Response Recovery*

The FRESH M&E Framework for School Health Interventions122 identifies possible ways of measuring the level of effective LSE through the following checklist:

- Life skills concepts and themes are addressed in the national curricula for primary and secondary schools;
- Life skills concepts and themes are explicitly assessed in national examination systems at various levels of education;
- Life skills concepts and themes are addressed in the pre-service teacher training curricula;
- Percentage of learners that have received life skills education in the last academic year;
- Percentage of teachers having received in-service training in life skills education in the last academic year;
- Percentage of women and men, aged 15 – 49 years, who had more than one partner in the past 12 months who used a condom during their last sexual intercourse;
- Current school attendance among orphans and non-orphans, aged 5– 17 years;
- The thematic indicators break down life skills-based education further, but the focus continues to be on process, outputs and quantifiable data, rather than outcomes in terms of behavioural change or attitudes.

A number of these indicators are problematic in the context of very loose definitions of what life skills “concepts and themes” involve, limited understanding of how they are developed and can best be supported in schools, a lack of available assessment tools and often poor data collection and analysis systems for education in general, and for LSE in particular.

Webb and Elliott also outline process and outcome indicators for school-based HIV and AIDS programmes for young people\(^{123}\). The process indicators are similar to those above—proportion of teachers trained, number and relevance of resources received, percentage of time given in the curriculum, etc. The suggested aim of the list of possible short-term/intermediate outcome indicators is to reflect the acceptance of (and reaction to) the project; the perception of the materials and methods used; the level of participation and dialogue; and the nature of communication links outside the classroom. Longer term outcome and impact indicators suggested include age of first intercourse, number of lifetime partners, frequency of intercourse over past year and frequency of condom use. In a similar exercise for peer and outreach education, the example of looking at stigmatisation of people living with HIV and AIDS was considered, and the following outcome indicators identified to be measured through pre- and post-intervention questionnaires:

- The willingness to talk to a people living with HIV and AIDS (PLHIV);
- The willingness to share a meal with a PLHIV;
- The willingness of an individual to take care of a family member with AIDS;
- The willingness of an individual to take care of a community member with AIDS;
- The right of an individual to keep their HIV status a secret;
- Willingness of personal disclosure of HIV status;
- Agreement that PLHIVs should be able to work;
- Willingness to take care of ‘AIDS orphans’;
- Desire to see PLHIV isolated;
- Percentage of people considering children are at risk of HIV infection;
- Percentage of adults believing that children should be educated about sexual health and HIV and AIDS; and
- Percentage of people believing that PLHIV can look healthy.

Once again this general guidance presents serious problems not only in the capacity of existing systems to provide adequate and accurate data on indicators, but also in the limitations of the tools available that can provide anything more than a superficial indication of attitudes and behaviours and fail to engage with the complexities of behavioural change.

Such guidance as can be found on monitoring and evaluating LSE, drawn largely from thematic frameworks such as those mentioned above, are thus limited in their capacity to provide holistic or realistic frameworks and tools for engaging with the outcomes of LSE, particularly around longer-term outcomes of behavioural change. In this context, UNICEF’s contribution in its Life skills learning and teaching: principles, concepts and standards document is a valuable and useful starting point in beginning to establish LSE-specific standards, benchmarks and indicators, but much more is required to engage systematically with the complexities of monitoring and evaluating LSE outcomes and to provide practical guidance and tools for LSE programmers and implementers to measure their effectiveness and feedback into programmatic design and implementation modalities.

---

### 4 Case study country contexts

Seven country case studies were undertaken in this evaluation. This chapter presents brief contextual information about each of the countries and their LSE programmes. Table 6 provides an overview of demographic, education and HIV indicators for each country, which is followed by individual country descriptions. Findings from the case studies are presented in Chapter 5.

**Table 6: Demographic, education and HIV indicator data for case study countries**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Armenia</th>
<th>Barbados</th>
<th>Jordan</th>
<th>Kenya</th>
<th>Malawi</th>
<th>Mozambique</th>
<th>Myanmar</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population (million)*</td>
<td>3.1</td>
<td>0.26</td>
<td>6.1</td>
<td>38.8</td>
<td>14.8</td>
<td>22.4</td>
<td>49.6</td>
</tr>
<tr>
<td>HDI rank**</td>
<td>86</td>
<td>47</td>
<td>95</td>
<td>143</td>
<td>171</td>
<td>184</td>
<td>149</td>
</tr>
<tr>
<td>GER Primary (%)*</td>
<td>104 (M)</td>
<td>No data</td>
<td>97 (M)</td>
<td>113 (M)</td>
<td>119 (M)</td>
<td>121 (M)</td>
<td>117 (M)</td>
</tr>
<tr>
<td></td>
<td>106 (F)</td>
<td></td>
<td>97 (F)</td>
<td>110 (F)</td>
<td>122 (F)</td>
<td>107 (F)</td>
<td>117 (F)</td>
</tr>
<tr>
<td>NER Primary (%)*</td>
<td>83 (M)</td>
<td>No data</td>
<td>89 (M)</td>
<td>81 (M)</td>
<td>88 (M)</td>
<td>82 (M)</td>
<td>No data</td>
</tr>
<tr>
<td></td>
<td>86 (F)</td>
<td></td>
<td>90 (F)</td>
<td>82 (F)</td>
<td>93 (F)</td>
<td>77 (F)</td>
<td></td>
</tr>
<tr>
<td>Out-of-school primary-aged children*</td>
<td>8000</td>
<td>No data</td>
<td>53,000</td>
<td>1,088,000</td>
<td>235,000</td>
<td>863,000</td>
<td>No data</td>
</tr>
<tr>
<td>GER Secondary (%)*</td>
<td>86 (M)</td>
<td>No data</td>
<td>87 (M)</td>
<td>61 (M)</td>
<td>32 (M)</td>
<td>24 (M)</td>
<td>53</td>
</tr>
<tr>
<td></td>
<td>90 (F)</td>
<td></td>
<td>90 (F)</td>
<td>56 (F)</td>
<td>27 (F)</td>
<td>18 (F)</td>
<td></td>
</tr>
<tr>
<td>NER Secondary (%)*</td>
<td>83 (M)</td>
<td>No data</td>
<td>80 (M)</td>
<td>50 (M)</td>
<td>26 (M)</td>
<td>6 (M)</td>
<td>49 (M)</td>
</tr>
<tr>
<td></td>
<td>88 (F)</td>
<td></td>
<td>84 (F)</td>
<td>48 (F)</td>
<td>24 (F)</td>
<td>6 (F)</td>
<td>50 (F)</td>
</tr>
<tr>
<td>Out-of-school adolescents*</td>
<td>24,000</td>
<td>No data</td>
<td>39,000</td>
<td>No data</td>
<td>98,000</td>
<td>448,000</td>
<td>1,193,000</td>
</tr>
<tr>
<td>Estimated HIV prevalence (% of ages 15-49)**</td>
<td>0.1</td>
<td>1.4</td>
<td>No data</td>
<td>6.3</td>
<td>11</td>
<td>11.5</td>
<td>0.6</td>
</tr>
<tr>
<td>% schools that provided life skills-based HIV education in the last academic year***</td>
<td>No data</td>
<td>41 (2007)</td>
<td>No data</td>
<td>100 (2009)</td>
<td>No data</td>
<td>No data</td>
<td>100 (2007)</td>
</tr>
<tr>
<td>% young women and men aged 15-24 who correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions***</td>
<td>15 (M)</td>
<td>52 (M)</td>
<td>No data</td>
<td>47 (M)</td>
<td>36 (M)</td>
<td>34 (M)</td>
<td>47 (M)</td>
</tr>
<tr>
<td></td>
<td>23 (F)</td>
<td>49 (F)</td>
<td></td>
<td>34 (F)</td>
<td>24 (F)</td>
<td>36 (F)</td>
<td>48 (F)</td>
</tr>
</tbody>
</table>

HDI: Human Development Index; GER: Gross Enrolment Rate; NER: Net Enrolment Rate; DHS: Demographic and Health Survey

*Data from UNESCO (2011), ‘EFA Global Monitoring Report’

**Data from UNDP (2011), ‘Human Development Report’

4.1 Armenia

4.1.1 Country and education context

Armenia, a former Soviet Republic, is a middle income country rated 86 on the Human Development Index (HDI) and with a gross national income (GNI) per capita of $5450. It has a population of 3.1 million, of which 71% are between 15-64 years old.

There were 823 registered cases of HIV between 1988 and 2009, 73% of which were males, and 1.9% were children. 60% of the HIV-infected individuals belong to the age group of 25-39. More than 34% of all the HIV registered cases and 44% of the AIDS cases have been diagnosed within the last two years – which is associated with the increased diagnostic capacities and accessibility to HIV testing. The main modes of HIV transmission are through heterosexual practices (50.2%) and injecting drug use (41%). In addition, there are also registered cases of HIV transmission through homosexual practices, as well as mother-to-child HIV transmission and through blood transfusions.

Armenia is on track to achieve the EFA goals. In primary education, gross enrolment rate (GER) is 105% and net enrolment rate (NER) 84.5%. An estimated 8000 primary-aged children are out of school. Secondary enrolment rates are also fairly high: GER 88% and NER 84.5%. Slightly more girls are enrolled than boys at both levels. However, absenteeism, repetition and drop-out rates in refugee and minority-populated areas are twice the national average. There is a low transition to high school.

Other challenges which remain in the education system include limited access to pre-school education, due to poverty or a lack of facilities in communities. There is a weak inclusion system for children dropping out of school. There is low public expenditure on education, and most of the budget funds are allocated to teachers’ salaries, resulting in deteriorating infrastructure and provision of teaching and learning materials, and schools are particularly limited in their capacity to include all children, such as those with special needs. Internal and external systems and mechanisms for quality evaluation are not yet established. There are questions around the efficiency of teacher training programmes, particularly in regard to modern teaching methods, and systems of professional development of teachers are lacking.

However, the Government of Armenia is committed to reforming the education system, and transition to 12-year schooling is currently underway. Public acceptance of education reform remains a challenge: there is a lack of awareness among parents, teachers, school principals, children and public in general of the objectives of the reform, causing misunderstanding and misinterpretation.

4.1.2 Background to LSE

LSE was first mooted in Armenia in the mid-1990s, among wider education reforms to modernising the Soviet-era curriculum. There was an interest in providing an education that recognised individuality and difference. Since 1994 the Ministry of Education and Science (MES) has endorsed LSE.

Substantial UNICEF support began in 1997 in partnership with the MES working through the National Institute for Education (NIE). The Life Skills Project was introduced as a stand-alone subject in 16 pilot schools for grades 1 - 7, which aimed to build upon a range of psycho-social skills and with an explicit and strong commitment to an interactive learning methodology. A Core Team of Armenian educators was established at the beginning of the project, who were trained and worked closely with international technical assistance, and the framework

126 UNAIDS (2010), UNGASS Country Progress Report Armenia 2010
131 Ibid.
for the life skills curriculum was developed. The stand-alone project was implemented with significant resources and support. In 2000, the project expanded to incorporate a further 100 schools and training of 192 teachers. LSE was gaining status in the MES, and had an improved recognition among an initially sceptical public. The project was later scaled up to 400 schools and expanded to include grades 8 and 9, based on positive evaluations of the projects’ impact on both teachers and children.

In 2008 the MES moved LSE from a stand-alone project to an integrated modality in national curricula and standards to be taught in all schools nationally. There are ongoing challenges of sustaining adequate levels of resource and support (particularly in teacher professional development) to maintain the effectiveness and quality of LSBE during this scale-up. UNICEF continues to providing funding and support.

LSE focuses on four broad themes: Myself, Relationships, Community, and Environment. The Life Skills curriculum framework consists of lessons, and accompanying teachers’ manuals, for grades 1-7 on such topics as personal health and safety, presentation of self, communication skills, conflict resolution, respect, rights and responsibilities, environmental awareness and protection, and preparation for emergencies. Life Skills emphasizes the use of interactive teaching and learning methodologies that encourage the active participation of the pupil in the learning process.

LSE is integrated into Natural Sciences in primary school – the life skills element of which is the topic ‘Me and the surrounding world’. The national curriculum outlines that LSE is represented from grades 5-9 in Natural Sciences and Social Sciences. UNICEF has supported the development and printing of new teaching manuals and guidelines including the Teachers’ Manual on Integration of life skills into core school subjects.

4.2 Barbados

4.2.1 Country and education context

Barbados is the most developed country in the Caribbean region, ranking number 47 out of 187 countries on the 2011 HDI. The majority of students graduate from secondary schools with Caribbean Examination Council (CXC) Certificates, and the expected years of schooling for children under seven years old are 13.4. Education institutions are generally well-equipped. The healthcare system of Barbados is ranked among the best in the region.

The incidence rate of HIV among the adult population is estimated at 1.4%. In 2008, 156 people were newly diagnosed with HIV; during this time there were 93 newly diagnosed AIDS cases and 37 HIV-related deaths (total population is c.255,000). All three categories of surveillance were dominated by male cases. The number of deaths among people with HIV in 2008 decreased by 26% compared to the number of HIV-related deaths in 2007 and this is an ongoing trend.

Levels of domestic violence are a matter of government concern, and deaths by violence (including killing of women and children) are high. The incidence of transactional sex involving children within families and among young people has also been documented by UNICEF/UNIFEM. An estimated 20% of young people have sex before age 16 and the rate of teenage pregnancy continues to be troubling especially as it is linked with poor health and poverty.

Barbados has been a regional and international champion for issues critical to small states, for example, hosting the First Global Conference on the Sustainable Development of SIDS - Small Island Developing States - in 1994 and chairing the Small Vulnerable Economies Group at the World Trade Organisation.

The country is politically stable and provides an attractive environment for foreign business interests. Three quarters of gross domestic product (GDP) and 80% of exports are attributed to services. Barbados has a formal Social Partnership, bringing government, the private sector and trade unions together to address

133 UNAIDS (2010), UNGASS Country Progress Report 2010 Barbados
134 UNICEF/UNAIDS (2009), Child Sexual Abuse in the Eastern Caribbean
135 UNAIDS (2010), UNGASS Country Progress Report 2010 Barbados
national economic challenges. Unemployment is relatively high (10.5%, 2003 estimate). Current environmental issues include pollution of coastal waters, traffic congestion, soil erosion and illegal solid waste disposal. Barbados is also one of many Caribbean transhipment points for narcotics bound for Europe and the USA.

As a member of CARICOM, Barbados follows the regional education system, including a Common Entrance Examination at age eleven, for transfer to secondary school, and the regional examination system, the Caribbean Certificate of Secondary Level Competence (CCSLC), at age 16. The UNICEF East Caribbean Office is based in Bridgetown, Barbados, providing support and development for the nine countries in the sub-region, including Barbados. Some of this support is country-specific and some is sub-regional, with each country benefiting from a collective approach.

4.2.2 Background to LSE

LSE in the school curriculum in Barbados follows the regional (Caribbean) curriculum framework for Health and Family Life Education (HFLE), which was developed with support from UNICEF East Caribbean Office and the Pan-American Health Organization and endorsed by the regional economic organisation, CARICOM, in 1996. This regional approach aims to address shared or similar challenges facing young people across the Caribbean, as identified in a series of situational analyses: poverty, youth unemployment, natural disasters, prostitution (particularly in relation to the growth of tourism), drug and alcohol abuse, violence and crime, gender inequality, high risk sexual behaviour and the threat of HIV and AIDS. The aim is thus to promote regional development, identity and cooperation, preparing young people to become “ideal Caribbean citizens”, (as defined by CARICOM heads of government in 1997) as well as enhancing their capacity to contribute to national development.

UNICEF East Caribbean has played an important role in the development of HFLE, acting as coordinator for the whole regional initiative. The curriculum has been subject to an on-going regional process of development, evaluation and revision, and participation of stakeholders (teachers and students). It is now available for ages five to 16. UNICEF East Caribbean has supported the development of regional teacher training for HFLE, in collaboration with CARICOM and with technical support from the US-based Education Development Centre, including modules for initial teacher training.

Barbados is one of 14 Caribbean countries implementing HFLE using the CARICOM framework. There is a national policy for HFLE in Barbados, which has been institutionalised as part of the core curriculum for primary and secondary schools (up to Form 3) since 2000. Its continuing importance is highlighted in the new draft ten-year educational strategy.

The HFLE curriculum includes four themes: 1) self and interpersonal relations 2) sexuality and sexual health 3) healthy eating and fitness 4) managing the environment. It is intended to be delivered as a stand-alone subject and part of the core curriculum. It addresses and challenges social norms and behaviours, providing young people with options for positive behaviour, as well as encouraging the development of self-esteem, confidence and skills to make their own, informed choices. Since 2007, LSE has been integrated in some of the subjects which form part of the regional CXC Caribbean Certificate of Secondary Level Competence (CCSLC). The CCSLC is followed by students across the Caribbean at Form 3 and above.

School-based LSE through HFLE is complemented with a range of non-formal interventions, organised by both governmental and non-governmental agencies. The Youth Development Service, with Youth Commissioners in 32 districts, works at community level to engage youth (from ages nine to 19) in a range of activities. Experts from a range of agencies visit primary and secondary schools to deliver topics such as sexuality and HIV and AIDS, and substance abuse. A number of extra-curricular clubs such as Scouts, Guides, Cadets and 4H are popular and contribute to life skills development. LSE is provided by government departments and NGOs (supported by UNICEF) in non-formal settings for young prostitute mothers, the United Gay and Lesbian Association of Barbados, teenage mothers, behaviourally challenging or delinquent youth, and children in residential care.

---

137 Ibid.
138 CARICOM (1997), Creative and Productive Citizens for the Twenty-First Century
4.3 Jordan

4.3.1 Country and education context

The Hashemite Kingdom of Jordan is a lower middle income country and a constitutional monarchy on the road to guided democracy, though still characterised by centralised decision-making and low political participation of women, youth and populations in the periphery.\(^{139}\)

Since the 1970s, GDP has steadily increased and poverty has declined. Jordan has a very youthful population, with a median age of 20.8 years in the 2004 census, nearly half of these female.\(^{140}\)

Jordan is on track to achieve most of the MDGs. The Kingdom is party to more international human rights treaties than other countries in the region.\(^{141}\)

Basic education is compulsory through to grade 10 (age 16) after which Jordanian youth have the option to attend academic secondary education, vocational secondary education or applied secondary education. In the 2007/8 academic year, of a total of 5639 schools, 61% were government schools, 36% were private schools, and 3% were run by UNRWA (the latter for Palestinian refugees).\(^{142}\)

A UNFPA/Population Council study carried out in 2007 indicated that for youth between the ages of 15-19, the percentage of those not attending school – identified according to gender and urban/rural location – ranged from of 10% rural males to 18% of urban females. The statistics for non-attendance for ages six to 17 were lower, ranging from 6.3% of girls from the south to 9% of boys in the central region.\(^{143}\)

There is nearly universal access to health services and yet:

\[
\text{general and reproductive health services are not adequately geared to deal with the needs of adolescents. Health awareness is low among both boys and girls, particularly on reproductive health issues, as they have limited access to information and education about healthy life styles. They have inadequate access to sports and physical exercise, and there is growing concern about obesity, increasing smoking and deaths among children caused by traffic accidents.}\]

\(^{144}\)

A range of vulnerable groups among youth have been identified in Jordan, including young female adolescents who were domestic workers, migrants from rural communities in search of work and education, girls fleeing a forced marriage, children living without parental care, children in labour, children being abused, child drug users, Palestinian and Iraqi refugee children, and children living with HIV and AIDS.\(^{145}\) Jordan has a population of 6.1 million, and in 2006 32.8% of the national population were registered Palestinian refugees. Additionally there were between half a million and one million displaced Iraqis.

Official figures in relation to HIV and AIDS remain very low – only 17 cases were reported for children below the age of 15 between 1986 and 2002. HIV and AIDS prevention, therefore, appears to be a low priority for LSBE providers.

In 2003, an integrated comprehensive two-phase project for educational reform, Education Reform for the Knowledge Economy (ERfKE), was developed. The first phase of the ERfKE Programme set out in detail the intentions for reform of early, basic and secondary schooling within an extensive and inclusive framework, and the second focused on transformation of education programmes and practices to achieve learning outputs that comply with a knowledge economy.

\(^{140}\) Ibid.
\(^{141}\) Ibid.
\(^{143}\) Ibid. p.19
\(^{145}\) Ibid.
4.3.2 Background to LSE

UNICEF began its LSE work supporting basic life skills programming within the non-formal education sector and extra-curricular activities in 1999, particularly in regard to LSE training and teaching materials, and has continued to provide support to the work of organisations carrying out LSBE in the non-formal education sector.

In the formal education sector, as part of the Ministry of Education’s ERfKE project, it was decided that LSBE was to be integrated into the Jordanian curricula as a critical part of the ERfKE’s objectives. UNICEF has worked in close partnership with the Ministry in this integration, providing technical assistance and expertise to plan and guide the implementation. A Technical Team, comprised of the directorates of curriculum and textbooks, training and general education, and a Core Team, including supervisors from the field, PE and pre-vocational education (PVE) teachers, and members of the Ministry of Education, were established, and the Core Team undertook initial training. Participation in the Technical Team across Ministry directives at the highest levels was significant, and a devoted Core Team of practitioners remain involved in the initiative to this day.

After a rapid needs assessment to obtain a more realistic picture of the needs of Jordanian students and what LSBE could contribute, it was decided that LSBE would be integrated into carrier subjects—PE and PVE—rather than established as a separate subject. Separate, supplementary LSBE-specific materials were developed for PE grades 1-10, whilst in PVE the integration of LSBE themes in both the curricula and learning materials was recently completed, and in-service training of PE and PVE teachers has been carried out for several years. Themes include public safety, first aid, anti-smoking/anti-drugs, volunteerism, and information technology and the economy.

The introduction of LSBE is taking place in an environment in which political leaders are taking action to ensure and promote the economic development of the previous decades.

4.4 Kenya

4.4.1 Country and education context

The population of Kenya is 41 million, of which 42% are 14 years or younger.\(^{146}\) According to World Bank data, 45.9% of the population live below the national poverty line.\(^{147}\) Kenya is ranked 143 in the 2011 HDI, and GNI per capita is $1630.\(^{148}\)

Free primary education was introduced in Kenya in January 2003, and resulted in a huge rise in enrolment, particularly in urban centres. This had impacts on quality as the system was unprepared to meet this demand, and resources became extremely overstretched—resulting in overcrowded classrooms, high pupil : teacher ratios, lack of teaching and learning materials, etc. Primary GER is 113% for males and 110% for females; NER is 81% males and 82% females – suggesting entry into primary is often delayed.\(^{149}\) An estimated 1,088,000 children are out of school.\(^{150}\)

The estimated number of people living with HIV is between 1.3 million and 1.6 million and new infections were estimated at 100,000 in 2009 for adults (15 years and older). The HIV Prevention Response and Modes of Transmission Analysis (2009) recorded that the largest proportion of new infections occur from heterosexual sex within a union or regular partnership (44%), casual heterosexual sex accounted for 20% of new infections, prisoners and men who have sex with men contribute about 15 percent of new infections and injecting drug use accounts for 3.8%.\(^{151}\) Women are significantly more likely to be infected than men.

---

150 Ibid.

DRAFT FINAL EVALUATION REPORT
Other sexual and reproductive health issues are a major concern for young people. Research has found young people have sex at an early age, it is often unprotected, and there are high rates of early pregnancy. The 2009 Kenya Demographic and Health Survey reports that 17.7% of young women aged 15 to 19 either already had a child or were pregnant.

In 1999, the Kenya government declared HIV and AIDS as a national disaster, and in 2000 put in place a comprehensive multi-sector strategy. Drawing from the national HIV and AIDS strategy, the Ministry of Education (MoE) put in place a sector-wide support programme, incorporating HIV and AIDS, for implementation of all its education programmes: the Kenya Education Sector Support Programme.

4.4.2 Background to LSE

The introduction of LSE in Kenya dates back to 1999 when the Kenyan Government declared HIV and AIDS a national disaster. As part of the measures to tackle the pandemic, HIV and AIDS education, incorporating elements of LSE, was introduced into the school syllabus. Elements of LSE were further infused into other subjects, such as religious education, social studies and biology over the subsequent years.

In 2006, however, the Life Skills Stakeholders’ Forum reached a consensus on the need for LSE to be taught as a stand-alone subject in both primary and secondary schools across Kenya, in response to increasing recognition that LSE could bridge the gap between students’ knowledge and behaviour regarding HIV prevention. The Kenyan Institute of Education (KIE) led a situational analysis that supported the importance of LSE and confirmed the consensus around the need for a consistency in LSE teaching, which a stand-alone subject offered. With significant support and assistance from UNICEF, the KIE developed curricula and materials for the new subject that was to be taught in one session per week in both primary and secondary schools.

The LSE syllabus was rolled out in 2008, focussing on the three main areas of knowing and living with one’s self, knowing and living with others, and making effective decisions. The KIE definition in the 2008 syllabus aligns with the World Health Organization definition. LSE is a non-examinable subject, and the mode of delivery requires a different pedagogical approach and a ‘paradigm shift’ in teaching practice and attitudes of teachers, pupils, the school management and parents. Elements of LSE have received further emphasis through the reactivation of Peace Education in some areas following the post-election violence in 2007/8.

The LSE lesson was to be substituted for one PE lesson per week at all class levels, in order not to overburden students with the additional class time from an additional subject to an already overloaded course schedule. The MoE has provided guidelines on how LSE should be implemented, stating that it should be taught for one lesson a week in all classes in primary and secondary schools.

LSE in Kenya aims to develop, nurture and promote thirteen ‘Core Living Values’ (i.e. cooperation, simplicity, tolerance, respect, peace, freedom, unity, love, honesty, responsibility, humility, happiness and integrity), which were identified in consultation with religious organisations. Sexuality education is covered in LSE lessons, though not exclusively – this is integrated into subjects such as science, social studies, and religious studies.

4.5 Malawi

4.5.1 Country and education context

The 2011 HDI rank of Malawi is 171 out of 187 countries. 90% of the population was living on under $2 per day over the period 2000-2007 and 74% under $1.25 over the same period. The population of Malawi is 14.8 million, 45% of which are 14 or younger.

The HIV prevalence rate among the 15 to 49 age group slightly decreased from 14% in 2005 to 12.3% in 2007. Latest data from Malawi’s Demographics and Health Survey (DHS) estimate the prevalence rate at

---

152 USAID (2010), Life Skills Education – a comparative analysis of stakeholder perspectives, USAID, UNESCO, FHI, MOE

DRAFT FINAL EVALUATION REPORT
10.9% for 2010\textsuperscript{156}. The prevalence rate is higher in urban than rural areas. In 2008 the prevalence rate was higher in the Southern region (above 15%) than in the Central region. The Northern region had a prevalence rate below 10% at that time. The prevalence rate is higher for women and girls (females aged 15-49 had a 12.9% prevalence rate in 2010 against 8.1% males, and aged 15-19 females 4.2% and males 1.3%), and higher in 15-19 year old pregnant women than in 15-24 year old pregnant women.

Young people (from seven to 24 years old) and girls (and women within the child-bearing age group of 13-49 years) have been social group targets over the years in the battle against the spread of HIV and AIDS. Tackling behaviour change within these two key groups has been a priority for the national response to HIV and AIDS\textsuperscript{157}. It is recognised that youth needs are different from the ones of children and adults, and that needs vary depending on the age group. In 2003, 69% of young people reported having multiple sexual partners.

School fees were abolished in 1994. In 2008, the expected school life in Malawi was 8.9 years (9.0 for boys and 8.8 for girls)\textsuperscript{158}. More girls than boys are enrolled in primary schooling (91% NER – male 88%, female 93%), and two thirds of the estimated 235,000 out-of-school children of primary school age are boys. Despite a high NER, the retention rate to grade 5 was only 43% in 2007 and to the last grade (Standard 8 in Malawi) 36%. The overall cohort completion rate was low in 2007 (18%), with a significant gender difference to the detriment of girls (22% for boys and 14% for girls). Although girls are more likely to be enrolled in schools, they are less likely to complete their primary schooling, or to transit to secondary education (75% of transition for girls against 79% for boys in 2007). The GER for secondary (2008) was 29% (32% for boys and 27% for girls), with a significant loss between lower and upper secondary, with respectively 51% and 17%.

Resource issues constrain the education sector, with huge class sizes, a shortage of classrooms and infrastructure, unsafe learning environments and lack of teaching and learning materials. Teachers often lack motivation because of poor salaries, lack of housing, and other incentives, and in particularly short supply in rural areas.

4.5.2 Background to the LSE programme

LSE and Life Skills-based HIV Prevention are two key governmental strategies in Malawi, identified as such in most education and health policies and strategic plans. The two main drivers that have supported the development of LSE in Malawi from the mid 1990s onwards are: the change in the Malawian political system, moving from a one-party to a multi-party democracy in the mid-90s, which led to the recognition of the need to educate responsible young citizens able to participate in the social, economic and political spheres of the country; and, responding to the HIV and AIDS pandemic in 1991, the MoE identified the need to introduce HIV and AIDS education into schools. The government, and the MoE in particular, has demonstrated a political will to push the LSE agenda in formal and non-formal education despite some reluctance from religious groups to address sexuality issues in schools.

HIV and AIDS education materials were developed in the early 1990s. In 1996-1997 a group of multi-stakeholders led by the MoE and the Malawi Institute of Education (MIE) agreed to revise the curriculum and the materials while moving from a knowledge-based to a life skills approach with the aim to influence behaviour and attitudes. UNICEF was the main instigator of the LSE approach at the time, which was piloted before being progressively scaled up.

By 2004 LSE was a compulsory subject in schools and with the curriculum reform and the roll-out of the Primary Curriculum and Assessment Reform (PCAR), LSE became a core learning area in 2006. Syllabus and textbooks were developed for the formal school system at primary level in 2006-2007. Although the reform of the secondary education curriculum has not yet taken place, new textbooks were also developed in 2007-2008 to respond to the need for greater SRH education. In 2010 LSE became an examinable subject, compulsory for the end of primary and junior secondary exams, and optional for senior secondary.

Between 2005 and 2010 the support of UNICEF has accompanied the transition from the introduction to LSE in schools to the national roll out of LSE through PCAR. UNICEF significantly contributed to textbook printing and

\textsuperscript{155} National AIDS Commission, Malawi (2008), Malawi HIV and AIDS Monitoring and Evaluation Report, 2007-2008
\textsuperscript{156} National Statistics Office, Malawi (2010): Demographic and Health Survey 2010.
\textsuperscript{157} National AIDS Commission (2003), Social Mobilisation Plan for Working with six key social groups in Malawi on Behaviour Change
\textsuperscript{158} UNESCO (2011), EFA Global Monitoring Report 2011
distribution, training of teachers and awareness-raising. More recent interventions have included capacity development for better management of LSE and support to assessment. UNICEF has also made provision for LSE evaluations (in 2006 and 2011).

Over the period UNICEF has targeted young people mostly through school and out-of-school clubs, strengthening their management capacity and increasingly putting children at the centre of the work, through exchange between clubs, the introduction of peer education and youth-led mobilisation campaigns. Guidance and counselling has gradually been introduced. The focus on SRH has intensified as well as the focus on girls as a vulnerable group. Steps have been taken to provide life skills training in youth centres and for first year students of higher education institutions and colleges.

4.6 Mozambique

4.6.1 Country and educational context

Mozambique is a low-income economy, with GNI per capita estimated at $920 in 2010. In 2008, an estimated 60% of the population subsisted on less than $1.25 a day. Despite a successful transition to peace, years of steady economic growth and a set of institutional processes focused on development, Mozambique continues to be one of the poorest countries in the world, ranking 184 out of 187 on the 2011 HDI and dependent upon foreign assistance for more than half of its annual budget. The population of Mozambique is 22.9 million, with 46% younger than 15 years old.

The country is experiencing one of the most severe HIV epidemics in the world and presents the country with one of its greatest development challenges, which affect every sector, including education. UNAIDS reported that the HIV prevalence rate in Mozambique for adults aged 15-49 years in 2009 was 11.5%. This represented an increase from 9.4% since 2001. The future of the epidemic depends to a great extent on efforts to provide young people with the knowledge, values and attitudes to prevent HIV transmission and to deal with the long-term impacts of the epidemic on the family and workforce.

School fees in primary education were abolished in 2005, resulting in a substantial increase in enrolments. ‘Access shock’ has resulted in issues around the poor quality of education, challenging teaching and learning environments (shift learning, overcrowding, lack of infrastructure), extremely limited availability of teaching and learning materials, teacher shortages and absenteeism, and large numbers of untrained teachers. The use of Portuguese as the language of instruction can disadvantage pupils from cultural sub-groups who speak different languages. There is no basic framework for school quality standards, and the lack of a consolidated system that defines minimum educational requirements means that neither teachers nor the community are clear on the goals to be achieved for the schools.

Primary school completion rates are extremely low, at 15%. There is a significant disparity between urban and rural primary completion rates (30% versus 7%, respectively, in 2008). Only 60% of children reach the last grade of primary school. For some groups of children, the progress rate is significantly lower. Girls, rural and the poorest children are more likely to fail to progress through the primary education system. Children failing to progress may be either repeating a grade (for grades 2, 5 and 7) or dropping out of the education system, at least temporarily. Being over-age in school is common, particularly for girls and children in rural areas: at six years old, 61% of children in rural areas were attending primary school in 2008, compared to 73% of urban children; and in 2010, 69% of girls started school at the correct age. The education system has recognised that it must address the severe national HIV epidemic as part of its core business, however, the sector faces many pressing problems and limited capacity so that there is a risk that the HIV response will be crowded out by other priorities.

162 UNAIDS (2010), UNGASS Country Progress Report 2010 Mozambique
163 UNICEF (2010), Child Poverty and Disparities in Mozambique

DRAFT FINAL EVALUATION REPORT 43
4.6.2 Background to LSE

The basis of LSE interventions in Mozambique has been a focus on tackling HIV and AIDS, but over time this focus has expanded to incorporate a number of other thematic elements such as gender-based violence, alcohol and drugs. In 2003 the Ministry of Education (MINED) developed an evolving education sector response to HIV with clear strategies. This included the introduction of LSE into the formal basic education system in order to contribute to HIV prevention among young people. The primary education level was identified as a crucial access point for HIV prevention education programmes because enrolment is high in these schools enabling widespread reach for LSE, and because of the importance of improving the knowledge of children about HIV and AIDS before they become sexually active and/or involved in high-risk behaviours. HIV education has therefore been integrated into the primary curriculum from grade 5 and taught through a selected number of carrier subjects, including moral and civic education and natural sciences. The content includes HIV prevention (modes of transmission and prevention) and addressing HIV-related stigma and discrimination.

At the secondary level, MINED has established HIV information and “counselling corners” in schools across the country where adolescents and youth attending school can obtain information and counselling from peer educators on HIV prevention, access to condoms and referrals to youth-friendly health services. In 2008, MINED approved an Incentive Package for school-based peer educators including the waiving of secondary school fees to encourage and sustain these peer education programmes within schools.

The formal education system, however, is recognised as facing significant capacity and quality challenges including inadequate infrastructure and poor learning environments, and a severe shortage of trained and qualified teachers. These systemic educational issues inevitably limit the effectiveness of HIV education delivery through integration into the formal system, and thus to strengthen the approach whilst the capacity of the education system is developed, MINED complemented these formal school efforts with co-curricular and extra-curricular programmes. “Pacote Basico Habilidades para a Vida” (Basic Package for Life Skills) is an intervention oriented towards ensuring that the problem of HIV and AIDS has special attention within the school system, supporting all teachers to accommodate the theme in classes and activities. This programme has its own organisational and financial structure which orients its implementation and monitoring at national, provincial and district levels. The “Pacote Basico” has various components which include materials, training of teachers and coordination. It is interactive in approach as it has educative games (jigsaw puzzles, cards, posters) and textbooks with stories that teachers can use and students can read and reflect on, focussing on aspects such as HIV, gender, food and nutrition.

The second extra-curricular intervention is the School Awareness Programme (SAP) first implemented in Maputo in 1999 by the NGO Kindlimuka, and integrated into MINED’s workplan since 2005. The SAP was implemented under the basic education programme of UNICEF’s Country Programme Action Plan (2007-2009). The target group for the programme is the ten to 14 year age group, and it initially covered all eleven provinces of Mozambique but has since been scaled down to focus on the seven districts where UNICEF has CFS initiatives (750 schools), in an effort to coordinate and integrate these approaches in a focussed manner. The main strategy of the SAP is to support the development of psycho-social skills to prevent HIV among adolescents through extra-curricular life skills sessions led by people living with HIV and AIDS in HIV and AIDS school clubs. The SAP is organised under a tripartite agreement between MINED, UNICEF and RENSIDA – an umbrella network of associations of people living with HIV and AIDS. The programme is implemented through RENSIDA and its ten affiliate civil society organisations (CSO), supported technically and financially by UNICEF. A separate initiative, the “Os Bradas” which has been establishing primary school clubs and children’s radio clubs since 2007 in 20 districts, has been coordinated with the SAP in order to create an enabling environment at school and community levels and to provide children with opportunities to discuss problems and issues related to them and to complement other ongoing HIV and AIDS initiatives.

Under MINED’s new sector strategic plan for 2012-2016 there are significant plans in place to enhance the formal integration of life skills into the education system, including the introduction of HIV prevention education into pre-service teacher training and the development of supervision and monitoring guidelines for the life skills programme.
4.7 Myanmar

4.7.1 Country and education context

Myanmar has a population of 49.6 million, some 38% of whom are children under the age of 18.\(^{164}\) Around 69% of the population lives in rural areas\(^ {165}\). There are some 135 ethnic groups with a similar number of languages. The official language is Myanmar and English is widely used. Such linguistic diversity presents a significant challenge for ensuring efficient and equitable education service delivery with children from minority ethnic groups having to learn from the first year of primary school in a second language.

Myanmar is a poor country in spite of its vast natural resources. GDP per capita stood at US$ 179 in 2003\(^ {166}\) and has increased to an estimated $469 in 2010. After decades of armed conflict and relative isolation from and by the international community, Myanmar is significantly lagging behind its neighbours on most socio-economic indicators on poverty, health, and education, with a 2011 HDI ranking of 149 out of 187.

Estimated HIV prevalence among the general population has declined from 0.95% in 2000 to 0.61% in 2009. Infections are concentrated in high-risk populations such as sex workers and their clients, men who have sex with men and injecting drug users. According to the 2010 UNAIDS report, 47% of young people aged 15-24 were able to correctly identify ways of preventing the sexual transmission of HIV and reject major misconceptions around HIV and AIDS\(^ {167}\). Children living with or affected by HIV may be discriminated against in the education system due to social stigma.

Education sector development in Myanmar has been massively constrained by inadequate funding and a lack of technical capacity. On current trends, the country will not achieve Universal Primary Education by 2015 with high levels of drop out and low levels of age appropriate completion. As a consequence there are many children, perhaps as many as 4 million, who have dropped out of school before completing primary or lower secondary education. The causes include the direct and indirect costs of education, the poor quality of education service delivery and inequitable share of resources and outcomes with a strong bias to urban communities.

The HIV epidemic provided a strong case for life skills-based HIV prevention education for young people in and out of school, and prevalence rates have dropped. Cyclone Nargis in 2008, revealed the need for DRR in a country that faces many risks of natural disaster. With much of the inter-ethnic conflict entering truce conditions, there is a need for peace-building skills. Child health is a neglected policy area. The importance of education for the world of work becomes an ever more important thematic area which includes traditional technical skills development as well as soft social skills that are consistent with life skills definitions. In summary, the need for LSE is likely to evolve and there needs to be a process of regular curriculum review to ensure that learning objectives, content and methods keep abreast of changing social and economic realities.

4.7.2 Background to LSE

UNICEF support for LSE has a long history in Myanmar stretching back to 1993, initially to address the emerging public health concern over HIV. LSE was initially developed through the School-Based Healthy Living and HIV Prevention Programme (SHAPE) and Shape Plus, which was developed for out-of-school children. The programme incorporated a participatory approach to curriculum development, and the SHAPE teachers’ guide and students’ book was approved by the Ministry of Education (MoE) for use in primary and secondary schools in 1997. Local teams cascaded training to teachers and parent teacher associations (PTAs) wherever the programme was introduced, and provided ongoing support.

There have been ongoing reviews and alterations to the programme. Following a UNICEF review in 2003, the MoE adopted SHAPE as the official curriculum for LSE. It evolved from a co-curricular activity into a school subject taught in primary, middle and high schools that uses student-centred, participatory teaching and

\(^{164}\) Ministry of National Planning and Economic Development, Myanmar (2009), Statistical Yearbook 2008

\(^{165}\) UNICEF Myanmar (2010), Draft Country Programme Document


\(^{167}\) UNAIDS (2010), Report on the Global AIDS Epidemic
learning methods, and encourages students to practice what they have learned at home and in their communities.

The UNICEF Education Programme (2006-2010) provided the implementation framework for taking the revised primary curriculum (LSE for HIV Prevention) to scale covering primary schools in all 325 townships by 2010. From 2006 to 2010 more than 100,000 primary school teachers, including those working in monastic schools and head teachers, had been trained to implement the programme. LSE has been introduced in the 20 education colleges and two institutes of education as a component of pre-service teacher training. The geography departments are responsible for mainstreaming LSE in teacher training. An after-hours peer education programme was put in place to increase the effectiveness of training.

There are three programmes of LSE being implemented in Myanmar at present, which all have their foundations in SHAPE and SHAPE Plus. The first programme is the introduction of LSE into the primary school curriculum through integration into social studies, a core subject in the national curriculum. The primary curriculum, which covers ages five to nine years old, builds on the SHAPE concept of healthy living and expands the content for health promotion to include mental health. The HIV component of LSE includes promotion of prevention efforts and addresses stigma and discrimination, and a separate category of social skills is included. Thematic content on protecting the environment and DRR is included only at secondary level.

The second programme is the national secondary life skills curriculum which was revised and updated based on SHAPE material as part of the UNICEF Education Programme for 2006-2010. Secondary LSE differs from that at primary level in that it constitutes a national co-curricular subject rather than a core subject in the national curriculum.

The third programme is the Expanded and Continuous Education and Learning (EXCEL) which constitutes a continuation of the SHAPE Plus programme for out-of-school children. EXCEL uses a three-pronged strategy: i) capacity building, ii) advocacy, and iii) participation, and is implemented by selected NGOs in a variety of settings, which includes schools, homes, churches and temple halls, and is a nine month programme. The UNICEF Education Programme for 2006-2010 set a target that EXCEL would reach more than 70,000 children by 2010.
5 Findings

This section addresses the questions and criteria in the evaluation framework. It draws on findings from the literature and country documentation review and the country case studies to respond to the issues of relevance, coverage, efficiency, effectiveness, sustainability and UNICEF additionality in LSE, according to the evaluation criteria and indicators as shown in Annex 2.

Each criterion sub-section contains a table comparing the case study countries against the indicators for that criterion, using a ranking system as follows:

- ♦ Low application
- ♦♦ Moderate application
- ♦♦♦ High application

Grades were allocated based on the assessment of the team of evaluators from their findings during the case study research. This ranking system is a tool for comparability across countries and indicators within each of the criteria. It is an absolute measure of the LSE programmes examined in the case studies against the qualitative criteria outlined in the evaluation framework. It does not, therefore, incorporate adjustments for the different educational or social contexts in which these programmes operate in the different countries. More detailed comments and analysis on these findings are in the narrative that follows each table.

5.1 Relevance

Key question: Are interventions resulting in more positive behaviours by young people in response to the life challenges that they face within the national context?

The Development Assistance Committee (DAC) Principles for Evaluation of Development Assistance define relevance as “the extent to which the aid activity is suited to the priorities and policies of the target group, recipient and donor”\(^{168}\). With regard to the field of LSE, this is taken as the alignment of LSE programmes with international commitments, country needs and policies, learners’ needs and vulnerabilities, and the ability to adapt programmes to changing circumstances and environments.

This section is presented according to the following criteria, as specified under the relevance section in the evaluation framework (Annex 2):

- LSE is relevant to the life and challenges of all learners;
- Intervention recognises and addresses social norms and behaviours;
- LSE addresses national needs;
- LSE content and delivery embody the CRC principles;
- Intervention is aligned with international commitments;
- There is opportunity to respond to changing circumstances.

\(^{168}\) OECD DAC, ‘DAC Criteria for Evaluating Development Assistance’, webpage, [http://www.oecd.org/document/22/0,2340,en_2649_34435_2086550_1_1_1_1,00.html](http://www.oecd.org/document/22/0,2340,en_2649_34435_2086550_1_1_1_1,00.html). Last accessed November 2011
Summary of findings: relevance

- Learners, parents and teachers have found the content and themes of LSE interventions relevant to the pressures and challenges faced by learners.

- There is mixed evidence surrounding the consultation of learners, communities and teachers in LSE interventions, but there is little evidence of systematic and meaningful participation of these groups in LSE design and implementation.

- Opportunities for participation and learners’ voices in LSE implementation are often presented through participatory methodologies and flexible curricula; however, the systemic constraints in education systems are a barrier to meaningful participation approaches and the realisation of these opportunities.

- Specific vulnerable groups are often identified in LSE policy and programme documentation in the formal school system, but there is limited evidence of active identification and engagement of these groups, or clearly articulated means and support structures for the adaptation or targeting of general LSE curricula and teaching to these groups’ specific needs and interests.

- Social norms (both supportive and constraining) affect the design, implementation and outcomes of LSE at all levels. There are few examples of detailed analysis of the social norms and LSE programming to address constraining social norms.

- There is a fine balance to be struck between the engagement and participation of stakeholders to strengthen the acceptability and reinforcement of LSE within and outside schools, and the compromise and adjustment of LSE content to the prevailing social norms of those stakeholders that may be necessary to gain their support.

- LSE is often part of national education sector policies, plans and curriculum frameworks and introduced through thematic areas that are aligned with national priorities.

- There is frequent reference to LSE’s role in enhancing children’s awareness of their rights and how to claim them, and contributing to children’s survival, development and protection, but there is mixed evidence of CRC principles being carried through into implementation.

- Links between CFS and LSE are often made by stakeholders, especially at school level, but at a programmatic level LSE and CFS have usually developed as separate interventions under UNICEF: there is surprisingly little evidence of formal linkages or integration that exploit their common aims.

- Where LSE is established within the formal system of education, periodic reviews and evaluations have been undertaken of content, materials and modalities, sometimes as part of national education curriculum reviews. In non-formal interventions there is little evidence of feedback and review.
5.1.1 LSE is relevant to the life and challenges of all learners

Table 7: Comparison of the case study countries against indicators for relevance: LSE is relevant to the life and challenges of all learners

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Indicator</th>
<th>Armenia</th>
<th>Barbados</th>
<th>Jordan</th>
<th>Kenya</th>
<th>Malawi</th>
<th>Mozambique</th>
<th>Myanmar</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. LSE is relevant to the life and challenges of all learners (^a)</td>
<td>Learner voice in design</td>
<td>♦</td>
<td>***</td>
<td>♦</td>
<td>♦♦♦</td>
<td>♦</td>
<td>***</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Learner voice in implementation</td>
<td>♦♦</td>
<td>***</td>
<td>♦</td>
<td>♦♦♦</td>
<td>♦</td>
<td>***</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Monitoring and evaluation focuses on learners’ outcomes</td>
<td>♦</td>
<td>♦♦♦</td>
<td>♦</td>
<td>♦♦</td>
<td>♦</td>
<td>♦♦</td>
<td>♦♦♦</td>
</tr>
<tr>
<td></td>
<td>Vulnerable groups and groups with specific learning needs are identified</td>
<td>♦</td>
<td>♦♦</td>
<td>♦</td>
<td>♦♦</td>
<td>♦</td>
<td>♦♦♦</td>
<td></td>
</tr>
<tr>
<td></td>
<td>and addressed in the design</td>
<td>♦</td>
<td>♦♦</td>
<td>♦</td>
<td>♦♦</td>
<td>♦</td>
<td>♦♦</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Groups with specific learning needs are identified and addressed in the</td>
<td>♦</td>
<td>♦♦</td>
<td>♦</td>
<td>♦♦</td>
<td>♦</td>
<td>♦♦♦</td>
<td></td>
</tr>
<tr>
<td></td>
<td>implementation</td>
<td>♦</td>
<td>♦♦</td>
<td>♦</td>
<td>♦♦</td>
<td>♦</td>
<td>♦♦</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Monitoring and evaluation focus on learners (inspection on participation,</td>
<td></td>
<td>♦♦</td>
<td>♦♦♦</td>
<td>♦♦♦</td>
<td>♦♦♦</td>
<td>♦♦♦</td>
<td></td>
</tr>
<tr>
<td></td>
<td>and assessment on learning outcomes in knowledge, attitudes and skills</td>
<td></td>
<td>♦♦</td>
<td>♦♦♦</td>
<td>♦♦♦</td>
<td>♦♦♦</td>
<td>♦♦♦</td>
<td></td>
</tr>
</tbody>
</table>

\(^a\) For all countries – despite relatively low ratings on the active participation of learners and identification and responding to the needs of specific groups in design and implementation processes, respondents consistently reported that themes and content of LSE programmes were relevant across all the case study countries.

\(^b\) Malawi has frameworks in place for assessment, but exams mainly focus on knowledge.

There is strong evidence from across LSE programmes in the case study countries that learners, parents and teachers have found the content and themes of LSE interventions relevant to the pressures and challenges faced by learners. This evidence includes both the thematic knowledge and the psycho-social skills promoted by interventions.

In Malawi, for example, girls and boys identified various strengths of the programme in relation to their individual lives and their gender, such as managing the physical changes entailed by puberty, providing explanations and guidance on moral decisions and risky behaviours, and understanding the consequences of actions (particularly boys).

In Barbados student respondents testified to the relevance of the curriculum, in particular highlighting how their HFLE classes helped them to manage peer pressure in relation to sexual activity, drugs and alcohol, crime, and more generally to develop greater confidence and self-control in dealing with people and situations, taking responsibility for their decisions and considering the consequence of possible choices.

Similarly in Armenia students and parents recognised the relevance of LSE both for developing personal skills and for subject knowledge, including nationally relevant issues of sexual behaviours, health and abuse of tobacco and alcohol. Respectful behaviour, including on public transport, was also identified by parents as relevant.

There is mixed evidence on the participation of learners, communities and teachers in the design and implementation of interventions. Nonetheless there are some positive examples of needs assessments and consultations underpinning the selection of thematic areas and the appropriateness of curricula and learning materials. In Botswana, for example, an extensive study and needs survey (Life Skills for Posterity by 2016) provided the basis for an age appropriate curriculum for early childhood, primary and secondary school levels.
In Barbados the HFLE programme has been based on in-depth situational assessments of identified thematic areas and the curriculum has been repeatedly piloted, assessed and revised with learner feedback on content and delivery, whilst in Jordan the LSBE programme began with consultative meetings and discussions in every province, including representation from different gender, socio-economic and ethnic groups, and involved piloting materials with teachers and students.

UNICEF’s role in promoting the participation of learners, teachers and communities in these exercises appears to have been critically important in several cases, with partners in Malawi and Jordan in particular noting that UNICEF’s emphasis on participation has established processes (if not necessarily ensuring the quality) of consultation that the MoE has continued.

However, documentation from many other countries indicates that learner needs assessment and stakeholder consultation and participation (including learners, communities and teachers) are not regularly included in programme design and implementation. In Lesotho, for example, a lack of consultation with relevant stakeholders, particularly teachers, has caused set-backs to implementation, whilst in Zimbabwe, the MoE has specifically noted the need for improvement in the participation of young people in future programme design.

Where needs assessments and stakeholder consultations have taken place there are also questions over the consistency, coverage and quality of stakeholders’ participation throughout programmes. Whilst a round of consultations were undertaken at the start of the LSE programme in Armenia, neither parents nor learners have been formally consulted in the evolution of the programme from a pilot project to a national scale programme integrated into curricula and standards. In Barbados caregivers and parents were not involved in the design of HFLE and are often unaware of what is being taught in schools. In Malawi, for a recent exercise to gather learner-feedback on a draft textbook, learners were given only twenty minutes to look at the materials before being asked for their feedback. The extent to which such consultative exercises are able to nurture active and meaningful participation from learners, teachers and communities in the core design of interventions (how different approaches will relate to prevailing social norms and pressures, the learning environment etc. rather than just the content) is unclear, with most being limited largely to the selection of thematic areas and the testing of learning materials.

In the implementation of LSE interventions the opportunities for learners’ participation and voice are more apparent, at least in intent. Participatory methodologies are commonly promoted as the means to deliver LSE both in and out of schools, and in a number of cases curricula have been designed with sufficient flexibility to allow teachers to adapt the selection of topics to learners’ interests and needs. Some excellent examples of adaptation, learner-led discussions and topic selection were found across the case study countries; in Jordan for example, one of the principal-teacher teams interviewed during the site visit came from a school that serves a large number of Palestinian immigrants/refugees. This team provided numerous examples of how they had integrated LSBE within their school, emphasizing children’s rights and ways to recognise and protect oneself from abuse. Other examples of mechanisms for promoting learner participation such as student councils and peer education were noted in Kenya and Armenia.

Yet in each of these countries (and in many other countries in the documentation review) significant challenges existed for learners, teachers and schools to take full advantage of opportunities for learner participation. These challenges centre largely on systemic difficulties of introducing participatory approaches into traditional and resource-constrained education systems.

In Armenia the pressures on teachers’ time and limited school resources were highlighted as preventing teachers from implementing the proposed interactive methodologies that would enable children to influence the teaching and coverage of LSE. Similarly in Kenya and Myanmar the lack of learning materials, the challenges of multi-grade teaching (Myanmar), and weaknesses in teacher training and teacher support have been identified as significant constraining factors in the effective roll-out of the participatory methodologies seen as integral to the teaching of LSE.

Experiences in Malawi and Mozambique also point to the difficulties of balancing flexibility of approach with consistency of coverage and quality, albeit from very different perspectives: in Malawi both students and teachers reported that teachers rarely consulted the learners or strayed from the syllabus due to the pressures that the introduction of LSE as an examinable subject have placed on such flexibility: “We teach for learners to pass exams so we follow the syllabus. We only ask learners what topics are not well understood to cover for
revision purposes” (primary school teacher). In Mozambique, however, a different concern has been raised that without effective supervision the wide-ranging and flexible content of the SAP, whilst potentially supporting local relevance, has led to a highly varied and inconsistent coverage of core content that is selected by local implementers with little input from parents, teachers or students. MINED has acknowledged that there is a need for the development of supervision and monitoring guidelines for LSE and it will be part of 2012 priorities, but this is a problem affecting the whole of the education sector.

Whilst the relevance of LSE to specific vulnerable groups is often recognised in programme and policy documentation in the formal school system, there is limited evidence of active identification and engagement of these groups in consultation. Nor are there clearly articulated means and support structures for the adaptation or targeting of general LSE curricula and teaching to the specific needs of such groups. The LSE Teacher Manuals in Malawi, for example, give only the very general guidance to:

Adapt the activities for learners with special educational needs. Observe and record their performance. This will help them assess the curriculum with ease, develop their potential and become independent citizens.

This lack of detailed guidance and support is of particular concern as LSE often covers a number of highly sensitive issues that directly affect some learners: teachers, for example, have reported challenges in teaching about HIV and AIDS to a class including HIV positive students:

One student is HIV positive in my class. Sometimes when I am teaching about HIV one learner may make careless comment like ‘when one contracts HIV he/she may die.’ I crash these comments to protect the HIV learner. This is a challenge. (Malawi secondary school teacher)

Without the explicit integration of vulnerable groups’ needs into LSE formal school interventions, it has been left to extra-curricular and out of school initiatives to provide targeted support. For school-going children, girls’ clubs have been a common mechanism used to address gender issues (such as the Sister to Sister approach in Malawi), whilst outside the school different groups are often targeted through a wide range of separate initiatives. In Barbados, for example, UNICEF supports programmes for teenage mothers (implemented by the Barbados Family Planning Association), children in care (implemented by the Child Care Board) and young delinquents (through the Youth Service). In Myanmar EXCEL is a rare example of a single large-scale programme that targets 50,000 out-of-school adolescents through a nine-month educational programme 169.

Accessible, documented information about non-formal interventions is generally very limited but there are good examples of participatory needs assessments and relevant programme design such as the Youth Development Programme in Barbados, where the young people in each community define which activities will bond them together, and the use of peer education and peer counselling in the Philippines, Zimbabwe and Kenya. Whilst such non-formal and extra-curricular interventions fill in some of the gaps left by the formal LSE programmes for specific target groups, there are many concerns about the coverage, effectiveness and sustainability of such interventions (see below, particularly 5.2).

---

169 Recent data on out-of-school children in Myanmar is not available; however DFID estimates that less than 50% complete primary school education.
5.1.2 Intervention recognises and addresses social norms and behaviours

Table 8: Comparison of the case study countries against indicators for relevance: Intervention recognises and addresses social norms and behaviours

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Indicator</th>
<th>Country</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intervention recognises and addresses social norms and behaviours</td>
<td>Supportive norms are identified and analysed in the design</td>
<td>Armenia</td>
</tr>
<tr>
<td></td>
<td></td>
<td>♦</td>
</tr>
<tr>
<td></td>
<td></td>
<td>♦♦</td>
</tr>
<tr>
<td></td>
<td></td>
<td>♦</td>
</tr>
<tr>
<td></td>
<td></td>
<td>♦</td>
</tr>
<tr>
<td></td>
<td></td>
<td>♦</td>
</tr>
<tr>
<td></td>
<td></td>
<td>♦</td>
</tr>
<tr>
<td></td>
<td></td>
<td>♦</td>
</tr>
<tr>
<td></td>
<td>LSE builds on supportive norms</td>
<td>Armenia</td>
</tr>
<tr>
<td></td>
<td></td>
<td>♦</td>
</tr>
<tr>
<td></td>
<td></td>
<td>♦♦</td>
</tr>
<tr>
<td></td>
<td></td>
<td>♦</td>
</tr>
<tr>
<td></td>
<td></td>
<td>♦</td>
</tr>
<tr>
<td></td>
<td></td>
<td>♦</td>
</tr>
<tr>
<td></td>
<td></td>
<td>♦</td>
</tr>
<tr>
<td></td>
<td></td>
<td>♦</td>
</tr>
<tr>
<td></td>
<td>Constraining norms and attitudes are identified and analysed in the design</td>
<td>Armenia</td>
</tr>
<tr>
<td></td>
<td></td>
<td>♦♦</td>
</tr>
<tr>
<td></td>
<td></td>
<td>♦♦</td>
</tr>
<tr>
<td></td>
<td></td>
<td>♦</td>
</tr>
<tr>
<td></td>
<td></td>
<td>♦</td>
</tr>
<tr>
<td></td>
<td></td>
<td>♦</td>
</tr>
<tr>
<td></td>
<td></td>
<td>♦</td>
</tr>
<tr>
<td></td>
<td>LSE planning addresses such constraints</td>
<td>Armenia</td>
</tr>
<tr>
<td></td>
<td></td>
<td>♦</td>
</tr>
<tr>
<td></td>
<td></td>
<td>♦</td>
</tr>
<tr>
<td></td>
<td></td>
<td>♦</td>
</tr>
<tr>
<td></td>
<td></td>
<td>♦</td>
</tr>
<tr>
<td></td>
<td></td>
<td>♦</td>
</tr>
<tr>
<td></td>
<td></td>
<td>♦</td>
</tr>
<tr>
<td></td>
<td></td>
<td>♦</td>
</tr>
</tbody>
</table>

As noted above, there is evidence that learners, teachers and communities have found LSE interventions relevant to learners’ needs and challenges in terms of the thematic areas and skills taught. However, significant questions remain about the extent to which LSE interventions have actively acknowledged and engaged with social norms and behaviours in their design and implementation. LSE addresses pressing health and social issues in many countries, usually working in areas that are considered culturally, religiously and/or politically sensitive. Social norms can therefore have a powerful influence on how education on these issues is perceived. Some interventions, such as the HFLE in Barbados, have attempted to explore this through situational assessments at the start of the programme, but generally there is little evidence of systematic, in-depth analyses of the social norms (both positive and constraining) that underpin the existing situations around issues such as sexuality, HIV prevalence or gender, nor strategies to engage with the social norms during implementation.

The most obvious and frequently seen example of this is the tension between constraining social norms on the discussion of sex and sexuality and their coverage in LSE. In Jordan explicit integration of gender and gender-based violence as well as SRH issues into the LSE curriculum was the focus of negotiations between UNICEF and the MoE for three years, resulting in these themes only being addressed in non-formal and peer education initiatives.

In Malawi pressure from religious groups and parents led to very restricted information on condoms within the LSE curriculum. In Mozambique the ten to 14 year old age group targeted by HIV prevention education in schools are designated as not sexually active and thus the education materials do not include information on sexual modes of transmission; and similar public debates and negotiations around the suitability of sexual and reproductive content have occurred in the Philippines, Armenia and many other countries. These political dialogues and negotiations have largely been reactive or based on consultations leading to decisions on content rather than pro-actively and strategically engaging with these social norms as part of the design and implementation of LSE programmes. There is also a tension and fine balance to be struck here between the engagement and participation of stakeholders in the design and implementation of LSE to strengthen its acceptability and reinforce its messages within and beyond the school, and the compromise and adjustment of the programme content to the prevailing social norms of these stakeholders that may be necessary in order to gain their support.

Clearly some LSE interventions challenge existing constraining social norms with explicit inclusion of issues, such as the rights of women and girls in family relationships in Armenia, cultural practices that increase the spread of HIV in Malawi, and issues of GBV in Mozambique introduced into LSE education after a national survey based on focus group discussions with primary school girls and community representatives. There is anecdotal evidence to suggest that in having to deal directly with such topics some teachers and learners are actively tackling their own and others’ constraining social norms around these issues.
However, whilst an important step, the inclusion of a topic in school curricula does not necessarily engage with the wider norms that influence behaviours around critical issues, and may in fact undermine the acceptability and appropriateness of LSE in the eyes of communities, teachers and learners. In Armenia, for example, there has been controversy, playing out in the polity, media and wider society, around the extent to which LSE reflects ‘Armenian values’ given the strong external support involved in the original intervention design. This controversy appears to focus largely on the coverage of sexual and reproductive health content, particularly contraception, and the ages at which young people are taught them.

In Malawi, some parents reported discomfort and opposition with some of the issues being taught in the LSE curriculum, with one father commenting: “It is not acceptable to teach children issues of sexual intercourse because these are private issues which have to be known by adults only,” and teachers also reported receiving complaints from parents.

The implications of this lack of support for the outcomes of LSE interventions are increasingly recognised. As one UNICEF Mozambique staff member commented:

Constraining norms (barriers) also need to be tackled outside the school through non-formal interventions. It’s important for school education to continue but it can only go so far before the barriers begin to inhibit behaviour change.

This was backed up by some students in Mozambique reporting that they had become tired of hearing about HIV because “nothing changes”. In both Mozambique and Barbados the lack of parental involvement in the LSE programmes in schools was noted as a weakness in providing the necessary support to reinforce and internalise what students are learning at school in the home.

In contrast a number of programmes’ strong links to communities and parents have been identified as a critical success factor in providing support and a conducive environment beyond the school for learners and communities to build on positive social norms and challenge constraining ones. In Myanmar, for example, the integral involvement of Parent Teacher Associations in LSE training and school activities provided an important link between LSE in the schools and awareness and support in communities, whilst in Jordan the involvement of parents in the initial programme consultation was identified as an important first step in engaging with communities which UNICEF is now taking forward in supporting further development of parent-teacher associations in schools.

Whilst the engagement of stakeholders may involve compromises on the content of programmes (such as gender-based violence in Jordan), the process of their engagement either directly in the programme or through other avenues offers opportunities to start to influence the constraining social norms that necessitated those compromises. In Zimbabwe, the inclusion of parents and communities in some of the training and sensitisation work carried out around peer education and leadership on HIV and AIDS strengthened the support and impact the project has had, and in Belize the in-school HFLE programme is complemented by initiatives such as the Belize Red Cross’ “Together we can” primary prevention campaign that works with parents and communities around some of the same issues covered in HFLE.

It is not only the impact of social norms outside the school that must be considered in terms of how they may limit or strengthen content and constrain or support how learners can act on what they have learned in LSE programmes; the existing social norms that both the teachers and learners bring into LSE programmes must also be recognised and acknowledged within their design and implementation.

In Mozambique, insufficient priority to gender relations between girls and boys in the classroom has allowed existing gender roles to be perpetuated, with one female student commenting that: “the men [in her class] tend to provoke, insult and conquer us”. In Malawi, whilst gender and gender-based violence issues are explicitly addressed in the LSE curriculum, the materials rarely encourage female and male students to fully challenge their own attitudes and behaviours on gender, and focus on “societal” or “cultural” factors rather than an exploration of how gender plays out in students’ own homes and in the school.

Anecdotal evidence from some students indicated that elements of the content in LSE offended them, one student in Malawi commenting, “I hate this subject because it is too sensitive and it encourages the Western culture,” and a number of parents also reporting that their children had complained to them about the inappropriateness of LSE (also in Malawi). At a more extreme level, there is reported evidence from Armenia.
that learners from some minority groups absent themselves from LSE when it offends against strong social norms within that minority group concerning equality and sexual behaviour.

There are many examples of teachers expressing continuing concern or discomfort in delivering sensitive topics that challenge some of their pre-existing attitudes. The perceived incompatibility of LSE content with ‘Armenian values’, for instance, was reported in a number of Armenian teachers’ responses whilst one teacher freely admitted to omitting topics (including the prevention of sexually transmitted diseases and methods of contraception) that they felt were unsuitable for students. In Malawi, several teachers also reported degrees of self-censure:

- When teaching about AIDS prevention in Life Skills we also draw on Bible knowledge where we teach them that one should not commit adultery or pre-marital sex because it is against one of God’s commandments.
- When discussing STIs where deeper explanation is required we become tongue-tied sometimes because of our cultural backgrounds.

Many training programmes for teachers of LSE do not appear to adequately address these aspects, so that project evaluations in many countries, including Zimbabwe, Guyana, Myanmar and Lao PDR note that whilst training might have increased teachers’ knowledge and awareness around sensitive topics such as HIV and AIDS or sexuality, they had not tackled teachers’ own sensitivities and behaviours.

There are some positive examples of efforts to address this, such as Myanmar where a peer education programme has been introduced in pre-service training, or the partnership between Domasi Teacher Training College and the NGO Theatre for a Change in Malawi that uses participatory methods in LSE training with trainee teachers, including self-assessment, journals, observation of role-played situations and one-to-one discussions to achieve recognition among trainers and trainees that, in order to teach LSE effectively, one has to change oneself first. However, such innovative approaches appear to be rare amongst the very wide number of LSE teacher training courses that exist.
5.1.3 LSE addresses national needs

Table 9: Comparison of the case study countries against indicators for relevance: LSE addresses national needs

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Indicator</th>
<th>Country</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>LSE addresses national needs</td>
<td>Armenia</td>
</tr>
<tr>
<td></td>
<td>Policy for LSE references/aligns with overarching national policy (PRSP,</td>
<td>Barbados</td>
</tr>
<tr>
<td></td>
<td>Sector Plans, UNDAF/other joint strategies in education, health, HIV</td>
<td>Jordan</td>
</tr>
<tr>
<td></td>
<td>and AIDS )</td>
<td>Kenya</td>
</tr>
<tr>
<td></td>
<td>LSE design has involved relevant</td>
<td>Malawi</td>
</tr>
<tr>
<td></td>
<td>stakeholder consultation (including beneficiaries, caregivers, teachers,</td>
<td>Mozambique</td>
</tr>
<tr>
<td></td>
<td>social/health workers)</td>
<td>Myanmar</td>
</tr>
<tr>
<td></td>
<td>LSE design is based on assessment of national needs</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Stakeholder consultation during implementation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Intervention is aligned with international commitments</td>
<td></td>
</tr>
<tr>
<td></td>
<td>LSE addresses international commitments to CRC</td>
<td></td>
</tr>
<tr>
<td></td>
<td>LSE supports MDGs and EFA</td>
<td></td>
</tr>
<tr>
<td></td>
<td>LSE includes the thematic areas that address global commitments</td>
<td></td>
</tr>
</tbody>
</table>

Throughout the case study countries and in the country documentation review, LSE is explicitly mentioned in many national policy frameworks and strategies (see Table 10) as part of the national response to providing accessible, quality, relevant education for all, HIV and AIDS prevention, and raising awareness of, and empowering children to claim, their rights to survival, development and protection. Thus it can be identified as an important part in many countries’ fulfilment of international commitments such as the MDGs, EFA and CRC.

Table 10: LSE in national policies and plans

<table>
<thead>
<tr>
<th>Policy or plan</th>
<th>% of countries included in documentation review in which LSE is explicitly mentioned in this policy or plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poverty Reduction Strategy</td>
<td>53.8%</td>
</tr>
<tr>
<td>National AIDS Policy</td>
<td>76.9%</td>
</tr>
<tr>
<td>National AIDS Plan</td>
<td>72.4%</td>
</tr>
<tr>
<td>National Education Policy</td>
<td>88.5%</td>
</tr>
<tr>
<td>National EFA Plan of Action</td>
<td>62.1%</td>
</tr>
<tr>
<td>National Education Plan</td>
<td>79.3%</td>
</tr>
<tr>
<td>National Youth Policy</td>
<td>30.8%</td>
</tr>
</tbody>
</table>

* This low percentage may be explained by the absence of National Youth Policies in some of the countries included in the documentation review, or their absence from the documentation sets for each country.

Equally, the identified content and objectives of LSE interventions can be linked to sectoral and national policy goals in all the case study countries, particularly around health and HIV and AIDS. This indicates the extent to which LSE has been driven as a response to a range of identified national challenges.
The thematic areas covered by LSE programmes have a focus on health-related issues (particularly HIV and AIDS), but there is also significant coverage of the areas of citizenship, human rights, and child rights and participation (see Table 11). Much lower rates of coverage were identified for areas such as children’s access to justice, combating sexual abuse and exploitation, and interculturality, and across all components of the theme of DRR.

Where DRR is present as a focus within LSE programmes, this is usually in response to a specific need and experience – in the Maldives, for example, DRR and environmental issues are a part of the post-Tsunami programmes. However, it was noted that DRR was not a part of the LSE curriculum in a number of countries where such a theme might be expected to be covered, such as: Afghanistan, Bangladesh, Ethiopia, Eritrea, Jamaica, Malawi, Namibia, Nigeria, Rwanda, Tajikistan, Togo and Zimbabwe. Whilst specific information and analysis on this point was lacking in the country documentation for many these countries, it may be that long-standing interventions around DRR (both in and out of schools) have not yet been integrated with more recent LSE interventions, such as the public and school education activities in Jamaica around hurricane risks.

Table 11: Thematic areas in LSE interventions

<table>
<thead>
<tr>
<th>Themes covered by LSE programmes</th>
<th>% of country sample covering the theme</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health themes</td>
<td></td>
</tr>
<tr>
<td>Health promotion, disease prevention</td>
<td>88%</td>
</tr>
<tr>
<td>HIV and AIDS and sexual/reproductive health</td>
<td>100%</td>
</tr>
<tr>
<td>Healthy lifestyle, nutrition, hygiene and safe behaviour</td>
<td>85%</td>
</tr>
<tr>
<td>Social and emotional learning and psycho-social support</td>
<td>82%</td>
</tr>
<tr>
<td>Drug and alcohol abuse prevention</td>
<td>85%</td>
</tr>
<tr>
<td>Sport, art and recreation</td>
<td>33%</td>
</tr>
<tr>
<td>Learning to live together themes</td>
<td></td>
</tr>
<tr>
<td>Violence prevention / addressing antisocial behaviour including violence and bullying</td>
<td>71%</td>
</tr>
<tr>
<td>Peace education / conflict resolution</td>
<td>61%</td>
</tr>
<tr>
<td>Human rights, citizenship and social responsibility</td>
<td>77%</td>
</tr>
<tr>
<td>Moral and civic values</td>
<td>55%</td>
</tr>
<tr>
<td>Gender relations; gender equality</td>
<td>74%</td>
</tr>
<tr>
<td>Interculturality; multicultural society; identity, equity, rights of indigenous peoples and ethnic minorities; social cohesion; antiracism</td>
<td>42%</td>
</tr>
<tr>
<td>Disaster risk reduction themes</td>
<td></td>
</tr>
<tr>
<td>Disaster risk reduction</td>
<td>40.7%</td>
</tr>
<tr>
<td>Sustainable human development</td>
<td>48.1%</td>
</tr>
<tr>
<td>Environmental rights</td>
<td>48.1%</td>
</tr>
<tr>
<td>Conservation of natural resources</td>
<td>40.7%</td>
</tr>
<tr>
<td>Personal empowerment themes</td>
<td></td>
</tr>
<tr>
<td>Participation / rights of children and young people</td>
<td>89.7%</td>
</tr>
<tr>
<td>Livelihoods (generic skills) and financial literacy</td>
<td>62.1%</td>
</tr>
<tr>
<td>Combating sexual abuse and exploitation</td>
<td>44.8%</td>
</tr>
<tr>
<td>Access to justice</td>
<td>13.8%</td>
</tr>
</tbody>
</table>

As noted in the previous sections, however, this alignment with formally identified national needs has not been supported with rigorous and participatory needs assessments and consultations in all countries. Where significant issues of social and cultural sensitivity have arisen, there has also been an exclusion of topics, such as gender and gender-based violence in Jordan, sexual modes of HIV transmission in Mozambique, and condom usage in Malawi.
5.1.4 LSE content and delivery embody CRC principles

Table 12: Comparison of the case study countries against indicators for relevance: LSE content and delivery embody CRC principles

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Indicator</th>
<th>Armenia</th>
<th>Barbados</th>
<th>Jordan</th>
<th>Kenya</th>
<th>Malawi</th>
<th>Mozambique</th>
<th>Myanmar</th>
</tr>
</thead>
<tbody>
<tr>
<td>LSE content and delivery embody CRC principles</td>
<td>Non-discrimination</td>
<td>♦♦♦</td>
<td>♦♦♦</td>
<td>♦♦♦</td>
<td>♦♦♦</td>
<td>♦♦♦</td>
<td>♦♦♦</td>
<td>♦♦♦</td>
</tr>
<tr>
<td></td>
<td>The best interests of the child</td>
<td>♦♦♦</td>
<td>♦♦♦</td>
<td>♦♦♦</td>
<td>♦♦♦</td>
<td>♦♦♦</td>
<td>♦♦</td>
<td>♦♦♦</td>
</tr>
<tr>
<td></td>
<td>The right to life, survival and development</td>
<td>♦♦♦</td>
<td>♦♦</td>
<td>♦♦♦</td>
<td>♦♦♦</td>
<td>♦♦♦</td>
<td>♦♦♦</td>
<td>♦♦♦</td>
</tr>
<tr>
<td></td>
<td>Learner participation in design</td>
<td>♦</td>
<td>♦♦♦</td>
<td>♦♦♦</td>
<td>♦♦♦</td>
<td>♦♦♦</td>
<td>♦♦♦</td>
<td>♦♦♦</td>
</tr>
<tr>
<td></td>
<td>Knowledge of human rights and related responsibilities</td>
<td>♦♦</td>
<td>♦</td>
<td>♦</td>
<td>♦♦</td>
<td>♦♦</td>
<td>♦♦</td>
<td>♦♦</td>
</tr>
<tr>
<td></td>
<td>Specific learning needs taken into account</td>
<td>♦</td>
<td>♦</td>
<td>♦</td>
<td>♦♦</td>
<td>♦♦</td>
<td>♦♦</td>
<td>♦♦</td>
</tr>
<tr>
<td></td>
<td>Factors leading to educational disadvantaged catered for</td>
<td>♦</td>
<td>♦</td>
<td>♦</td>
<td>♦♦</td>
<td>♦♦</td>
<td>♦♦</td>
<td>♦♦</td>
</tr>
</tbody>
</table>

There is frequent reference in LSE documentation to the intention of LSE to enhance children’s awareness of their rights and how to claim them, and contribute to children’s survival, development and protection. An explicit focus on rights forms an important strand in the aims and content of many of the LSE interventions and curricula across the countries reviewed (for example Romania, Lesotho, Mozambique and Armenia). Equally, however, many LSE interventions do not make specific reference to the CRC or use the language of rights (e.g. Malawi, Barbados, Myanmar) although the principles of the CRC are embodied in the content, particularly in regard to non-discrimination (in terms of gender, HIV status, orphans and vulnerable children, disability, ethnicity etc.) and the right to survival and development through the identification and protection against risky practices and behaviours. An interesting example of the negotiation and perceptions around the language of rights comes from Barbados where parents and teachers felt that an over-emphasis on child rights results in “adult abuse” through children taking advantage of their rights. One parent commented:

"The issue with child rights is a ticklish one because although I agree that you should teach the children their rights; I think we should start focussing more on the child’s responsibilities."

In terms of delivery, participatory methodologies are very often an integral aspect of LSE interventions, providing the potential space and opportunity for active child participation in LSE lessons. Other mechanisms such as student councils in Jordan, Kenya and Armenia also offer mechanisms for children’s voices in decision making at school levels. In practice, however, there are many constraints to the effective implementation and fulfilment of this potential.

In all case study countries, when discussing issues of child rights in the delivery of LSE, respondents frequently referred to CFS initiatives and the way that they embody and deliver on CRC principles. There is an obvious identification at school level of the overlap between the types of environments, behaviours and attitudes being promoted within LSE, and those being pursued through whole school CFS interventions. Despite recognition of the mutually supportive aspects of these two initiatives both from school and UNICEF respondents, at a programmatic level LSE and CFS have generally developed as separate interventions under UNICEF, and there is surprisingly little evidence of formal linkages or integration between the two programmes.
5.1.5 There is opportunity to respond to changing circumstances

Table 13: Comparison of the case study countries against indicators for relevance: there is opportunity to respond to changing circumstances

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Indicator</th>
<th>Armenia</th>
<th>Barbados</th>
<th>Jordan</th>
<th>Kenya</th>
<th>Malawi</th>
<th>Mozambique</th>
<th>Myanmar</th>
</tr>
</thead>
<tbody>
<tr>
<td>There is opportunity to respond to changing circumstances</td>
<td>There is review and feedback process</td>
<td>⬤</td>
<td>⬤</td>
<td>⬤</td>
<td>⬤</td>
<td>⬤</td>
<td>⬤</td>
<td>⬤</td>
</tr>
<tr>
<td></td>
<td>There is a focus on the process of developing life skills in participation with learners.</td>
<td>⬤</td>
<td>⬤</td>
<td>⬤</td>
<td>⬤</td>
<td>⬤</td>
<td>⬤</td>
<td>⬤</td>
</tr>
<tr>
<td></td>
<td>Design has been adapted in the past</td>
<td>⬤</td>
<td>⬤</td>
<td>⬤</td>
<td>⬤</td>
<td>⬤</td>
<td>⬤</td>
<td>⬤</td>
</tr>
</tbody>
</table>

In many of the countries reviewed, LSE has a relatively long and varied history, often beginning in the early to mid-1990s and having undergone a number of thematic and modality adaptations, mirroring the shifting emphasis of governments, NGOs and donors. A strong common thread is the focus on HIV and AIDS, which has been the most prominent driving force of LSE especially in sub-Saharan Africa. But shifting focuses in other areas have also picked up LSBE interventions. In Romania, for example, the focus of UNICEF-supported LSE interventions has gradually expanded with elements that are linked to specific UNICEF programmes in HIV, child protection and, more recently, inclusion (especially of Roma populations).

Where LSE is established within the formal system of education, periodic reviews and evaluations have been undertaken of content, materials and modalities, often stimulated and supported by UNICEF and sometimes as part of national education curriculum reviews. The quality and systematic nature of the monitoring and evaluation frameworks underpinning these reviews vary considerably; for example, in the Caribbean countries, including Barbados, the HFLE curriculum is in a constant state of evolution and subject to regular monitoring and evaluation and revision on a (sub-) national level, and at the national level, the MoE in Barbados is now concluding a stocktaking of HFLE which will include data on school councils. In Malawi, LSE curriculum and materials reviews have led to the expansion of SRH themes in recently developed materials, an emphasis on peer counselling, an increased focus on the identification of risky behaviours and protective factors in different situations, and a focus on girl-specific materials/approaches (e.g. the UNICEF Sister to Sister Life Skills Plus programme). In Mozambique, the monitoring framework involves an annual review undertaken by the MoE to gather feedback from provincial level coordinators and activistas carrying out extra-curricular LSE activities within schools. However, there are no monitoring and feedback systems in place for the integrated curricula programme in either Mozambique or Kenya, nor are there systematic reviews of LSE.

In non-formal interventions, evidence of formal feedback and reviewing processes is extremely limited. The evidence from Barbados appears to be typical of the situation for many non-formal programmes, where informal verbal feedback from young people and observation of their participation, activities and behaviour may underpin changes in future programmes but this process appears to be organic rather than planned or explicit. Again, UNICEF has been instrumental in supporting the few examples of evaluations and reviews that have been undertaken in the non-formal sector, and research such as UNICEF’s “Are they listening?” in Barbados seeks to provide more systematic feedback of the impact on young people of media messages about sexual behaviour and HIV and AIDS which could inform future programme design and implementation.

Where review processes are in place, both in the formal and non-formal sectors, there appears to be a focus on operational aspects and outputs of the programmes (scale of teacher training, materials distributed and used, content areas covered etc.). There is far less evidence of these review processes engaging with and responding to changes in context and issues surrounding LSE programmes, such as the shifting social norms in which they are operating or the differentiated needs of different groups within the classroom, school and community. This mirrors weaknesses noted above in initial needs assessments, engagement with social norms and monitoring and evaluation of programme outcomes.

DRAFT FINAL EVALUATION REPORT 58
5.1.6 Issues and conclusions: relevance

**To national and local priorities**

LSE needs to reflect the wide range of children’s circumstances and identify and tackle changing risks to young people. It should be able to respond to local contexts and priorities. Integration within a national curriculum, especially when linked to national examinations, can limit the options in responding to changing priorities.

**To children’s needs**

LSE is important as an attempt to introduce learning (of knowledge and skills) that is relevant to young people’s needs and empowers them as they grow and become adults. An educational initiative intended to empower children contrasts with traditional aims to form children as productive members of society and contributors to national development: LSE is at its essence “child-centred”.

LSE sets the challenging educational aim to change high-risk behaviours. In its conceptualisation LSE has recognised the importance of psycho-social skills to this end. In most cases LSE has entered schools in a mix with priority themes, most commonly HIV and AIDS in response to growing prevalence of HIV infections. The mix can work well and there are good reasons to mix knowledge (for example of condom use) with personal skills (for example to negotiate sexual encounters) to build a relevant and rounded learning experience.

Given the child-oriented philosophy of LSE, the involvement of UNICEF, and the timing of most LSE interventions, the relative scarcity of active rights-based approaches to LSE programmes is disappointing and weakens the relevance of LSE to the real needs expressed by children, and its responsiveness to change.

The children’s voice has been too rarely heard in programme design, even where UNICEF has taken a lead role. There are gaps in such consultation in some countries and the necessity of listening to young people in areas that are so intimately concerned with their lives is apparent.

**LSE and social norms**

The tension between LSE, which seeks to empower and inform children and conservative social norms is almost universal. LSE has been the subject of heated public debate in the mass media in many countries, with a political discourse to negotiate compromises that maintain the support of, for example, influential social or religious leaders. This is a proper process in which UNICEF and other partners can play a role in advocacy and information. However, if the intervention is perceived mainly as owned by foreign agencies it can fuel negative attitudes and norms.

Social norms have a more immediate effect on the delivery of LSE where teachers censor or steer curriculum delivery. Teachers introduce religious and moral imperatives for positive behaviours and there is a risk of children receiving partial or confusing information when it is mediated by teachers with their own beliefs, which may be compounded (or challenged) by the norms prevalent in a child’s own household and community.

The tension between children’s rights and those social norms that limit knowledge and personal options is a strong part of LSE interventions. The right of children to agency over their lives and honest information is at risk in the compromises made to accommodate social norms and political and societal “buy-in”. At the same time, without support for LSE interventions and content both within and beyond the school, the effectiveness and sustainability of interventions is at risk. The process of engagement and participation of stakeholders therefore requires a strategic and delicate balance to be maintained, but analysis and planning of interventions is rarely based on an analysis of the relevant social norms (both supportive and constraining), the political economy around them and strategies to preserve LSE within these realities.
5.2 Coverage

Key question: Is LSE reaching all students providing them with adequate learning opportunities differentiated as necessary to their different needs and circumstances?

Coverage is the extent to which a target group, population or set of institutions has access to or is benefiting from an intervention. This is usually measured as the number of the benefiting target groups divided by the number in the population. Beyond this quantitative measure, however, it is important to look at the more nuanced, qualitative measure of 'effective coverage' that assesses the extent to which the intervention meets quality standards for those that are able to access it.

This section is presented according to the following criteria, as specified under the coverage section in the evaluation framework (Annex 2):

- LSE intervention reaches all intended groups: geographical, socio-economic, ethnic, language groups that are marginalised;
- LSE intervention is adapted to the needs and circumstances of beneficiaries, including marginalised, vulnerable and at risk groups;
- LSE (or complementary initiatives) addresses out-of-school children;
- LSE interventions are targeted at ages or groups appropriately for the knowledge, attitudes, skills and behaviour change;
- LSE interventions are gender sensitive and inclusive;
- Resources reach all points of delivery.

Summary of findings: coverage

- LSE is intended to have wide coverage in many countries, often by its inclusion in formal schooling, but implementation at school level rarely matches intentions because of lack of teachers, low priority for LSE by both teachers and students, and a shortage of materials.
- Where LSE has been integrated into the school curriculum, delivery in schools includes all learners regardless of socio-economic, ethnic, linguistic or other differences. Formal LSE can only be as inclusive as the school system.
- There has been little differentiation of content or approach at classroom level to cater for specific needs or interests amongst learners. There is limited data on out-of-school and other marginalised groups: outreach of LSE to these groups has largely the responsibility of NGOs typically in small scale and fragmented, non-formal provisions.
- In many countries there is a wide range of non-formal LSE interventions. The data are limited but coverage, quality and targeting of such interventions is variable within and across countries.
- School-based LSE interventions initially tend to focus on primary level, with junior and senior secondary levels being incorporated over time.
- There is very little evidence of active LSE initiatives at the early childhood / pre-primary level.
- LSE curricula that have been developed are age appropriate and incremental, although there have been debates and negotiations around the age appropriateness for younger learners, principally related to sex and sexuality.
- There has been little attention to the issue of delivering an appropriate LSE curriculum for students enrolled in classes for which they are over-aged.
- LSE interventions vary considerably in the extent to which they address issues of gender in either design or implementation, but in many cases there is little in-depth coverage of gender and power relations, or opportunities to challenge and transform gendered identities for both girls and boys.
- Girls and boys are rarely separated for LSE classes, due to resources constraints.
5.2.1 LSE intervention reaches all intended groups

Table 14: Comparison of the case study countries against indicators for coverage: LSE intervention reaches all intended groups

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Indicator</th>
<th>Armenia</th>
<th>Barbados</th>
<th>Jordan</th>
<th>Kenya</th>
<th>Malawi</th>
<th>Mozambique</th>
<th>Myanmar</th>
</tr>
</thead>
<tbody>
<tr>
<td>LSE intervention reaches all intended groups: geographical, socio-economic, ethnic, language groups that are marginalised</td>
<td>The number of beneficiaries as percentage of the age population</td>
<td>100% (P&amp;JS)</td>
<td>100% (P&amp;SS)</td>
<td>100% (P&amp;SS)</td>
<td>100% (P&amp;SS)</td>
<td>100% (P)</td>
<td>100% (JS)</td>
<td>100% (JS)</td>
</tr>
<tr>
<td>Number of targeted learners who access the LSE opportunity</td>
<td>Lack of data</td>
<td>80% (P)</td>
<td>100% (SS)</td>
<td>Lack of data</td>
<td>Lack of data</td>
<td>Lack of data</td>
<td>Lack of data</td>
<td></td>
</tr>
</tbody>
</table>

P = Primary school, JS = Junior Secondary School, SS = Senior Secondary school

* The data entered here relate to the proportion of students in school who should be covered by LSE programmes, according to official curricula and implementation guidelines. There is insufficient data on out-of-school children and non-formal LSE interventions to estimate total numbers of beneficiary populations receiving LSE programmes.

* No national level data is available for six of the seven case study countries. However visits to the small sample of schools strongly suggest that official rates of coverage are significantly higher than the reality in schools, except for in Malawi where LSE is an examinable subject.

The most extensive global data on basic coverage of LSE across the formal school system comes from the UNGASS national reporting on indicator 11 (the percentage of schools that provided life skills-based HIV education in the last academic year). The 2010-2011 data sets from this indicator show a large number of countries unable to provide up-to-date figures, and where data is available there is a huge variation in coverage rates within and across regions. The 2010 UNGASS data suggests that 100% of schools are covered in South Africa and Eritrea; however, in some countries (including Lesotho, Jordan, Angola, Ghana, Botswana, South Africa and Eritrea) it is documented as being 81-100% of schools. The divergence between statistics is noted in some cases – such as Zimbabwe, where UNGASS reported 100% of schools teaching life skills, whilst the UNICEF evaluation noted less than 5% of primary and no secondary schools were implementing it. This figure can only give an indication, therefore, and, even where statistics are thought to be accurate, the extent to which intended national coverage is reflected in schools “on the ground” was questioned in many cases – see 4.6.2 regarding resources reaching all points of delivery, for example.

The data situation for non-formal interventions is extremely poor. Many interventions have set targets of numbers of participants and trainees to be reached within the time frame of the project, but due to a lack of accurate and detailed data on specific groups of marginalised and/or out-of-school children at national and local levels, it is very difficult to establish the scale and reach of these interventions in relation to the needs.

In nearly all cases, reviewers found that programmes were aimed at both male and female students in the formal programme, and for the most part also in non-formal programmes, though these tend to have more of a female focus. In Bangladesh, for example, certain out of school programmes aim for a participation rate of 60% for girls, and in Togo there is a focus on women and girls outside the school programmes.

---

5.2.2 LSE intervention is adapted to the needs and circumstances of beneficiaries, including marginalised, vulnerable and at risk groups

Table 15: Comparison of the case study countries against indicators for coverage: LSE intervention is adapted to the needs and circumstances of beneficiaries, including marginalized, vulnerable and at risk groups

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Indicator</th>
<th>Armenia</th>
<th>Barbados</th>
<th>Jordan</th>
<th>Kenya</th>
<th>Malawi</th>
<th>Mozambique</th>
<th>Myanmar</th>
</tr>
</thead>
<tbody>
<tr>
<td>LSE intervention is adapted to the needs and circumstances of beneficiaries, including marginalised, vulnerable and at risk groups</td>
<td>Strategies to identify and target groups, including at-risk groups</td>
<td>♦</td>
<td>♦ ♦ ♦ ♦</td>
<td>♦ ♦ ♦ ♦</td>
<td>♦ ♦ ♦ ♦</td>
<td>♦ ♦ ♦ ♦</td>
<td>♦ ♦ ♦ ♦</td>
<td>♦ ♦ ♦ ♦</td>
</tr>
<tr>
<td>Adaptation of LSE to needs</td>
<td></td>
<td>♦ ♦ ♦ ♦</td>
<td>♦ ♦ ♦ ♦</td>
<td>♦ ♦ ♦ ♦</td>
<td>♦ ♦ ♦ ♦</td>
<td>♦ ♦ ♦ ♦</td>
<td>♦ ♦ ♦ ♦</td>
<td>♦ ♦ ♦ ♦</td>
</tr>
</tbody>
</table>

Where LSE has been formally integrated into the school curriculum, LSE lessons are supposed to include all learners in the class regardless of socio-economic, ethnic, linguistic or other differences. There has been little differentiation of content or approach to cater for specific needs or interests in any of the case study countries within the formal system. In Armenia this has led to children from minority groups absenting themselves where content conflicts with religious norms.

In Mozambique, the MoE states that LSE programmes should be inclusive, particularly in terms of orphans and vulnerable children and children with special needs, and as a result no specific content or adaptation has been designed for these groups because of concerns about ‘branding’ them as different and thus reinforcing stigma and negative attitudes towards them.

In Barbados, the school curriculum in general does not appear to be adapted to any particular needs, apart from one-off school initiated interventions and in Malawi, the case study investigations found that those least likely to receive LSE in formal schools were children from rural areas with inadequate numbers of teachers, children with a disability, children in special schools for young offenders and street children.

In some instances a flexibility in the curriculum and the use of interactive, participatory methodologies has enabled teachers to adapt to the specific needs of their learners’, but the reported challenges of implementing participatory approaches in LSE (or other subjects) such as lack of resources, large class sizes, inadequate classrooms, lack of teacher training, and the lack of supervision and support structures in schools for teachers have also been noted by teachers in Armenia, Jordan, Malawi and Kenya as limiting their capacity to respond to learners’ specific needs and interests.

The country documentation review found some evidence of specifically targeted groups in design: in seven cases, street children were specifically identified in the design of LSE interventions, in 18 poor children and in 16 orphans and vulnerable children (there is some overlap between these). Other vulnerable groups which were targeted were identified as follows:

- Persons with special needs or disabilities (Armenia, Burundi, Togo);
- Working children, especially those carrying out hazardous or exploitative work (Bangladesh);
- Minority ethnic groups (Romania, Guyana);
- Children in the juvenile justice system (South Africa);
- Displaced and refugee children (Burundi, Cote d’Ivoire);
- Child soldiers (Congo);
- Migrant populations / children of seasonal workers (Belize);
- People living with HIV (Jamaica).
Chapter 5: Findings

Children with disabilities or special needs, those marginalised by minority languages and those living in deprived areas are often identified or mentioned in policy documents and ministry initiatives; there is little specific detail, however, on how these children are to be included or how their needs are met in terms of LSE teaching and learning. There was also little evidence of this in the case study countries.

Non-formal programmes which run alongside formal schooling often play a vital role in addressing the specific needs of vulnerable groups. In Barbados, where numbers of out-of-school children are estimated to be very low, the Youth Development Programme has run life skills workshops with young prostitute mothers and with the United Gays and Lesbians Against AIDS Barbados; the Barbados Family Planning Association provides LSE in support of teenage mothers; and government programmes to support behaviourally challenging or delinquent youth include the Youth Service, the Government Industrial School and the Edna Nicholls Out-of-School Programme (for short-term suspensions). The Childcare Board, also supported by UNICEF, includes LSE for children in residential care.

5.2.3 LSE (or complementary initiatives) addresses out-of-school children

Table 16: Comparison of the case study countries against indicators for coverage: LSE (or complementary initiatives) addresses out-of-school children

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Country</th>
</tr>
</thead>
<tbody>
<tr>
<td>LSE (or complementary initiatives) address out-of-school children</td>
<td>Armenia</td>
</tr>
<tr>
<td></td>
<td>Barbados</td>
</tr>
<tr>
<td></td>
<td>Jordan</td>
</tr>
<tr>
<td></td>
<td>Kenya</td>
</tr>
<tr>
<td></td>
<td>Malawi</td>
</tr>
<tr>
<td></td>
<td>Mozambique</td>
</tr>
<tr>
<td></td>
<td>Myanmar</td>
</tr>
<tr>
<td>Specific actions to reach out-of-school children</td>
<td>N/A&lt;sup&gt;a&lt;/sup&gt;</td>
</tr>
<tr>
<td>Attendance of out-of-school learners at LSE</td>
<td>N/A&lt;sup&gt;a&lt;/sup&gt;</td>
</tr>
</tbody>
</table>

<sup>a</sup> The population of out-of-school children in Barbados is estimated to be very low
<sup>b</sup> One non-formal initiative, the Community Development Committees in Palestinian refugee camps, reported an estimated 950 adolescents involved in their peer education courses annually

Whilst much attention has been placed on the introduction of LSE through formal school systems, in many countries there are still significant numbers of children that remain outside schools, either having never enrolled, dropped out of school or not made the transition between different levels of schooling.

There is evidence that LSE does reach out-of-school children through non-formal provisions: in 28 countries reviewed, LSE is said to be targeting out-of-school children, either through work in non-formal centres, or by schools working to improve inclusion and outreach. In many cases out-of-school initiatives are locally driven and small scale, and therefore it is difficult to access information on their coverage.

In Jordan, UNICEF began its work supporting basic life skills programming within the non-formal education sector and extra-curricular activities in 1999 through cooperation with a partner (the Princess Basma Youth Resource Centre), and UNICEF continues to support the work of organisations carrying out LSE in the non-formal education sector. One example of this is UNICEF support to Community Development Committees, which are implementing non-formal education work in Palestinian refugee camps with youth between the ages 12-17 (although other marginalised youth are also targeted). They have permanent programmes that focus on women, persons with disabilities and youth, all of which integrate elements of LSE. The original Basic Life Skills Manual developed by UNICEF in their work with youth, has also become widely used, with its focus on training young peer educators who then bring together other youth to identify and carry out initiatives within their community. Most of the young people trained have focused their activities on schools, addressing topics such as school bullying, peer mediation and cleaning up the environment.

In Malawi, the Ministry of Youth coordinates projects for out-of-school children and estimates that around 6000 youth networks are in place across the country delivering LSE. However, as the Ministry of Youth does

---

<sup>171</sup> No data is available for school enrolment in Barbados in the *EFA Global Monitoring Report 2011*, but the UNESCO Institute for Statistics notes a primary GER of 114% and secondary GER of 101% for 2009.
not have the capacity or the monitoring and evaluation systems in place to monitor these groups, it is impossible to say how many young people they are reaching.

In Myanmar, the well designed and coordinated EXCEL programme is a rare example of a national level LSE intervention targeting 50,000 out-of-school children with a common curriculum and format that is delivered by different NGOs across the country.

In Kenya, there is evidence of government and UNICEF support to non-formal centres that incorporate elements of LSE, such as the Christian Industrial Training College and Mabwok which act as compensation programmes for young people and adults who have missed education. These centres tend to be community initiatives which have later registered with the government and received their support. However there does not appear to be a consistent approach to LSE in these centres.

The data on such interventions are extremely limited and where they exist the coverage, quality and targeting of such interventions is seen to be very variable within and across countries. A major challenge in this sector is that many of these interventions are operating in a context of poor or non-existent data on target groups in the first place, and, as in Malawi, there is often a significant lack of data collection and analysis capacity at all levels with which to remedy this situation either nationally or through individual interventions.

Due to a lack of data both on the numbers of out-of-school children in Myanmar, and weak data capacity amongst the implementing NGOs, for example, it is not possible to say what level of coverage the EXCEL programme has.

In Jordan, the International Youth Foundation has recently undertaken a mapping exercise of LSE providers in non-formal education, and found many active youth centres run by NGOs and government agencies across the country, but also found very mixed reviews of the quality and sustainability of the youth programmes being delivered, including their infrastructure, staffing and materials.

There is little evidence of linking non-formal education programmes for out-of-school youth into national LSE frameworks and sharing materials and professional resources. Non-formal activities are usually treated separately, distinct from formal interventions, both in programme development, evaluations, supporting organisations and approaches.

5.2.4 LSE interventions are targeted at ages or groups appropriately for the knowledge, attitudes, skills and behaviour change

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Armenia</th>
<th>Barbados</th>
<th>Jordan</th>
<th>Kenya</th>
<th>Malawi</th>
<th>Mozambique</th>
<th>Myanmar</th>
</tr>
</thead>
<tbody>
<tr>
<td>LSE interventions are targeted at ages or groups appropriately for the knowledge, attitudes, skills and behaviour change</td>
<td>Interventions start with young learners</td>
<td>✔ ✔ ✔</td>
<td>✔ ✔ ✔</td>
<td>✔ ✔ ✔</td>
<td>✔ ✔ ✔</td>
<td>✔ ✔ ✔</td>
<td>✔ ✔ ✔</td>
</tr>
<tr>
<td></td>
<td>Curriculum and delivery are age-aware</td>
<td>✔ ✔ ✔</td>
<td>✔ ✔ ✔</td>
<td>✔ ✔</td>
<td>✔ ✔</td>
<td>✔ ✔</td>
<td>✔ ✔</td>
</tr>
</tbody>
</table>

The trajectory of school-based LSE interventions is similar across many countries, with an initial focus at primary level, and junior and senior secondary levels becoming incorporated over time. There is very little evidence in either the case study countries or the documentation review of active LSE initiatives at the early childhood or pre-primary level (although in a number of countries’ policies LSE is officially meant to span pre-primary to secondary levels). One exception is Jamaica, where a national early childhood HFLE curriculum has been developed, delivered and assessed.
In all the case study countries, and in many of those covered by the documentation review, the LSE curricula that have been developed appear to be age appropriate and incremental, with the technical assistance of UNICEF cited by stakeholders in all case study countries as contributing to the quality of this materials-development process. However, debates and negotiations on the age appropriateness of the content for younger learners in some countries, principally related to issues of sex and sexuality, can result in aspects of the curriculum being compromised or excluded all together. In Malawi, for example, parents, religious schools and independent schools voiced concern over condom related information resulting in it being kept to a minimum in the LSE materials, and concerns are ongoing: in all primary schools visited, parents expressed concerns about the relevance to their children of the sex and sexuality content of LSE, particularly when the children were younger than ten. However, parents in Barbados were in favour of introducing sex education at an earlier age (that is, at primary level, before the onset of puberty).

There has been much less attention given, however, to the issue of appropriate curriculum for students enrolled in classes for which they are over-aged. In Malawi, there are a large number of over-aged students in primary schools and it is likely that teenagers are not accessing information that would be relevant to their age and level of maturity, particularly as they are about to become, or already are, sexually active. None of the primary schools visited organised LSE teaching by age and maturity to reflect the age difference of their learners. Similar concerns about the needs of over-aged students were noted in Kenya and Mozambique, where decisions on not including sexual modes of HIV transmission in the formal school curriculum because the official age group for the targeted classes (ten to 14 years old) are not deemed to be sexually active, ignore the large numbers of over-aged students enrolled who may already be sexually active and would benefit from such information.

5.2.5 LSE interventions are gender sensitive and inclusive

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Indicator</th>
<th>Armenia</th>
<th>Barbados</th>
<th>Jordan</th>
<th>Kenya</th>
<th>Malawi</th>
<th>Mozambique</th>
<th>Myanmar</th>
</tr>
</thead>
<tbody>
<tr>
<td>LSE interventions are gender sensitive and inclusive</td>
<td>Design of LSE intervention addresses gender contexts</td>
<td>♦♦</td>
<td>♦♦</td>
<td>♦</td>
<td>♦♦</td>
<td>♦♦</td>
<td>♦♦</td>
<td>♦♦</td>
</tr>
<tr>
<td></td>
<td>Implementation reflects design or has local adaptation to gender issues (e.g. separate sessions if necessary)</td>
<td>♦</td>
<td>♦♦</td>
<td>♦</td>
<td>♦</td>
<td>♦</td>
<td>♦</td>
<td>♦♦</td>
</tr>
</tbody>
</table>

While in 74% of countries reviewed, gender equality or gender relations are incorporated into the themes of LSE (see Table 11), the extent to which LSE interventions directly or indirectly address issues of gender in either design or implementation varies considerably.

The case studies revealed the complexities of this and perhaps the differences in interpreting these aspects. In Jordan explicit reference to gender awareness and gender-based violence has been excluded from the curriculum due to cultural sensitivities. In Barbados the HFLE curriculum does not directly address issues of gender inequalities, gender-based violence, sexual abuse, sexual orientation and concepts of masculinity, although these issues reportedly arise in class discussions and in supplementary materials used by some teachers.

In Malawi gender and sexuality are addressed in the textbooks in multiple topics such as interpersonal relationships, HIV and AIDS and entrepreneurship. However, textbooks tend to over emphasise the vulnerability of women and girls, at the risk of reinforcing stereotypes, and power relationships between men and women and older and younger children are barely articulated.
In terms of gender-sensitive delivery, there was a mixture of experiences. In Barbados, some schools reported delivering sexual and reproductive health topics in single-sex groups, which some students stated that they preferred, the boys not wanting to raise certain issues in front of girls, while girls found boys tend to dominate discussions (and vice versa). In other schools classes were kept mixed, with students saying they didn’t mind mixed classes as “we need to know what’s going on with them as well.” Some teachers capitalise on the strength of the mixed gender classes to address some gender issues in relation to mixed ethnicity, for example where students from some minority background (Muslim community) who are socialised differently and may not deal with topics on interacting between the sexes. This provides a key opportunity to hear, for example, female perceptions and feelings. Decisions about separating girls and boys for even part of the time also depend on the availability of teachers; in another school teachers explained there was not enough classroom space.

In Armenia there is no provision for separate sessions for boys and girls with a teacher of the same sex although many young people, particularly girls, reported that they would have favoured separate sessions for the more sensitive area and almost all teachers of the “healthy living” topic also expressed the need for separate sessions with a teacher of the same sex.

Similarly in Kenya in the mixed schools visited, boys and girls were rarely separated for LSE classes, except for the occasional topic. In one primary school, based in an Islamic community, this was particularly noted, with both male and female students stating that they would prefer to be separated for this class.

In Malawi, teachers and students confirmed LSE classes were always mixed in primary and secondary and that boys and girls were never addressed differently for LSE (with the exception maybe of some group work). Teachers reported feeling at ease about addressing both sexes simultaneously and students, in particular at secondary school, and confirmed liking the approach which is an opportunity to better understand the opposite sex. The extent to which this setting may intimidate some learners who want to ask specific questions is not clear.

The lack of gender-specific provision of LSE in most countries may, therefore, provide a unique opportunity for boys and girls to get insights into each others’ feelings and perceptions, but it might also inhibit in-depth discussions on specific topics. The evaluation did not find any example of flexible or modular LSE structures or delivery that could accommodate and balance these two different needs. Furthermore, there were no instances in the country case studies of systematic needs assessment with gender audits being undertaken in preparation for any of the LSE programmes, which would have been an opportunity to consult young people.

5.2.6 Resources reach all points of delivery

Table 19: Comparison of the case study countries against indicators for coverage: resources reach all points of delivery

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Indicator</th>
<th>Country</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resources reach all points of delivery</td>
<td>Equitable allocation of resources, including teachers, across the target area.</td>
<td>Armenia</td>
</tr>
<tr>
<td></td>
<td></td>
<td>✦✦</td>
</tr>
<tr>
<td>Resources allow intended LSE delivery</td>
<td></td>
<td>✦</td>
</tr>
</tbody>
</table>

Provision of human resources for LSE reflects patterns in the wider education sector: in rural areas, there are likely to be lower rates of enrolment and completion, higher rates of over-age children and a higher chance of teacher shortages. In Malawi, it was noted that children in rural areas are less likely to be exposed to LSE teaching because of the teacher shortage, whilst in Myanmar, it was noted that urban areas have larger classes, making participatory teaching methods more challenging. In Kenya rural schools appear to benefit less from training initiatives.
There is evidence that though coverage indicators are high at national level, the coverage is not as high as the policy and curriculum documents may imply. The modality by which LSE is taught in formal schools varies enormously: 16 of the countries in the document review use a stand-alone curriculum, against 26 countries where it is infused into the curriculum and 20 where it is taught through co-curricula (there is some overlap: many countries use more than one modality to teach LSE). In all seven case study countries LSE is now a formal, compulsory part of the national curriculum at primary level, either through a specific stand alone subject (as in Malawi and Barbados) or integrated into other subjects (such as PE in Armenia and Jordan).

The amount of time dedicated to LSE in each of these contexts is variable, from at least three forty-minute periods per week in primary schools in Malawi, and one or two forty-minute HFLE sessions per week in primary schools in Barbados, to a one-hour session per week in Kenya, and an unspecified allocation within PE classes in Jordan (see Table 20). In Mozambique the LSE model integrates LSE across the curriculum; this means it is very difficult to ascertain what is being taught, by whom, and how often and there is no mechanism in place to monitor the uptake of LSE within schools, although the extra-curricular activities of SAP are reported in activistas’ quarterly reports. Plans are in place to improve this situation through the inclusion of LSE in pre-service teacher training programmes and the development of supervision and monitoring guidelines for LSE within schools, although the effectiveness of these will depend to a very large degree on the existing capacities of the school supervision system.

LSE lessons are often optional or displaced by higher priority subjects. In Namibia, for example, LSE is mandatory in the schools but optional for learners and in Zambia all schools should in theory be offering LSE as it is part of the national curriculum but the estimate is that only 60% of schools are implementing it.

In Eritrea, which has recognised LSE as key to HIV and AIDS prevention education, a recent programme evaluation indicates significant systematic problems with LSE being taught irregularly or not at all, by teachers who have not been trained, dropping off the curriculum when personnel is a challenge, and not being taught through the participatory methodologies which were intended. Issues that were identified across countries as influencing lower coverage rates include a lack of teacher and school time, the low priority placed on LSE in the curriculum by both teachers and students (with it rarely being a core, examinable subject), and a shortage of materials and trained teachers. The ethos and status of LSE in schools is threatened by such shortcomings in the absence of leadership within schools.

These findings were supported by the country case studies. In Malawi evidence from the school visits and stakeholder interviews indicates that the vast majority of primary schools were teaching LSE (except for some of the more remote schools with acute teacher shortages, or private schools outside the national curriculum). The decision to make LSE an examinable subject appears to have been a critical factor in enforcing uptake of the subject in primary schools. Anecdotal evidence also suggests that a similar rise in coverage is occurring at junior secondary level with its introduction as an examinable subject, whilst coverage remains relatively low in the upper secondary level where LSE is optional for learners.

In Barbados, HFLE has widespread coverage in primary and secondary schools, and there are also examples of additional integration of LSE topics into other school subjects or extra-curricular initiatives. However, it was noted that HFLE classes were particularly susceptible to cancellation or displacement; one secondary teacher commented that she had only managed to take two of the eleven HFLE classes in the previous term and another primary teacher noted that the two timetabled weekly classes of HFLE were rarely both taught. Issues that were indicated to contribute to this situation concerned insufficient teachers’ time, teachers’ discomfort in teaching some of the HFLE topics, and a lack of dedicated HFLE teaching rooms (with some lessons taking place in offices or other inappropriate spaces) but also the tendency for the school to “drop” HFLE classes for other activities (e.g. extended assemblies, sports, tests etc.).

The displacement or cancellation of LSE is a more significant issue in both Kenya and Jordan. The level of LSE teaching in primary schools in Kenya appears to be largely dependent on the individual teacher. Some teachers commented that they preferred to use the LSE lesson time to catch up on the syllabus for examinable subjects, as this would help to improve the mean score at examinations; others choose not to teach it if they have not been trained or it makes them feel uncomfortable. In one school LSE was not even timetabled as a stand-alone subject, whilst in another the Standard 8 students were not receiving LSE lessons due to exam pressures.
In Jordan, LSE elements were designed in such a way that teachers could choose those that were most relevant for their students and with LSE being integrated into PE classes, anecdotal evidence suggests that some teachers wanted to preserve time for play for their students rather than address LSE topics in these classes. The extent to which LSE topics are covered, then, may be extremely variable between schools and teachers. Furthermore, PE has a relatively low status among other subjects, and tends to be the first class to be cut during times when teachers or administrators need to find time to address other needs.

Table 20: Curriculum modality and allocated time for formal school-based LSE, case study countries

<table>
<thead>
<tr>
<th>Country</th>
<th>Modality</th>
<th>Time allocated to LSE</th>
<th>Issues around curriculum time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Armenia</td>
<td>Integrated into the curriculum (PE) since 2008. Previously stand alone subject with small number of pilot schools. Non-examinable.</td>
<td>Between 30 minutes and 1 hour a week</td>
<td>Loss of sports time (LSE is integrated into PE). Teacher self-censorship: omitting sensitive aspects of the curriculum.</td>
</tr>
<tr>
<td>Barbados</td>
<td>Stand-alone subject as part of core curriculum. Some additional elements integrated into other subjects (particularly at primary level). Non-examinable.</td>
<td>One 40 minute lesson per week (some schools 2 lessons / week).</td>
<td>HFLE classes are especially susceptible to cancellation or displacement. Some students liable to miss the class because they don’t see its relevance.</td>
</tr>
<tr>
<td>Jordan</td>
<td>Integrated into PE and PVE curriculum. Non-examinable</td>
<td>Estimated 10-25 minutes in 45 minute PE lesson (once per week).</td>
<td>Teachers ‘pick and choose’ lessons - may not cover foundational learning. PE lessons have a low status: likely to be displaced for higher priority curriculum areas. Loss of students’ “play time”.</td>
</tr>
<tr>
<td>Kenya</td>
<td>Stand-alone subject, compulsory, non-examined, some extra-curricular activities. Some integration of LSE aspects into other subjects.</td>
<td>Scheduled for one hour a week.</td>
<td>Teachers often use time to teach higher priority, examinable subjects – the results of which they and the students are judged on. Some teachers avoid teaching it if untrained or feel uncomfortable with the content.</td>
</tr>
<tr>
<td>Malawi</td>
<td>Stand alone, examinable subject. Compulsory at primary and junior secondary, optional in senior secondary. Optional extracurricular activities.</td>
<td>40 minutes: usually 5-6 periods per week in primary grades 4, 5, 6; 2-3 periods in secondary.</td>
<td>Appears to be taught for the times allocated, as designed.</td>
</tr>
<tr>
<td>Mozambique</td>
<td>LSE is integrated across the curriculum in primary: but there are no specific curriculum standards and non-examinable. Extracurricular school programme, delivered by activistas (from PLHIV Associations).</td>
<td>Integrated: unknown, as across various subjects. Extra-curricular: 40 minutes, twice weekly.</td>
<td>Extracurricular: when sessions take place may depend on the availability of the activistas, rather than school timetabling. Challenge of monitoring time spent on life skills content in integrated teaching.</td>
</tr>
<tr>
<td>Myanmar</td>
<td>Primary school: integrated in social studies (core subject); Secondary: compulsory co-curricular, currently rolling out to full national coverage (by 2015). Non-examinable</td>
<td>Primary: 35 minutes taught 2-3 times a week.</td>
<td>Focus on compulsory subjects that require examination.</td>
</tr>
</tbody>
</table>

Further discussion about the provisions of teaching and learning materials, human capacity and curriculum time are presented in 5.3 below.
5.2.7 Issues and conclusions: coverage

**Reaching all children**

LSE has become a national level formal school provision and it is a major achievement to liberate curriculum space against competing demands. However, there is evidence of LSE being “squeezed out” by examinations subjects, or being offered in a diluted form because teachers lack confidence, support and capacity.

There is little evidence that the acquisition of psycho-social skills through LSE is perceived as integral to learning and achievement.

National school systems may not be the best way to target young people at most risk, self-evidently if they are out-of-school. Provision for such children in the non-formal sector, outside national planning and targeting mechanisms, is *ad hoc* and with inadequate assurance of quality.

**Marginalised children**

LSE within the national formal system is only as effective as that system in reaching marginalised children. Where there is low secondary enrolment many older children and adolescents will miss LSE at a time when it is particularly relevant to their lives: marginalised groups are less likely to attend secondary schooling. Non-formal provision reaches some groups of marginalised children, but with *ad hoc* coverage.

The lack of access to LSE is a critical issue: marginalised groups are, by definition, more vulnerable to risky environments and behaviours, and therefore the importance of the knowledge and tools of LSE is raised.

**An age-related curriculum**

Most countries have developed a spiral and age-related curriculum for LSE, particularly in respect to the thematic content. Age related approaches to psycho-social skills tend to identify personal skills that serve thematic areas rather than children’s and adolescents’ psychology. In many countries age differences conspire with individual differences so that any class is likely to include children at very different levels of maturity.

Many countries introduce LSE in primary schools to reach more students before they reach adolescence: increasing secondary enrolment allows a more age-appropriate curriculum relevant to maturing students.

There is little explicitly identified LSE programming within ECCE, yet psycho-social skills are developed young and a main stated purpose of ECCE is to help children develop personally and socially.

**Gender**

Boys and girls are equally included in LSE coverage. Gender-aware assessment of needs, gender-aware understanding of psycho-social health and skills and gendered provision is not common. SRH and the challenges of adolescence are so central to LSE, which suggests the need for gender-aware design and delivery.

**Inclusivity**

LSE has provided a means to develop respect in relation to others and there is evidence of boys’ increasing respect for girls, and some of attitude change towards people with disabilities and people living with HIV. LSE can contribute to a culture of inclusion.

SRH is often a core concern of LSE, so challenging stereotypes and developing respectful and empathetic relationships between the sexes has a high priority. LSE seems more focussed and successful in addressing femininities than masculinities. In some cases LSE may benefit from the option of working in single sex groups, with a teacher of the same sex: students expressed this preference.

Too rarely does LSE address the specific needs of, or develop positive attitudes towards, people with different sexual orientations.
5.3 Efficiency

Key question: Is LSE delivered in ways that make good use of resources to deliver and maintain quality learning?

Through the efficiency of LSE, the study aims to assess whether life skills education programs are planned and implemented in ways that are coherent and recommended for effectiveness. The DAC Principles for Evaluation of Development Assistance suggest the following criterion for assessing programme efficiency: efficiency measures the outputs - qualitative and quantitative - in relation to the inputs.

This section is presented according to the following criteria, as specified under the efficiency section in the evaluation framework (Annex 2):

- LSE intervention makes good use of available resources;
- Resources have been adequate;
- LSE is of acceptable quality for the resources provided;
- LSE interventions are complementary and coordinated.

Summary of findings: efficiency

- There is wide variation in the priority given to LSE resources. Resource constraints were cited by respondents as the most limiting factor to successful implementation across the countries reviewed.
- In some countries materials exist but there is a problem of distribution, and school visits revealed that resources do not reach all intended points of delivery.
- Resources that are often available and of high quality during project-supported initial phases/pilots are difficult to sustain on scaling up.
- There is a particular challenge in developing human resources for LSE – both of identifying suitable teachers and of identifying and developing the necessary professional and personal qualities for effective LSE delivery.
- There is a strong demand for additional teacher training and support, but there is limited evidence of approaches to teachers’ engagement and professional development that effectively address the specific demands of LSE delivery beyond knowledge content.
- Effective LSE delivery is commonly seen as dependent on the introduction of participatory teaching and learning methodologies, but significant challenges exist to the implementation of such methodologies in the context of resource constrained systems and more traditional didactic modes of delivery.
- UNICEF support has played an important part in resource development, particularly in the supply and distribution of material, and in teacher training.
- The development and use of standards and benchmarks in LSE programmes appears to be very limited, and most evaluations tend to focus on tangible outputs rather than outcomes. There is no evidence of inspection or supervision materials and guidelines for LSE in any of the country documentation received.
- Many countries have introduced national steering committees or advisory groups to strengthen LSE coordination, but it is often unclear whether these coordinating bodies are largely just forums for operational harmonisation or whether they have the capacity and capability to provide detailed input and guidance on LSE design and implementation.
- There are few structures or systems to ensure the coordination and complementarity of non-formal LSE interventions across the non-formal sector or with formal education programmes.
5.3.1 LSE intervention makes good use of available resources, and resources have been adequate

Table 21: Comparison of the case study countries against indicators for efficiency: LSE intervention makes good use of available resources, and resources have been adequate

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Indicator</th>
<th>Armenia</th>
<th>Barbados</th>
<th>Jordan</th>
<th>Kenya</th>
<th>Malawi</th>
<th>Mozambique</th>
<th>Myanmar</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>The LSE intervention makes good use of available resources.</td>
<td>LSE intervention has reached targets to plan, in timely manner.</td>
<td>♦♦♦</td>
<td>♦♦</td>
<td>♦♦</td>
<td>♦♦♦</td>
<td>♦♦♦</td>
<td>♦♦♦</td>
</tr>
<tr>
<td></td>
<td>Necessary resources for the LSE have been provided: including personnel, material, professional development</td>
<td>♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦</td>
<td>♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦</td>
<td>♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Resourcing has been transparent and within reasonable limit</td>
<td>♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦</td>
<td>♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦</td>
<td>♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resources have been adequate</td>
<td>Resources have been distributed as intended</td>
<td>♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦</td>
<td>♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦</td>
<td>♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>LSE schools/centres have resources to deliver</td>
<td>♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦</td>
<td>♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦</td>
<td>♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

In many countries, the education sector is resource constrained across the board, in terms of teachers, teaching and learning materials, curriculum time, class sizes etc. Given this background, there is a wide variation in the priority given to LSE resources. Resource constraints were cited by respondents as the most limiting factor to successful implementation across the countries in the document review.

Teaching and learning materials

In some countries, materials exist but there is a problem in distribution, and school visits revealed that resources do not reach all points of delivery as they are intended. In Mozambique, the Basic Package Programme (‘Pacote Basico’) supplies school kits for HIV, a resource of educational materials and activities for use in intra- and extra-curricula activities in primary, which is also expected to train teachers in life skills teaching methodologies. However, schools visited during the case study commonly reported that they had not received them, or had insufficient or incomplete kits. In one province it was reported that the distribution system had failed to take into account new schools recently constructed and kits had therefore been split up to provide some materials to these new schools, compounding the issue of adequate resource availability for some schools.

In Kenya, the book to pupil ratio should be 1:2 according to Free Primary Education practice; however, in many of the schools visited, pupils do not have LSE activity books and rely on notes from their teachers, and in some cases primary and secondary school teachers had neither the LSE syllabus nor the teacher’s handbooks and had to rely on their own personal resources.

There is evidence that resources are often available and of high quality during project-supported initial phases or pilots, but are difficult to sustain on scaling up. In Armenia, the initial stand-alone project had many attributes of a development or pilot project including the level of resources considered necessary to facilitate and to encourage the intended changes in teaching practice. This included careful selection of appropriate and willing teachers, extensive training and support for these teachers, improved classroom spaces, adequate printing of classroom and teacher materials. The resourcing for this period, which was supported by UNICEF.
with external technical assistance, professional development/training, and printing of classroom and teacher materials, was consistent with the wider aim of establishing and demonstrating a successful innovation in both methodology and content within an extremely traditional educational context. Since the integration into national systems, the available resourcing has been proportionately less to meet national coverage: there is no longer available the range of different types of classroom materials, and there is evidence of the sort of resource constraints that affect much of the education system.

Table 22: Efficiency of teaching and learning materials, case study countries

<table>
<thead>
<tr>
<th>Country</th>
<th>Materials available</th>
<th>Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Armenia</td>
<td>Pilot project produced high quality materials. Several stakeholders argue that the new textbooks for integrated curriculum do not capture the lessons learned from the stand-alone work. Age appropriateness of sex and sexuality content for 13-14 year olds questioned by some.</td>
<td>Textbooks are published and distributed through national education system, but the allocation and availability in schools is varied. High-quality materials from previous pilot project highly desirable in schools, but very limited numbers available.</td>
</tr>
<tr>
<td>Barbados</td>
<td>Materials produced by UNICEF are of good quality, attractive, appropriate, promote learner-centred interaction. Good quality commercial material is being produced at regional level.</td>
<td>Student workbooks are generally not available in schools; tend to rely on print offs/photocopies.</td>
</tr>
<tr>
<td>Jordan</td>
<td>For PE, a separate Activities Manual based on LSBE developed. The PVE subject has LSBE activities integrated within the core teacher manuals as well as the pupil textbooks. Textbooks have been reviewed and revised to good quality standards.</td>
<td>A recent study found that 82% of teachers had received LSBE Activities Manual for PE, but no UNRWA schools reported receiving them.</td>
</tr>
<tr>
<td>Kenya</td>
<td>UNICEF supported design. Participatory activities in designing materials to ensure appropriateness. Good quality materials produced with UNICEF support.</td>
<td>Low textbook:pupil ratio, despite the 1:2 ratio policy: often pupils rely only on notes from teachers. In some primary and secondary schools visited, teachers neither had the LSE syllabus nor the teacher’s handbooks.</td>
</tr>
<tr>
<td>Malawi</td>
<td>Stakeholder participation in the development of curriculum and textbooks for LSE. Textbooks regularly reviewed and updated and are of good quality. LSBE jargon in textbooks criticised.</td>
<td>Official EMIS data records significant improvements in student:textbook ratios for LSE since 2005 to 1:2 or 1:1. However schools visited reported ratios of 1:8 and some secondary schools reported having no textbooks except for one for the teacher.</td>
</tr>
<tr>
<td>Mozambique</td>
<td>In formal school curriculum, HIV prevention content been integrated into materials, but does not appear to be a spiral curriculum and knowledge focussed subject. Basic package (Pacote Basico) of materials developed for intra- and extra-curricular LSBE activities in primary schools</td>
<td>Significant shortage of Pacote Basico materials in schools. Some schools receiving incomplete sets of the materials. Lack of textbooks a sector-wide problem.</td>
</tr>
<tr>
<td>Myanmar</td>
<td>Teaching/learning materials have been developed for primary and secondary education and are of high quality. UNICEF inputs on textbooks etc are being progressively replaced by MoE inputs.</td>
<td>The use of resources/supplies has been carefully monitored during the most recent UNICEF Education Programme. There appears to be little scope for misuse or supply of unnecessary items.</td>
</tr>
</tbody>
</table>

Teacher selection and training

Few references were found in the review of documents as to how LSE teachers are identified, in terms of the types of expertise and experience they need. Again, the two distinctive phases in the Armenia highlight challenges around teacher identification. Teachers in the stand-alone project were actively chosen by external
consultants, selected by supportive attitudes towards educational change and relevant personal skills to teach LSE using active methodology. For the national roll-out of the integrated subject, all schools were required to identify two teachers, and, as the new curriculum maps the main modules of LSE into the PE time allocation, principals offer LSE teaching to PE teachers in nearly all cases – even where other subject teachers had been selected and trained during the stand-alone project. There has been no guidance to principals on the personal characteristics that might be appropriate for the LSE teaching, although some principals acknowledged their importance.

Similarly, school visits in Kenya confirmed that teachers in charge of LSE are often selected because they have the lowest work load, regardless of their qualifications, experience or training on the subject.

The extra-curricular SAP in Mozambique relies on activistas (volunteers) to run the sessions. Activistas are selected by associations of people living with HIV to promote healthy behaviour and prevent the transmission of STIs and HIV through extra-curricular activities with school students. The activistas are provided with training and support that equips them with practical knowledge and participatory methods, and increased capacity to plan, implement, monitor and evaluate actions for the prevention of STIs and HIV, whilst promoting positive attitudes and reducing stigma. Activistas’ schedules of activities within schools are supposed to be developed jointly with the local education authorities and the directors of schools, but in practice the use of activistas is not always effective; schools visited during the case study reported either irregular attendance by activistas to schools, or arrival during school teaching hours, with a lack of coordination and collaboration with directors and teachers of schools reported in a number of cases. That they are not trained teachers can also be seen as a challenge.

Providing in-service training to existing teachers is a high cost and timely exercise. Cascade training is a common way of ensuring wide teacher training coverage for a low cost. In Kenya, the KIE trained LSE master trainers who went out to train teachers at the provincial level. In Malawi, UNICEF and other partners supported a similar cascade model, and in Mozambique the strategy is to train one teacher for every 4 teachers, who are then supposed to replicate their training at school level.

However, a number of evaluations have highlighted the limitations of cascade training for LSE with a loss of knowledge on technical topics such as HIV, and also loss in confidence and flexibility of trainers at the bottom of the chain to engage in the challenges of teaching LSE in schools. Although this cascade training programme was expanded in Malawi as it provides a cost-effective approach, it has increasingly been replaced by pre-service training on LSE, which is now a compulsory subject for trainee teachers. Similarly in Mozambique, the plans are in place to pilot the introduction of LSE elements (particularly around HIV prevention) into pre-service teacher training from 2012 to replace the cascade training model. In Kenya, due to lack of funds, the cascade training process stalled and less than half the intended amount of teachers (who would become master trainers in their school) have been trained. In Myanmar, a conscious decision was made to move away from traditional cascade models of training and instead a permanent core team was established, which was seen as critical to ensuring high quality training in the first instance, and to reinforcing quality over time.

Pre-service training on LSE is a way of ensuring sustainability and increased coverage in a more cost effective way. UNICEF has shifted its support from in-service to pre-service training in Malawi for this reason, and to date all teacher training colleges provide LSE as a learning area in primary teacher pre-service training. In Myanmar LSE has been introduced in the 20 education colleges and two institutes of education as a component of pre-service teacher training and an after-hours peer education programme was put in place to increase the effectiveness of training.

There is a strong demand for additional teacher training, but there is limited evidence of approaches to teachers’ engagement and professional development that address the specific demands of LSE. The inadequacy of the modalities and content of teacher training is a common criticism, suggesting that training is missing key aspects for teachers to aid delivery, or that there are teachers enrolled into LSE who are unsuitable candidates. Where psycho-social support for students goes alongside the LSE intervention, for example, the necessary support and qualifications for this are difficult to provide. In Zimbabwe, participatory approaches and child-centred learning are encouraged in pre-service training, but teachers continue to report insufficient confidence and knowledge to implement in the classroom, particularly around counselling, participatory methodologies and gender-sensitive issues.
A promising example of thorough training is evident in the East Caribbean, where UNICEF has worked closely with CARICOM, the University of the West Indies and national teacher training colleges, to develop teacher training curricula for the region with the intention of standardising the quality of LSE teachers, their level of thematic knowledge and their pedagogical approach. In Barbados, UNICEF and the MES organise high quality professional development and in-service training through regular meetings and workshops for Guidance Counsellors as well as the one-year (part-time) certificate course in HFLE at University of the West Indies Open Campus. However, training opportunities are not available for all HFLE teachers, particularly those teaching HFLE part-time in addition to their normal subject or class teaching duties, and there is some inequity apparent within and between schools in who receives support to access this training.

The challenge of introducing or encouraging a new or unconventional method of teaching is present in many countries, and until such participatory methodologies are firmly entrenched within the teaching profession, LSE will struggle. In Myanmar, the SHAPE was introduced in the late 1990s (which has now evolved into the Primary School LSE curriculum). As school teachers were unfamiliar with participatory teaching approaches, the teacher’s guide was developed in such a way as to enable the teacher to learn how to teach while using the guidebook. The activities in the teacher’s guide are aimed at improving critical thinking, questioning skills, and providing an opportunity for discussion - a significant change from the rote-learning model being used in classrooms throughout Myanmar. Supervision and inspection systems are critical in supporting such shifts in teaching approaches, but in many cases LSE has not been explicitly integrated into existing supervision and inspection frameworks, or where it has, it suffers from wider systemic capacity issues that supervision and inspection systems face such as poorly trained and inadequate staffing, limited mobility and accessibility to all schools and poor reporting and follow-up systems.

**Table 23: Efficiency of teacher deployment, case study countries**

<table>
<thead>
<tr>
<th>Country</th>
<th>Selection</th>
<th>Training</th>
<th>Supervision and inspection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Armenia</td>
<td>No guidance on teacher selection, usually PE teachers deliver LSE (though other teachers may be trained and have gained experience in stand-alone project).</td>
<td>Since integration of LSE, training through residential workshops; insufficient resource to conduct these on a national scale. No pre-service LSE-specific training.</td>
<td>Absence of any internal and external supervision or inspection for LSE. Inspection procedures focus on financial and operational matters</td>
</tr>
<tr>
<td>Barbados</td>
<td>HFLE certification for teachers at secondary level – but often not enough teachers have this in a school and other teachers (not HFLE-specialists) fill-in as part-time HFLE teachers. In primary schools most teachers are responsible for delivery of HFLE.</td>
<td>Ongoing training for guidance counsellors. One-year part-time (in-service) HFLE Certificate, but inequity of access to this; many HFLE teachers (especially part-time) not had training. Little training on HFLE for primary school teachers.</td>
<td>There is no comprehensive inspection or supervision of HFLE teaching. Single national HFLE Coordinator who undertakes support visits to schools when time allows</td>
</tr>
<tr>
<td>Jordan</td>
<td>Integrated into carrier subjects – so PE and PVE teachers teach LSE.</td>
<td>In-service training led by LSBE Core Team; 66% of teachers in public schools received in-service training in 2009 survey (MoE report 100%). Plans for pre-service being discussed.</td>
<td>PVE and PE supervisors trained on LSBE; some evidence of implementation by some supervisors, but inconsistent. Ongoing discussion on potential assessment methods for LSBE.</td>
</tr>
<tr>
<td>Kenya</td>
<td>No specific selection procedure in place; some teachers selected because they have lowest work load, regardless of qualifications, experience or training.</td>
<td>Cascade training approach since 2008/9 with target of 30,000 teachers trained - only 10,000 so far and high turnover amongst trained teachers. Some training offered by NGOs and other partners. No pre-service training.</td>
<td>No regular external inspection and supervision for LSE; however, some internal systems in urban schools.</td>
</tr>
</tbody>
</table>
Chapter 5: Findings

<table>
<thead>
<tr>
<th>Country</th>
<th>Selection</th>
<th>Training</th>
<th>Supervision and inspection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Malawi</td>
<td>Identification of teachers for LSE uses established criteria: in primary school teachers all teach LSE; in secondary, social science or religious education teachers tend to be selected</td>
<td>Initially through cascade training. Ongoing in-service training of secondary school LSE teachers. Now shift to pre-service training; all primary teacher training colleges offer LSE but not part of secondary school pre-service training (except Domasi College). Many teachers still inadequately trained.</td>
<td>LSE is included in the inspection framework as any other subject.</td>
</tr>
<tr>
<td>Mozambique</td>
<td>SAP relies on ‘volunteer’ activistas from PLHIV associations to run the sessions. The in-school programme is integrated across various subjects and teachers.</td>
<td>Systemic issue of inadequate general teacher training. LSE training not integrated in pre-service course (planned for 2012); in-service training through Pacote Basico using cascade model – target of one teacher trained for every four teachers.</td>
<td>Sector-wide inadequacies in supervision and inspection; no LSE-specific supervision. Guidelines for school club but no monitoring of their implementation and appear to be poorly followed.</td>
</tr>
<tr>
<td>Myanmar</td>
<td>Formal: all teachers as taught across subjects. Out-of-school programme: NGOs select facilitators.</td>
<td>Establishment of a permanent core team. By 2010 70% of primary school teachers had been trained. Also incorporated into pre-service teacher training.</td>
<td>Operational guidelines are in place. Availability of support and supervision appears to be very limited. In EXCEL programme, NGOs supervise facilitators.</td>
</tr>
</tbody>
</table>

5.3.2 LSE is of acceptable quality for the resources provided

Table 24: Comparison of the case study countries against indicators for efficiency: LSE is of acceptable quality for the resources provided

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Indicator</th>
<th>Armenia</th>
<th>Barbados</th>
<th>Jordan</th>
<th>Kenya</th>
<th>Malawi</th>
<th>Mozambique</th>
<th>Myanmar</th>
</tr>
</thead>
<tbody>
<tr>
<td>LSE is of acceptable quality for the resources provided</td>
<td>Implementation standards and benchmarks are in place and being used</td>
<td>♦♦</td>
<td>♦♦</td>
<td>♦</td>
<td>♦♦</td>
<td>♦</td>
<td>♦♦</td>
<td>♦</td>
</tr>
<tr>
<td>There is inspection/supervision of LSE according to the standards</td>
<td></td>
<td>♦</td>
<td>♦</td>
<td>♦</td>
<td>♦♦</td>
<td>♦</td>
<td>♦♦</td>
<td>♦</td>
</tr>
</tbody>
</table>

The document review found little evidence of efficiency in the countries reviewed, and it has generally not been an aspect which has been considered. The development and use of standards and benchmarks in LSE programmes appear to be very limited, and most evaluations tend to focus on tangible outputs (numbers of people trained, materials printed etc.). Case studies further highlighted the lack of benchmarks, standards or indicators by which to measure progress, or evidence that monitoring of quality or evaluation of outcomes was taking place.

There is no evidence of inspection or supervision materials and guidelines for LSE in any of the country documentation received. Only in South Africa was evidence found that teachers and facilitators are assessed in their delivery of LSE and in only eleven countries was there evidence that LSE is part of a supervisory system.
The case studies found significant challenges to effective supervision in the education system generally, and in regard to LSE they are not mandated to assess quality or delivery. In Armenia, for example, the inspection and supervision procedures maintain their traditional focus on compliance particularly in financial and operational matters.

In Jordan, national interviews suggested that some PE supervisors have incorporated LSBE-related criteria in their reports, which have been accredited by the MoE, but it is unclear how this might be rolled out.

In Malawi, LSE is included in the inspection framework as any other subject, and in Mozambique plans are in place to develop LSE supervision and monitoring guidelines but their implementation will face existing capacity constraints within the wider supervision system. The MoE has also established standards for school clubs including SAP but it is too early to say how useful these are in terms of supporting good quality school club practices. Much will depend on the quality of school leadership in taking this forward successfully.

5.3.3 LSE interventions are complementary and coordinated

Table 25: Comparison of the case study countries against indicators for efficiency: LSE interventions are complementary and coordinated

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Indicator</th>
<th>Armenia</th>
<th>Barbados</th>
<th>Jordan</th>
<th>Kenya</th>
<th>Malawi</th>
<th>Mozambique</th>
<th>Myanmar</th>
</tr>
</thead>
<tbody>
<tr>
<td>LSE interventions are complementary and coordinated</td>
<td>LSE interventions are complementary and coordinated</td>
<td>♦️ ♦️</td>
<td>♦️♦️</td>
<td>♦️</td>
<td>♦️♦️</td>
<td>♦️♦️</td>
<td>♦️♦️</td>
<td>♦️♦️</td>
</tr>
<tr>
<td>There is an effective point of coordination for LSE thematic issues</td>
<td></td>
<td>♦️♦️</td>
<td>♦️♦️</td>
<td>♦️</td>
<td>♦️♦️</td>
<td>♦️♦️</td>
<td>♦️♦️</td>
<td>♦️♦️</td>
</tr>
<tr>
<td>The intervention develops partnerships with other actors, including local NGOs</td>
<td></td>
<td>♦️♦️</td>
<td>♦️♦️</td>
<td>♦️</td>
<td>♦️♦️</td>
<td>♦️♦️</td>
<td>♦️♦️</td>
<td>♦️♦️</td>
</tr>
<tr>
<td>The strengths of different partners/modalities are stated and reflected upon</td>
<td></td>
<td>♦️ ♦️ ♦️</td>
<td>♦️ ♦️ ♦️</td>
<td>♦️ ♦️ ♦️</td>
<td>♦️ ♦️ ♦️</td>
<td>♦️ ♦️ ♦️</td>
<td>♦️ ♦️ ♦️</td>
<td>♦️ ♦️ ♦️</td>
</tr>
<tr>
<td>The interventions take into account social norms in society</td>
<td></td>
<td>♦️ ♦️ ♦️</td>
<td>♦️ ♦️ ♦️</td>
<td>♦️ ♦️ ♦️</td>
<td>♦️ ♦️ ♦️</td>
<td>♦️ ♦️ ♦️</td>
<td>♦️ ♦️ ♦️</td>
<td>♦️ ♦️ ♦️</td>
</tr>
</tbody>
</table>

Coordination seeks to fit LSE into other educational activities and ensure complementarity and commonality across different interventions. Many countries have introduced national steering committees or advisory groups to strengthen LSE coordination, but the effectiveness of such mechanisms is variable and it is often unclear whether these coordinating bodies are largely just forums for operational harmonisation or whether they have the capacity and capability to provide leadership, input and guidance on LSE design and implementation.

Early efforts were made in Malawi to coordinate LSE interventions, and a National Steering Committee for LSE was set up while LSE was being integrated in the curriculum reform. However, the steering committee has become inactive and has not met for several years.

In Jordan, a Technical Team and a Core Team were set up to coordinate the design and implementation of LSE. The Technical Team comprised five members from the directorates of curriculum and textbooks, training and general education in addition to UNICEF and their role was to provide technical guidance and oversight to the
process of integration of LSBE into the curricula. The Core Team had 20-25 members, including supervisors from the field, PE and PVE teachers, and members of the MoE, and led the actual process of integration, including the elaboration of the LSBE framework, integration of LSBE within the carrier subjects selected and training of teacher and principals.

In Armenia, however, there is a systemic disconnect between pre-service provision at the pedagogical university and the in-service activities of the National Institute of Education which is a potential barrier to coordination and cooperation across institutions. There is no evidence that the Ministry or UNICEF has considered and addressed the institutional relationships between the concerned agencies and partners or their complementarities and need for coordination.

Cross-sector approaches between the education and health sector, or education and social services, exist at the national level in about half of the countries reviewed. In Barbados there are strong national level links between the HFLE Coordinator, HIV and AIDS Coordinator (MoE) and Youth Development Programme (Ministry of Family, Culture, Sports and Youth).

There seems to be little effort to ensure coordination and inclusion of groups outside the formal system. There is evidence of ad hoc cooperation between local NGOs, community-based organisations and health organisations at school level in Kenya and Barbados, but little formalised coordination at national level. With regard to HIV, there is a legitimate concern and responsibility of the government to ensure it protects children and that interventions from NGOs are legitimate and with approved content, both in and out of school. In Armenia, NGOs are expected to register with the MoE, allowing for authorisation and support. Similarly in Malawi, the Ministry now requires NGOs to submit their materials and activities in advance for approval, to minimise conflicting messages to students.

Coordination and complementarity between UN agencies is evident. In all countries UN agencies are engaged, with UNICEF, UNFPA and UNAIDS most often mentioned. UNICEF support normally aligns with UNDAF and in this area there is strong evidence of complementarity and using the strengths of different UN agencies. In Malawi and Mozambique, for example, the division of work between UNICEF (primary) and UNFPA (secondary) has been fruitful.

In the CARICOM states there is regional coordination, and UNICEF is a key partner in the HFLE regional group which consists of key partners and technical experts. Across the UN agencies involved overlap and complementarity is explicitly addressed; in sexuality education for example, UNESCO, UNICEF and UNFPA had all carried out consultations and met to look at how these, taken together, could provide a comprehensive approach – and which agency would take responsibility for which aspect.

5.3.4 Issues and conclusions: efficiency

**Teachers**

The main cost resource for LSE is teaching staff and their professional preparation.

LSE demands personal and professional attributes that are difficult to develop through existing systems of teacher selection and training: these include empathy with children, classroom management for collaborative learning, and understanding of children’s psychology and development. Sensitive thematic areas of LSE demand confidence, sound knowledge and sensitivity, and may make demands on LSE teachers, similar to a counselling role, which they are not equipped to provide.

Where there are systemic shortcomings in teacher management, qualification and professionalism, LSE is making huge demands. The selection, preparation and deployment of suitable teachers is a challenge for all systems, but the impact on LSE, which seeks to establish new teaching paradigms with new content, is a risk to efficiency, effectiveness and sustainability.

Professional development of teachers has relied on initial training courses, often of good quality and well resourced (in planning and materials etc.). However, too often critical elements required of LSE teachers are missing from this training (the development of their own psycho-social skills, the engagement with social
norms for example), and has lacked follow-up and institutionalised arrangements for ongoing monitoring and support.

LSE teachers have no professional “identity” as specialists with specific job-descriptions, and their training and experience with LSE has not been formally recognised in career development. This risks reducing the status of LSE and losing them to LSE if they move schools or simply decide to revert to their original subject (and may not be replaced in the LSE programme).

**Resources: materials**

UNICEF has often contributed to initial input of material resources, within pilots and to support training. Sustaining resource provision is problematic especially where original resources have been expensively produced. There is no consensus as to how much material resource is needed: some implementations provided a wide range of games and activities to stimulate students in the pilot phase, which proved financially unsustainable: others rely simply on a teacher’s guides.

Children need access to honest information and may better engage with sensitive subjects through age appropriate reference books, which could be more efficient.

**Acceptable outputs for the resources**

The outcomes of LSE are variable, and there is no basis to assess the efficiency of implementation.

Children are benefiting from LSE, developing psycho-social skills and acquiring useful knowledge. The relative importance of each element in influencing attitudinal and behaviour change is not clear.

Different curriculum modalities and approaches offer some gains in reducing the cost of resourcing: LSE teaching is spread across the existing teaching force and subject knowledge can be integrated within existing texts. However, the impact of curriculum modalities on the development of psycho-social skills is unclear.

**Coordination and complementarity**

Within the UN system coordination and complementarity between UN agencies in individual countries seems to have been effective and useful (particularly between UNICEF and UNFPA), and UNICEF has been instrumental in developing stronger national coordination mechanisms for LSE alongside Ministries of Education and other partners to improve the efficiency of formal school inputs into LSE. There are, however, significant gaps when one moves beyond the formal school setting. In the context of the broad array of aims and objectives that can be incorporated under the concept of LSE, and given that non-formal interventions are often, by their nature, smaller scale, more flexible and able to target specific groups, the LSE non-formal sector is highly fragmented. Whilst some attempts are being made to map this landscape (an important first step), there is a significant need for coordination mechanisms to be developed that can maximise the complementarities and efficient use of resources between non-formal interventions, and provide a more consistent and holistic approach to life skills across both formal and non-formal sectors.
5.4 Effectiveness

Key question: Is LSE delivering the intended outcomes and impacts for learners?

Effectiveness focuses on whether programmes stipulate plausible and feasible pathways to achieving results as represented in the results framework and programme activities, and whether efforts are in place to monitor implementation and measure intended outcomes.

This section is presented according to the following criteria, as specified under the effectiveness section in the evaluation framework (Annex 2):

- LSE is delivered to quality standards (as per UNICEF 2010);
- LSE intervention logic is explicit and robust;
- There is a method and resources to monitor and to evaluate outcomes;
- LSE intended learning outcomes are clearly stated;
- LSE intended learning outcomes are substantially achieved;
- LSE behavioural outcomes are demonstrated in life outside school/centre.

Summary of findings: effectiveness

LSE is delivering significant individual changes and relevant knowledge, skills, and attitudes amongst learners, both in the thematic risk areas and psycho-social skills. However:

- There is a gap between quality standards in design and in implementation;
- In the design of LSE programmes there is a strong dependence on participatory and child-centred methods for effective delivery. Yet methodologies face significant challenges, for lack of training and support or constraints in the school and wider education system;
- Delivering topics that are considered sensitive makes new demands on teachers and requires significant training and support structures;
- There is little coordination of LSE with other initiatives (e.g. CFS) to improve methodological approaches;
- There is a lack of a clear and consistent definition of LSE, not only for consistency across countries but also within national documentation. In many countries the term has expanded to embrace a wide range of offerings that reflect new national priorities;
- There is little evidence of systematic monitoring and evaluation of LSE or of relevant indicators (particularly around attitudes and behaviours) being defined. There are no examples of LSE monitoring and evaluation linking to longitudinal surveys or to wider national statistics of, e.g., HIV prevalence;
- There is little formal or systematic evidence available on the achievement of attitudinal and behavioural outcomes, either in or out of school. Teachers’ and students’ perceptions and observations are often used to evidence changing attitudes especially in relationships, and parents’ comments on changing behaviours and attitudes are included in some cases;
- Little assessment is done beyond examinations in any country, so knowledge acquisition tends to dominate. Where evaluations are conducted most show an improvement in knowledge.
- Evidence suggests the following positive outcomes of LSE: improved knowledge about HIV and AIDS, particularly methods of transmission; changes in attitude towards marginalised groups; shift in perceptions and stereotypes about girls and boys; improvements in personal hygiene; reduction in peer pressures and societal influences on unhealthy behaviours; increased learner confidence; improved relationships with family; positive impact on teachers, particularly e.g. increased assertiveness and self confidence; increased participation; increased awareness of the environment and how to care for the world around them.
5.4.1 LSE is delivered to quality standards

Table 26: Comparison of the case study countries against indicators for effectiveness: LSE is delivered to quality standards

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Indicator</th>
<th>Armenia</th>
<th>Barbados</th>
<th>Jordan</th>
<th>Kenya</th>
<th>Malawi</th>
<th>Mozambique</th>
<th>Myanmar</th>
</tr>
</thead>
<tbody>
<tr>
<td>LSE is delivered to quality standards (as per UNICEF 2010)</td>
<td>All the quality standards can be seen in the implementation</td>
<td>✦✦</td>
<td>✦✦</td>
<td>✦</td>
<td>✦✦</td>
<td>✦</td>
<td>✦✦</td>
<td></td>
</tr>
</tbody>
</table>

Whilst the UNICEF 2010 Quality Standards for LSE were not explicitly used in any of the case study countries, aspects of the standards are evident in both the design and implementation of LSE programmes to varying extents (Table 27).

Table 27: UNICEF Quality Standards (2010), by case study country

<table>
<thead>
<tr>
<th>Standard 1: OUTCOMES: LS is needs based</th>
<th>Standard 2: ASSESSMENT: LS is results based</th>
<th>Standard 3: ACTIVITIES: LS learning is knowledge, attitudes and skills based</th>
<th>Standard 4: TEACHING: Teachers are trained on methods and psycho-social support</th>
<th>Standard 5: LEARNING ENVIRONMENTS: LSE is provided in protective/enabling learning environments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Armenia</td>
<td>Aligns with national priorities and policies. Some national consultation for pilot, none for integrated/ scaled up course. Considered relevant by learners, teachers, parents.</td>
<td>Outcomes are explicit in materials, and include attitudes and psycho-social skills as well as knowledge. No evaluation of learning, skills-acquisition or behaviour outcomes.</td>
<td>Interactive methods in design but limited in implementation. Spiral curriculum; age appropriate, though some concern over SRH content. Little ongoing M&amp;E. All mixed classes for all content.</td>
<td>No guidance for teacher selection. Limited in-service training; and no coordination with pre-service. Practices that contribute to psycho-social skills have not been explicated for teachers. Need for more training.</td>
</tr>
<tr>
<td>Barbados</td>
<td>Aligns with education and HIV policies. Situational assessments. Curriculum piloted, assessed and revised; considered relevant by learners, teachers, parents.</td>
<td>Attainment targets (primary level) set for each class and made clear to learners. No monitoring at secondary level, and assessment inconsistent.</td>
<td>Interactive methods in design and implementation. Age appropriate curriculum. Classes mixed except for lessons on puberty. M&amp;E limited.</td>
<td>High quality in-service training designed, but not available to all LSE teachers. Challenges of teaching SRH module without appropriate training.</td>
</tr>
</tbody>
</table>
## Chapter 5: Findings

<table>
<thead>
<tr>
<th>Standard 1: OUTCOMES: LS is needs based</th>
<th>Standard 2: ASSESSMENT: LS is results based</th>
<th>Standard 3: ACTIVITIES: LS learning is knowledge, attitudes and skills based</th>
<th>Standard 4: TEACHING: Teachers are trained on methods and psycho-social support</th>
<th>Standard 5: LEARNING ENVIRONMENTS: LSE is provided in protective/enabling learning environments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jordan</td>
<td>Integrated into education system. Wide consultations and material piloting with learners at development stage. Considered relevant by teachers.</td>
<td>Outcomes clearly stated. Performance rubric and checklists to measure behaviour, but inconsistently applied; no test/exam.</td>
<td>Interactive methods used in design and implementation; but systematic information limited. Curriculum is age appropriate. Girls benefit from active learning methods. M&amp;E inconsistent</td>
<td>In-service training of teachers, principals, supervisors (though not 100%), to help ensure active learning methods. Evidence of applying methods learnt in training.</td>
</tr>
<tr>
<td>Kenya</td>
<td>Aligns with national goals, response to 2008 crisis. No evidence of learner voice in design. Curriculum considered relevant by learners, teachers, parents.</td>
<td>Outcomes are clearly stated in the syllabus and made known to students. Not examined, no outcomes measurement.</td>
<td>Challenge in using non-traditional teaching methods. Incremental learning: curriculum not appropriate for overage learners. Genders rarely separated. No M&amp;E</td>
<td>Cascade training – low coverage in training of trainers phase. Problems of high staff turnover/ non-attendance. No pre-service training.</td>
</tr>
<tr>
<td>Mozambique</td>
<td>Aligns with HIV and AIDS priorities. Little involvement of learners/ teachers in design, though some school directors are engaged.</td>
<td>Intended outcomes not clearly specified. Little guidance on content - extremely broad content in extra-curricular. Lack of assessment.</td>
<td>Pedagogy tends to be didactic rather than participatory. Curriculum not appropriate for overage students. Gender issues in class not being addressed.</td>
<td>Lack of coordination between teachers and activists. Low numbers trained on LSE. No standards or monitoring of training quality.</td>
</tr>
<tr>
<td>Myanmar</td>
<td>Aligns with EFA goals and other national priorities. Long process of curriculum development, including learner participation. Considered relevant by beneficiaries.</td>
<td>Objectives are clearly stated. Weak logic model in in-school programme, stronger for out-of-school programme. Assessment at school level tests knowledge only.</td>
<td>Systems in place to guide participatory methodology; teacher capacity challenges remain. Age appropriate curriculum. Gender-sensitive teaching methodologies.</td>
<td>Through in-service cascade training, and recently pre-service teacher training component. Materials seek to address challenges in new teaching methods.</td>
</tr>
</tbody>
</table>
The UNICEF 2010 standards advocate teaching activities which “make use of participatory and skills-based methods allowing sufficient opportunities to practice skills development”\textsuperscript{172}, and this reliance in design for participatory and child-centred methods are seen as necessary for the development of psycho-social skills. In Malawi and Barbados there was evidence from learners that participatory activities were taking place. Within the MoE in Jordan many of those interviewed foresaw that the methodological approaches elaborated within the LSE efforts would inform system-wide changes anticipated in conjunction with the movement to outcomes-based learning. Yet in many countries, child-centred methodologies are not being used, be it for lack of training and support or other constraints in the school. In Eritrea, for example, reports suggest that the use of participatory methodologies has been very limited within schools, and that teachers find it difficult to adapt to and internalise the philosophy of life skills\textsuperscript{173}. Challenges of large class sizes and lack of structural support in delivering these methodologies are also noted.

Teaching topics that are considered sensitive create many difficulties and risks for delivery of valid knowledge and skills, most obviously about sex and sexuality. The documentation review suggests that this is largely attributed to insufficient teacher training conspiring with cultural norms of the teachers themselves and the community in which they work. In Malawi, it is recognised that teachers’ personality and understanding of child psychology has a big impact on how they will be teaching LSE. Some teachers felt very positive and confirmed how they enjoyed the subject while others are very uncomfortable when teaching about sex and sexuality.

In Barbados, the 2010 quality standards can be seen in practice (although the standards are not explicitly used), except with regard to training for all HFLE teachers. Lack of training for teachers is identified as particularly important with regard to teaching the sexual health module with confidence and success.

There is surprisingly little coordination of LSE with other initiatives to improve methodological approaches. CFS and LSE, for example, may both be in place and supported by UNICEF, but work as separate interventions with no structured or formal integration of the two. Elements of the CFS framework are referenced in documents from many countries, but it is not clear how it has informed LSE interventions, even with regard to safe learning environments. In Angola, for example, there was no reference made to CFS in any of the documents received from UNICEF in the documentation review, yet CFS is already operating and delivering LSE in the country. In Malawi, UNICEF has recently embarked in the promotion of CFS, however it seems that there are few linkages between the two programmes. Similarly in Myanmar it is noted that LSE and CFS need to be more closely integrated.

There are exceptions: in Mozambique SAP has been reduced in scale to focus on integrating it with the CFS approach for the improvement of education through a multi-sectoral minimum quality package in seven districts, and in Barbados, HFLE is now being packaged as a key element of the CFS approach. The progress of these initiatives and their impact on children’s outcomes may provide important learning for more strategic approaches to cross-programmatic coordination for UNICEF.

5.4.2 LSE intervention logic is explicit and robust

Table 28: Comparison of the case study countries against indicators for effectiveness: LSE intervention logic is explicit and robust

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Indicator</th>
<th>Armenia</th>
<th>Barbados</th>
<th>Jordan</th>
<th>Kenya</th>
<th>Malawi</th>
<th>Mozambique</th>
<th>Myanmar</th>
</tr>
</thead>
<tbody>
<tr>
<td>LSE intervention logic is explicit and robust</td>
<td>Clear description of design logic</td>
<td>★★</td>
<td>★★★★</td>
<td>★★★★</td>
<td>★★★★</td>
<td>★★★★</td>
<td>★★★★</td>
<td>★★★★</td>
</tr>
</tbody>
</table>

\textsuperscript{172} UNICEF (2010). Life skill learning and teaching: principles, concepts and standards

\textsuperscript{173} Including UNICEF (2009), Assessment of UNICEF Supported HIV and AIDS/Life Skills Education Programme in Eritrea
The intervention logic for LSE in most countries generally follows that presented in Table 4, although explicit acknowledgment and programming to address the assumptions of the logic chain varies significantly across countries and programmes.

The LSE curriculum framework design in Armenia has a robust and clear logic that is mediated for teachers and, to some extent for students and parents. However the logic of the link between changing classroom practice and the psycho-social empowerment of learners is implicit, and assumed. In Barbados, the LSE intervention logic is explicit and robust deriving from the CARICOM regional framework.

Reflecting findings from the wider literature, a common theme across the country documentation was the absence of a clear and consistent definition of LSE, not only in terms of consistency across the countries but also within the national documentation. In many countries the term has expanded to embrace a wide range of offerings that reflect national priorities as they have been mediated through consultation and/or advisory groups.

There are indications that issues of language compound inconsistency, with the term carrying different meanings in different linguistic areas. In both Togo and Burundi, for example, *competences à la vie*, have strong links to more practical, vocational skills instead of, or alongside, the psycho-social skills associated with the term “life skills”. The limited documentation in the sample from mainland South America may also point to differences in the language and discourse of life skills in this region.

The majority (over 85%) of countries reviewed deliver LSE in the national curriculum, with a smaller number (about 20%) having LSE as part of the assessed curriculum (although this does not always put LSE within the critical transitional examinations). The country reviews also show how LSE is often delivered as a “mixed modality” with elements integrated into the “mainstream” subjects and other parts provided as a special stand-alone or co-curricular offering that provides time for different qualities of interaction, such as personal counselling or work with single sex groups. There are several reports of countries moving towards curriculum integration but finding it difficult and maintaining some stand-alone offering.

### 5.4.3 There is a method and resources to monitor and to evaluate outcomes

Table 29: Comparison of the case study countries against indicators for effectiveness: there is a method and resources to monitor and evaluate outcomes

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Indicator</th>
<th>Armenia</th>
<th>Barbados</th>
<th>Jordan</th>
<th>Kenya</th>
<th>Malawi</th>
<th>Mozambique</th>
<th>Myanmar</th>
</tr>
</thead>
<tbody>
<tr>
<td>There is a method and resources to monitor</td>
<td>Monitoring and evaluation is in place, underway.</td>
<td>♦</td>
<td>♦</td>
<td>♦</td>
<td>♦</td>
<td>♦</td>
<td>♦</td>
<td>♦</td>
</tr>
<tr>
<td>and to evaluate outcomes</td>
<td>Results are being used.</td>
<td>♦</td>
<td>♦</td>
<td>♦</td>
<td>♦</td>
<td>♦</td>
<td>♦</td>
<td>♦</td>
</tr>
</tbody>
</table>

The four dimensions of learning to do, learning to be, learning to know, and learning to live together are often described and mapped into curricula and materials, but there is an overall weakness in measuring these outcomes.

There are no examples of LSE monitoring and evaluation linking to longitudinal surveys or to wider national statistics of, for example, HIV prevalence, sexual behaviour or crime rates. The document review found that one-off evaluations of pilot or small scale programmes are especially weak in this regard, so there is very little evidence of long-term change, especially outside the school environment.

In the absence of such quantitative data, teachers’ perceptions and observations are often used to evidence changing attitudes especially in relationships, and parents’ comments on changing behaviours and attitudes are included in a few cases. Evaluation tends to be ad hoc or one-off project evaluations rather than ongoing, and the lack of established baselines with which to compare evaluation data makes impact very difficult to
establish. In many cases there was also insufficient evidence to indicate that findings and recommendations from evaluations have fed back into programme design and implementation.

There is also little evidence of systematic M&E frameworks in place for LSE, or of valid indicators being defined to support it. There are even fewer examples of such frameworks that incorporate a focus on learner outcomes in terms of behaviour and attitudes, as opposed to the inputs, outputs and knowledge outcomes. Some of the difficulties arise from systemic weaknesses in programme M&E, such as poor data collection and analytical capacity, and a lack of coordination and leadership in M&E in education systems more widely.

In Malawi, one of the few examples where the LSE design is results-based with clear behavioural, attitudinal and skill outcomes to be measured, there is supposed to be routine monitoring through inspection reports and several large evaluations have taken place (in which UNICEF has been involved). However, the MoE suffers from capacity constraints in its M&E systems, which compound the fact that there is no overall framework in place for evaluating LSE and no mechanisms to measure individual progress. The systems of the Ministry of Youth, which manages non-formal programmes, are reported to be even weaker in terms of M&E, with only ad hoc activities being undertaken in this regard for non-formal providers.

Conversely, in Myanmar, learning outcomes using Most Significant Change methods are in place for the extra-curricula EXCEL programme, but there is nothing in place for formal education.

Another significant issue is the lack of robust and appropriate tools to monitor and evaluate changes in learner behavioural outcomes. In Barbados some school-based assessment mechanisms have been used by individual schools, but teachers still express their concerns:

\[
\text{As we all know, it's hard to grade attitudes……. We have some very smart children who will give you all the right answers but that does not necessarily mean that that child translates it to behaviour.}
\]

\[
\text{How do we truly measure their understanding of what we have taught?}
\]

In Malawi most stakeholders recognise the complexity of measuring behaviour or behavioural intent, and from reported evidence it appears that this provides a very good rationale for teachers and professionals not to fully engage with the issue and to only assess knowledge. This situation has been exacerbated by the introduction of LSE as an examinable subject in 2010, which has reinforced exam-oriented, knowledge-based teaching and learning.

In Jordan it appears that stronger tools have been developed, according to the national level interviews. The MoE has elaborated a performance rubric and checklists within the PVE teacher manual that teachers can use in carrying out learner assessment. These tools include the use of learner progress portfolios, as well as observations of students and use of the case study approach, which is seen as the most effective way to measure behaviour. The extent to which teachers have taken up these methods, however, remains unclear.

The need for better tools to assess outcomes at the personal, institutional and national levels is identified, often as a work in progress. In Bangladesh, data on non-formal education delivery of LSE (overseen by the Bureau of Non-Formal Education) contain numbers of children reached in learning centres but there are no details on the quality of the programme and assessment of students in the reports in hand., although the EFA National Report for 2001-5 mentioned the importance of delineating "elements of provision, participation and assessment" in relation to LSE in the non-formal sector. LSBE is in the process of being integrated within secondary school textbooks and, according to the UNICEF stocktaking document update, assessment tools will then be developed.
5.4.4 LSE intended learning outcomes are clearly stated

Table 30: Comparison of the case study countries against indicators for effectiveness: LSE intended learning outcomes are clearly stated

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Indicator</th>
<th>Armenia</th>
<th>Barbados</th>
<th>Jordan</th>
<th>Kenya</th>
<th>Malawi</th>
<th>Mozambique</th>
<th>Myanmar</th>
</tr>
</thead>
<tbody>
<tr>
<td>LSE intended learning outcomes are clearly stated for attitudes, knowledge (including thematic knowledge), and skills</td>
<td>Command of critical knowledge</td>
<td>♦♦♦</td>
<td>♦♦♦</td>
<td>♦♦♦</td>
<td>♦♦♦</td>
<td>♦♦♦</td>
<td>♦♦</td>
<td>♦♦♦</td>
</tr>
<tr>
<td></td>
<td>Identified skills</td>
<td>♦♦♦</td>
<td>♦♦♦</td>
<td>♦♦♦</td>
<td>♦♦♦</td>
<td>♦♦♦</td>
<td>♦♦</td>
<td>♦♦♦</td>
</tr>
<tr>
<td></td>
<td>Caregivers and learners recognise and can identify their changes in these areas</td>
<td>♦♦♦</td>
<td>♦♦♦</td>
<td>N/Aa</td>
<td>♦♦♦</td>
<td>♦♦♦</td>
<td>♦♦b</td>
<td>N/Ab</td>
</tr>
</tbody>
</table>

*a* No direct data from caregivers and learners gathered in the Jordan case study, but teachers report changes in these areas

*b* No direct data gathered from caregivers and learners in the Myanmar case study but data collected directly from participants in a previous evaluation of the EXCEL programme show positive results

Learning outcomes were found to be widely stated in curriculum documents where they were available, and were known and clearly stated by case study respondents in Armenia, Barbados, Jordan, Malawi and Kenya. In Mozambique, though the curriculum contains specific objectives in terms of student learning outcomes, contents and basic competencies, learning objectives are discipline-based and content-focused. Behavioural outcomes were often not articulated in documentation review and case study countries, nor were the ways in which outcomes will be achieved or measured.

In Myanmar, outcomes include psycho-social skills as well as specific health-related knowledge. However, a question remains as to whether appropriate methods of assessing learning outcomes are in place at the school level and whether minimum standards have been set.
5.4.5 LSE intended learning and behavioural outcomes are substantially achieved and demonstrated in and beyond school

Table 31: Comparison of the case study countries against indicators for effectiveness: LSE intended learning and behavioural outcomes are substantially achieved and demonstrated

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Indicator</th>
<th>Armenia</th>
<th>Barbados</th>
<th>Jordan</th>
<th>Kenya</th>
<th>Malawi</th>
<th>Mozambique</th>
<th>Myanmar</th>
</tr>
</thead>
<tbody>
<tr>
<td>LSE intended learning outcomes are substantially achieved for attitudes, knowledge (including thematic knowledge), and skills</td>
<td>Learners' assessments</td>
<td>♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Command of critical knowledge</td>
<td>♦♦♦</td>
<td>♦♦♦</td>
<td>♦♦♦</td>
<td>♦♦♦</td>
<td>♦♦♦</td>
<td>♦♦♦</td>
<td>♦♦♦</td>
</tr>
<tr>
<td></td>
<td>Caregivers and learners recognise and can identify their changes in these areas.</td>
<td>♦♦♦</td>
<td>♦♦♦</td>
<td>♦♦♦</td>
<td>♦♦♦</td>
<td>♦♦♦</td>
<td>♦♦♦</td>
<td>♦♦♦</td>
</tr>
<tr>
<td>LSE behavioural outcomes are achieved and demonstrated in life outside school/centre</td>
<td>Learners, caregivers identify behaviour changes</td>
<td>♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Secondary data on behaviours shows changes</td>
<td>No data</td>
<td>♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

a No direct data from caregivers and learners gathered in the Jordan case study, but teachers report changes in these areas
b No direct data gathered from caregivers and learners in the Myanmar case study but data collected directly from participants in a previous evaluation of the EXCEL programme shows positive results

In the majority of reviews no formal or systematic evidence is available on the achievement of attitudinal and behavioural outcomes, either in or out of school. LSE is not examinable or examined in many countries including Armenia, Kenya, Jordan, Mozambique or Myanmar and Barbados, where assessment is intended to be through a student portfolio, though this is not carried out systematically within or across schools.

The lack of school-based assessment tools constrains the evaluation of students in LSE and as a result what assessment is done is largely focused on knowledge acquisition. This can create a tension as noted in Zimbabwe, where it is recognised that though introducing an assessment system would raise the status of the subject to teachers and pupils, there is a difficulty in making LSE exam-driven whilst trying to maintain the psycho-social skills objectives of LSE.

Despite this lack of formal, ongoing assessments of learner outcomes, individual evaluations have taken place in some countries and these, combined with focus group discussions and Most Significant Change story collection during case study school visits, provide evidence of positive outcomes of LSE, particularly in formal settings. Evidence from the school visits suggests students, teachers and parents perceive impressive and positive outcomes on knowledge, skills, attitude and behaviour and whilst it is difficult to attribute all the changes to LSE, overwhelmingly students and parents thought it was the main contributor.

Sexual health and HIV and AIDS

Where evaluations are conducted, most show an improvement in knowledge but more limited effects on attitudes and practices. In South Africa, for example, a small scale evaluation on the life skills based HIV and AIDS programme showed a significant increase in student knowledge about HIV and AIDS in the intervention group compared with the control group, but no effects were found on safe sex practices (condom use, early sexual intercourse) or on measures of psycho-social determinants of these practices (attitude and self-efficacy). In Zimbabwe, a substantial evaluation of the UNICEF intervention was carried out in 2010, the quantitative results of which suggest some impact on learners’ and teachers’ behaviours and attitudes, but the project ranked as having ‘serious deficiencies’ in achieving its outcomes. An evaluation of the Life Skills for HIV and AIDS Education programme in Cambodia in 2007 found that the programme had increased knowledge on HIV and AIDS, STIs, alcohol and drug use and SRH, as well as increased positive attitudes towards people living...
with HIV\textsuperscript{174}. In Mozambique short tests are taken before and after SAP interventions, and in 2010 showed that out of 1,305,736 children assessed on basic knowledge and HIV attitudes at end of programme 80\% achieved the ‘pass’ mark, indicating that students that were trained had retained their knowledge levels on HIV/AIDS, health and nutrition, hygiene, gender and child rights and on protection from vulnerability such as violence. However, shifts in practices and behaviours in these areas are not captured through this test.

An increasing international drive towards systematic data collection means that increasingly, data is being gathered. Currently, the monitoring of behavioural trends in generalised epidemics relies heavily on demographic and health surveys, however, there have been large fluctuations in the values of sexual behaviour indicators probably because of changes in the way questions are phrased: there is scepticism about reliable data on sexual behaviour due to misreporting or under-reporting sexual activities\textsuperscript{175}. The data in Table 32 and Table 33 are taken from a study by The International Group on Analysis of Trends in HIV Prevalence and Behaviours in Young People in Countries most Affected by HIV, and shows some decline in high-risk sexual activities, particularly in Malawi, but there is no consistent pattern across countries and indicators. It is not possible to trace the causality of changes in sexual behaviour using current national level data, particularly in terms of the impact of LSE.

Table 32: Percentage of young people aged 15-19 years who reported having had sexual intercourse by the age of 15 years, selected case study countries\textsuperscript{176}

<table>
<thead>
<tr>
<th>Country</th>
<th>Year of survey</th>
<th>Females</th>
<th>%</th>
<th>Decline per year</th>
<th>Males</th>
<th>%</th>
<th>Decline per year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kenya</td>
<td>1993</td>
<td>14.9</td>
<td></td>
<td>0.27</td>
<td>31.7</td>
<td></td>
<td>0.51</td>
</tr>
<tr>
<td></td>
<td>1998</td>
<td>15</td>
<td></td>
<td>30.9</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2003</td>
<td>14.5</td>
<td></td>
<td>29.1</td>
<td>12.01</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Malawi</td>
<td>2000</td>
<td>16.5</td>
<td></td>
<td>3.01</td>
<td>23.5</td>
<td></td>
<td>4.62</td>
</tr>
<tr>
<td></td>
<td>2004</td>
<td>14.1</td>
<td></td>
<td>29.1</td>
<td>18</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2006*</td>
<td>13.9</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mozambique</td>
<td>1997</td>
<td>28.6</td>
<td></td>
<td>0.35</td>
<td>23.5</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2003</td>
<td>27.7</td>
<td></td>
<td>23.5</td>
<td>31.1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Results from multiple indicator cluster survey.

Table 33: Percentage of young people aged 15-24 years who had more than one partner in the past 12 months and reported having used a condom during the last sex act, selected case study countries\textsuperscript{177}

<table>
<thead>
<tr>
<th>Country</th>
<th>Year of survey</th>
<th>Female</th>
<th>%</th>
<th>Decline per year</th>
<th>Male</th>
<th>%</th>
<th>Decline per year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kenya</td>
<td>1998</td>
<td>11.9</td>
<td></td>
<td>5.37</td>
<td>40.6</td>
<td></td>
<td>4.99</td>
</tr>
<tr>
<td></td>
<td>2003</td>
<td>9.1</td>
<td></td>
<td>52.1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Malawi</td>
<td>2000</td>
<td>20.3</td>
<td></td>
<td>0.5</td>
<td>26.8</td>
<td></td>
<td>6.31</td>
</tr>
<tr>
<td></td>
<td>2004</td>
<td>19.9</td>
<td></td>
<td>34.5</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

\textsuperscript{174} World Education (2007), \textit{Final report. Life Skills for HIV and AIDS Education}. Note that this example is from the wider literature review: Cambodia was not a country included in the main document review or case study process.


\textsuperscript{177} Ibid.
There is evidence of improved knowledge in Malawi on HIV and AIDS awareness, but not condom use. Students doubt that condoms will always protect them from unwanted pregnancies and from HIV. Many students at primary or secondary schools have not seen a condom, and only few can explain how to use a condom correctly. Evidence of increase knowledge of HIV and AIDS and methods of transmission are also evident in Armenia and Kenya.

In Mozambique, there is a heavy emphasis on blades as a form of HIV transmission, which was mentioned in a number of focus group discussions and Most Significant Change stories as the primary cause of the disease:

*The traditional doctor used a razor to cut my mother, now my mother has HIV. I now know that with using dirty razors once you can get HIV.*

Information about the transmission and consequences of the disease are often linked to delaying sexual relationships:

*This lesson helped me to understand, that it was prohibited to have sexual relationship in such early age, as it can have difficult consequences for both, boys and girls. (Armenia, boy, grade 9)*

*In class six, we go through adolescence; we now know how to protect ourselves and not to go far (Kenya, girl, class 6)*

This links to the finding in Malawi that materials and instruction of LSE tend to heavily emphasise the *shoulds* and *should nots* in life, to the detriment of genuine discussion about choices. Students in Mozambique reported that they now know that they should have sex only when they are 18 years of age.

In the East Caribbean, a three-year monitoring and evaluation project (2006-9) in selected schools across four countries – Barbados, Grenada, St Lucia, Antigua – indicated that, after three years of HFLE in the core curriculum, students’ knowledge about sexuality and sexual health had increased and negative attitudes towards people living with HIV had decreased. However, sexual behaviour (that is, early sexual activity, under age 15) had not changed. Nevertheless, this project, which collected qualitative data from both teachers and students, suggested that HFLE lessons were interesting and enjoyable, contributing to youth self-empowerment and more constructive relationships with teachers and parents.

**Stigma and discrimination**

There is evidence of a change in attitude towards marginalised groups which usually suffer from discrimination, particularly those with HIV and AIDS, but in Kenya groups with learning difficulties and autism were also mentioned. Some examples from Most Significant Change stories include:

*I have learned that persons may catch HIV from sexual activity but persons can also be born with it, so now I do not make negative judgement on how they caught it... We learned that we are more of a danger to them than they are to us because if we cough on them they can get sick (Barbados, boy, secondary)*

*I used to think people with AIDS were cursed by God and people should not talk to them but now I’ve changed (Kenya, boy, class 8)*

*We learnt that if some child has HIV and AIDS we should not avoid playing with her/him as the disease can not be transmitted during a play (Armenia, girl, grade 9)*

*I never played with people who were sick or I thought had HIV. I did not use the same towels, plate or spoon with them not even eating from the same plate. Now after I have learned about stigma and discrimination I know that I can hug a person with HIV (Mozambique, girl, primary)*

There is evidence that learners pass these messages on to family members:

*I counsel my brothers not to discriminate against people who suffer from HIV (Mozambique, girl, primary)*
Parents have learned about home-based care for people living with AIDS through their children (Malawi, father of a primary school student).

This suggests that elements of non-discrimination, a guiding principle of the CRC, are being taught to and understood by at least some children as a result of LSE.

**Gender equality**

Perceptions and stereotypes about girls and boys are often challenged, and relationships between them improved:

- Boys and girls are equally important; we should respect girls (Boy, Malawi Primary).
- We are now free to relate with girls without wanting to have sex with them (Boy, Malawi Secondary).
- Now we can be brothers and sisters with boys (Girl, Malawi Secondary).
- Girls’ shyness is reducing. They can easily mix with boys. In the past chatting with boys was seen as promiscuous behaviour (Girl, Malawi Secondary).
- As the boys have more respect for the girls, so the girls in turn have more respect for the boys (Boy, Barbados Secondary).

There were several stories from Armenia about girls aspiring to traditional male jobs, and feeling empowered to do so because of LSE. However, in some situations LSE teaching can reinforce stereotypes and avoids engaging meaningfully with gender power relations. The vulnerability of girls and women is often emphasised, and their responsibility in avoiding gender based violence:

- We are considered to be weak because we do not have the power to negotiate safe sex. Due to poverty some girls enter into relationships with men/boys just to get money. We can easily be raped because we are not as strong as men to defend ourselves (Malawi, girl primary student).
- I also learnt how to behave in the society and how to resist bad influences. Boys learnt about smoking, drugs and alcohol. Girls learnt not to go out with boys alone, as it might be dangerous (Armenia, girl, grade 9).
- The “Healthy living” subject helped girls of my class, and they became more careful in the relationships with boys (Armenia, boy, grade 9).

In Malawi, boys in four schools felt unfairly treated in comparison with girls, who would always get the preference of teachers over a fight or argument. One girl also articulated the advantage she had over boys due to her sex:

- Girls are lucky; they have greater chance of being selected. I feel that I am more important than boys because of this. If a girl and boy score the same points a girl will be selected but not the boy (Girl, Malawi Secondary).

**Being healthy**

Many of the discussions with learners in Malawi and Mozambique indicated improvements in personal hygiene. There is also an appreciation for a better understanding of body changes:

- When I started developing breasts I was afraid and I only realised it was normal in life skills lessons (Girl, Primary Malawi).

There are reports from learners, parents and teachers of a reduction in peer pressures and societal influences on unhealthy behaviours, such as smoking, and drug and alcohol abuse. Smoking is particularly cited in Armenian stories as an area which is taught, and learners decide not to smoke and/or influence friends or
peers about smoking, while sessions on drug and alcohol abuse, often delivered by specialist agencies, are also highlighted as having impact on youth in Barbados.

**Confidence, team work and conflict resolution**

Many of the respondents acknowledged a change in learners’ confidence and assertiveness, and ability to manage certain situations.

In Barbados, the fact of learners joining extra-curricular clubs is mentioned as both a sign of positive behaviour change, and a cause of increased confidence, interest in activities and friendships. Students in Barbados seem more willing to discuss issues as a result of LSE, and at primary level, even children as young as five are able to articulate what they have learned:

> Critical thinking helps you to think before you speak. If you do not think before you speak, you can say the wrong thing and get into trouble. (Barbados, girl)

This increased confidence is also attributed to improved academic performance and aspirations – students in Barbados and Armenia talked about succeeding in working life, and the importance of education to achieve that.

Some students and teachers in Malawi discussed the increased confidence in science subjects, and one teacher cited the importance of LSE for very poor children:

> LSE sends the message that there is hope for them. They feel that they can succeed and achieve (Malawi, Secondary School Teacher).

Both boys and girls discuss their ability to manage conflict, resolve problems without fighting and get on better with peers and families as a result of LSE:

> I get angry very easily. I used to fight friends especially girls. In a LSE class I learnt that fighting signifies a lack of intelligence and a lack of ability to amicably resolve differences. It was during these lessons that I learned about anger management strategies (Malawi, boy, primary).

> The HFLE programme has really changed me from being very aggressive and really lawless. In second form I used to slap the younger boys across their heads and take away their money but now I have cooled down and stopped all that lawlessness (Barbados, boy, secondary).

In Kenya, incidents of violence including disruptive strikes leading to damage of school property have greatly reduced in the last couple of years – it appears that the participatory approach to school management (negotiation skills) have greatly contributed towards this improved behaviour.

In Cote d’Ivoire, there is some evidence from national evaluation workshops of children influencing peers and changing their own behaviours through their school clubs. Anecdotal evidence provides examples of children putting in to practice what they have learned, especially with regard to conflict resolution, for example: preventing the forced marriage of a refugee girl; resolving a land-related conflict between two families; and changing the behaviour of the school bully.

Improved relationships with family, as well as communicating messages learnt during LSE lessons, were commonly mentioned:

> How I behave when my parents do not allow me to have my way, that’s improved and I know it has been a result of my HFLE classes which I look forward to every Tuesday. Most of the time I realise that when my parents do not allow me to do certain things, it is for my good and I do not get as upset as I used to (Barbados, Girl, Secondary).

In Armenia, caregivers identified changes in their children that had been manifested at home, in relationships with them, or with the siblings and peers. There were a few specific examples including of young people challenging peers (and family adults) about unhealthy behaviours (tobacco and alcohol abuse), taking greater personal responsibility for their local environment and discussing their rights with parents/caregivers.
However, learners do not always communicate what they learn in LSE lessons to their caregivers, particularly in relation to sexual content. In Barbados, most learners indicated that they did not discuss what took place in these classes with their parents because they were not sure whether or not they would approve.

There are some reports that LSE has also had a positive impact on teachers, both in terms of increased knowledge and skills such as assertiveness and self confidence. In Malawi, stakeholders reported how teachers trained in LSE have changed their attitudes vis-à-vis their children and young people-adult relationships, and Theatre for a Change research revealed that teachers who took part in their LSE programme were much more able to say no to unwanted sex after the programme than at the outset.

In Kenya, several learners appreciated teachers changed attitudes: “teachers are open and tell us how life is hard outside school”; “teachers are open and talk to us like age-mates”.

Child rights, participation and HRBA

There is evidence that learners feel more willing to speak up about issues and discuss things with their teachers. In Malawi, there is increased dialogue between students and school management on specific issues such as drugs, violence, going out etc. Boys and girls have become more open to discuss issues of HIV and AIDS among themselves, with teachers and parents.

In Kenya, teachers feel that learners have confidence to speak up and address issues or ask questions either directly or through the suggestion box located within the school. Learners also suggested they were aware of child rights including the right to food, health, education, shelter, clothing and worship.

In Malawi, there is a widespread perception that LSE has impacted positively on school discipline. This is reported by head teachers and parents in particular:

- Reduction of the number of discipline cases;
- Most children have become less rude to their teachers and other members of society;
- Absenteeism has reduced greatly because boys and girls place more importance on education and think more seriously about their future.

Environment

Many learners mention their increased awareness of the environment and how to care for the world around them, particularly in Armenia:

I remember a topic from “Life Skills” related to environment issue. There is a lack of recycling bins in my village. After that lesson I always drop the garbage in the bins. (Armenia, boy, grade 9).

I liked the topic about the environment; I learned that everyone should care about nature. I am unhappy about the gold mine that was opened near my village, as it could kill all fauna around. (Armenia, boy, grade 7).

The school environment has also changed, before there was no cleanliness, there was a lot of papers in the school. Before we did not care about the environment; now, we have even planted trees. (Kenya, girl, class 6)

Another Kenyan girl talks about the slum area in which she lives, and how she approached the Chief about the bad state of the environment around them because of what she learned in the health, sanitation and environment classes at school. Following that, a community system for cleaning the area was instigated.

An awareness of dangers in the environment beyond the school is also apparent. In Barbados, primary level students are very aware of unsafe situations and activities that could place them in danger; in addition they are able to outline strategies to respond appropriately to potential threats to health and life.
5.4.6 Issues and conclusions: effectiveness

LSE is having an impact

There is limited M&E of the effectiveness of LSE beyond knowledge outcomes, but there is strong anecdotal and reported evidence that LSE has an impact on individual learners’ lives. Learners, parents and teachers identify significant individual changes or developments in relevant knowledge, skills, and attitudes amongst learners.

The aim must be to ensure that LSE is able to fulfil its full potential in this regard and that such changes can be sustained.

Active teaching and learning

LSE interventions usually include a teaching methodology characterised by interaction, learner-autonomy and collaborations. These are characteristics that have proven difficult to introduce and that are perceived by teachers and parents as less likely to lead to success in (traditional) examinations. LSE has provided a vehicle for these methodologies; indeed in some countries LSE is seen as a driver for changing teaching. However this is a burden that LSE cannot carry on its own-as an island of active learning in a traditional school.

Assessment of student outcomes

Assessment (of the learners) for LSE is critical for it to be taken seriously as part of the school curriculum and also to ensure that teachers can diagnose and respond to children’s needs: yet it is extremely problematic.

Knowledge elements may be assessed, and this has been an argument for integrating LSE within examinable curriculum subjects, but psycho-social skills aims are not assessed and much of the community believes that they cannot, or, indeed, should not, be. Set against the widespread belief that “what is not assessed is not taken seriously!” this produces a fault line in LSE, particularly at critical assessment points, such as school transition.

The intended psycho-social skills outcomes have not been crystallised into assessment methods and instruments that would allow them to inform and record children’s skills and support needs. Psycho-social skills, the critical heart of LSE are not being measured.

An unanswered question, concerns the impact of LSE on academic outcomes. Improved psycho-social skills, it is argued, may directly contribute to study skills and cooperative approaches to learning: being able to navigate adolescence, with minimum setbacks, also contributes through improved attendance and application. There is some anecdotal evidence from teachers and parents, but the hypothesis that LSE contributes to success in school life is untested.

Monitoring implementation

LSE has not generally been incorporated within national inspection or supervision systems so there is no external monitoring and those concerned have not received training and support to understand LSE. Principals/head teachers have rarely been given any training or guidance to provide for internal supervision and integration of LSE.

Evaluating outcomes and impacts

There are very weak systems for monitoring delivery and for evaluating outputs, outcomes and impacts of LSE. For an intervention that is defined by its impact on behaviour there have been too few attempts to measure the relevant behaviours and changes. This will require longitudinal studies. However, evaluations of LSE projects/programmes identify knowledge and attitudinal change, which are important and viable indicators of preconditions for behaviour change.
## Is LSE a separate subject?

LSE as a stand-alone subject has developed as a response to specific challenges and as a pragmatic way to address them in the medium term. However, it is a primary responsibility of a school to develop children’s psycho-social skills and relevant knowledge. Self-worth, respect, conflict resolution etc. cannot be learnt in isolation, but need to be at the heart of a school’s culture, and approach to teaching and learning.

Whilst, given due time and process, it has been possible to integrate new subject knowledge into the formal curriculum, “whole-school approaches “ to developing and assessing psycho-social skills are much less common, except where schools are actively pursuing a CFS approach.

## It’s going to take time

By design the evaluation sample is of countries that have pursued LSE on national scale, have introduced it into the national curriculum and are a long way along the path from a pilot project. But in all cases LSE is bringing major changes to curriculum and to classroom practices. In some cases LSE is seen as a vanguard for wider change, although there is no evidence of this on a meaningful scale. These sorts of changes will take time and need the actors to take a long view.
5.5 Sustainability

Key question: Is LSE provision sustainable and likely to be sustained?

This section on sustainability aims to determine if LSE programmes are planned and implemented in gender-sensitive and sustainable ways through the education system response (e.g. whether they are reflected in plans, curricula, examinations, pre-service teacher training efforts, and inspections).

This section is presented according to the following criteria, as specified under the sustainability section in the evaluation framework (Annex 2):

- LSE is institutionalised in the national structures for education (formal, non-formal, school and teacher training curricula, examinations/assessments, inspections) and/or other sectors in a coherent way;
- Material and human resources for LSE are committed;
- LSE has been recognised in public and professional opinion.

Summary of findings: sustainability

- There appears to be wide political support for LSE, with inclusion in policies, plans and strategies of Ministries of Education, Ministries of Health and others.
- Less progress has been made in the institutionalisation of LSE into implementation and monitoring systems of education, such as supervision and inspection and examinations, affecting the perceived importance of LSE.
- Mechanisms to coordinate and guide LSE at national levels are present within formal education systems, but rare in the non-formal sector.
- Issues of terminologies and definition appear to be important influences on the extent to which LSE is institutionalised.
- Budget allocations exist in some countries for LSE, in line with the integration of the subject into national policies, plans and curricular frameworks. Budgets are stretched in many countries, however, so the financial support from UN agencies is often critical.
- There are widespread human resource concerns surrounding the capacity, confidence and skills of teachers to deliver LSE.
- There are a number of examples of successful public awareness interventions around LSE in which UNICEF has been an important player, but further efforts are needed to counter negative perceptions and conservative norms.
### 5.5.1 LSE is institutionalised in the national structures for education and/or other sectors in a coherent way

Table 34: Comparison of the case study countries against indicators for sustainability: LSE is institutionalised in the national structures for education and/or other sectors in a coherent way

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Indicators</th>
<th>Armenia</th>
<th>Barbados</th>
<th>Jordan</th>
<th>Kenya</th>
<th>Malawi</th>
<th>Mozambique</th>
<th>Myanmar</th>
</tr>
</thead>
<tbody>
<tr>
<td>LSE is institutionalised in the national structures for education (formal, non-formal, school and teacher training curricula, examinations/assessment, inspections) and/or other sectors in a coherent way</td>
<td>LSE included in plans, budgets, curriculum and assessment procedures, teacher-education, and teacher career structures etc.</td>
<td>♦♦ ♦♦ ♦♦ ♦♦ ♦♦ ♦♦ ♦♦</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>LSE recognised in plans of other agencies/centres in ways that are consistent †</td>
<td>♦♦ ♦♦ ♦♦ ♦♦ ♦♦ ♦♦ ♦♦</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Coherent oversight of LSE provision across different agencies and agreement on roles.</td>
<td>♦ ♦♦ ♦♦ ♦♦ ♦♦ ♦♦ ♦♦</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

† Whilst LSE has been institutionalised to some degree in the national curriculum of all case study countries, institutionalisation into teacher training systems and coordination with non-formal education varies significantly

There appears to be wide political support for LSE, with its inclusion in policies, plans and strategies of Ministries of Education, Ministries of Health and others. Of the 27 countries for which policy information was available, LSE is mentioned in the national education policy and/or other policy documents referring to education in 23 countries. Inclusion in the UNDAF was noted in six countries.

There is also wide evidence of the institutionalisation of LSE within the curriculum and resource provisions. UNICEF appears to be working closely with and lobbying the appropriate political and implementing agencies to this effect. This can be complex: in the Philippines, although there is a national policy regarding HIV and AIDS prevention, implementation is weak due to the devolved system of government, and UNICEF’s primary emphasis is on working with the local government units to implement what is laid out in the 1998 AIDS Law and elsewhere. In contrast, in Tajikistan the Ministry of Education is introducing Healthy Lifestyles Education, but this is not being scaled up or stated as a priority for the Ministry yet, and is not included in the Education Strategy Plan. This is perhaps typical of an earlier stage of LSE development.

The case studies found that the policy and curriculum interventions were largely backed up by political will and commitment by ministry and other stakeholders to sustain LSE. In Malawi, LSE is now compulsory in primary and junior secondary, optional in upper secondary, examinable at all levels (compulsory examination in primary, optional in secondary), planned as any other subject at ministry level, fully integrated in education and HIV prevention policies and strategies and a compulsory subject in pre-service teacher training colleges for primary teachers.

In Armenia, the inclusion of LSE into new standards of education is seen by national stakeholders as the most critical step in going to scale and institutionalisation of LSE into education system, and in Mozambique there are plans to integrate LSE elements into pre-service teacher training and develop supervision and monitoring guidelines for LSE to better embed LSE within the formal education system.

In Jordan, LSBE is language that is being used explicitly in national planning documents, and there is a drive by the MoE to get LSBE into projects and plans. As the second part of reform rolls out, there is a chance that LSBE will be introduced into further subjects (in addition to physical education); this further integration – and the effective implementation of LSBE within the existing PE and PVE classrooms – will depend upon ongoing
training for new teachers and the delivery of teaching and learning materials. There are plans to strengthen the non-formal programme, through a mapping exercise and work with the Higher Youth Council in the future. Commitment levels remain high at the MoE, at least politically.

As mentioned in previous sections, whilst LSE has been integrated into policies and curricula of education systems, less progress has been made on the integration of LSE into supervision and inspection and examinations, affecting its perceived priority in implementation.

Active leadership and coordination mechanisms have been seen in a number of countries (in which UNICEF has played a key role) that have led the way in institutionalising LSE in education at some levels, yet far fewer examples are seen of this in the non-formal sector.

Issues of language and definition appear to be important influences on the extent to which LSE is institutionalised. In Togo, for example, LSE is considered a separate concept and is not used in the discourse in country documents. There are, however, a number of LSE-related elements which are included in official plans, policies and curricula: health and hygiene; education for peace; democracy and human rights; HIV and AIDS education; literacy; livelihood skills; and citizenship.

Similarly, in Nigeria, skills-based health education is in place but it is not referred to as LSE and is not included in the National Education Strategic Plan.

5.5.2 Material and human resources for LSE are committed

Table 35: Comparison of the case study countries against indicators for sustainability: material and human resources for LSE are committed

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Armenia</th>
<th>Barbados</th>
<th>Jordan</th>
<th>Kenya</th>
<th>Malawi</th>
<th>Mozambique</th>
<th>Myanmar</th>
</tr>
</thead>
<tbody>
<tr>
<td>Material and human resources for LSE are committed</td>
<td>♦♦♦♦</td>
<td>♦♦♦♦</td>
<td>♦</td>
<td>♦♦♦</td>
<td>♦</td>
<td>♦♦</td>
<td>♦♦</td>
</tr>
<tr>
<td>Budget allocation, including recurrent budgets, and established posts in place</td>
<td>♦♦♦</td>
<td>♦♦♦</td>
<td>♦♦</td>
<td>♦</td>
<td>♦♦♦</td>
<td>♦♦♦</td>
<td>♦♦</td>
</tr>
<tr>
<td>Budget has been disbursed in last three years</td>
<td>♦♦♦</td>
<td>No data</td>
<td>No data</td>
<td>♦♦♦</td>
<td>No data</td>
<td>No data</td>
<td>No data</td>
</tr>
<tr>
<td>There are teachers/facilitators in place and/or arrangements for pre-service or in-service professional development that are adequate</td>
<td>♦</td>
<td>♦♦</td>
<td>♦♦</td>
<td>♦</td>
<td>♦♦♦</td>
<td>♦♦♦</td>
<td>♦♦</td>
</tr>
</tbody>
</table>

Identification of funding support for LSE interventions in the countries reviewed is complicated, and the document review did not attempt to untangle the funding of recurrent costs and the support provided by governments that are in receipt of budget support or similar pooled modalities. Within this limitation, reviewers identified the sources of funding for LSE in the countries concerned, which show the highest frequency of support coming from national Ministries of Education and UNICEF. A variety of other agencies were found to play a role in LSE, including UNAIDS, UNFPA, UNESCO and the Global Fund.

Budget allocations may exist in some countries for LSE, in line with the integration of the subject into national policies, plans and curricula frameworks but evidence for this is limited. In Tanzania, a budget line on HIV and AIDS and LSE is included in the Education Strategy Development Plan 2008-2017, but challenges remain in the education sector regarding equitable resource allocation within primary and secondary education, and it is likely that LSE provision is subject to these same challenges.

---

178 In such modalities the contribution of other lenders/donors to specific actions is often less clear than that of UNICEF, which typically does not work in that mode.
In Afghanistan, amidst ongoing challenges of fiscal sustainability for education, no procurement or cash management plans had been developed in 2010, nor had any adjustments taken place to the overall sequencing of the priority activities in the MoE’s operational plan, indicating that material and human resources had not yet been committed to LSE.

With these issues around national budget commitments, the financial support from UN agencies is often critical.

The Malawi case is a strong example of moving resource responsibility on to the MoE. LSE has shifted from a project to a programme approach, which is a greater guarantee for sustainability, and it is now resourced through the SWAP with complementary projects in non formal education particularly. In the CARICOM countries, national ministries have the main resource responsibility, with UNICEF providing support in the form of in-service training, materials development, monitoring and evaluation and advocacy.

In Myanmar LSE is sustainable in primary education because it has been integrated into the formal core curriculum. LSE is recognised by the MoE as an important innovation in education, but the non-formal programme, EXCEL, is currently sustained only by ongoing external financing.

A budget has been disbursed for the last three years in Armenia, with some UNICEF support, to allow for materials and some in-service training. There is also commitment to the human resources required to deliver the integrated curriculum subjects (teacher remuneration is proportional to hours taught so the integrated LSE within the standard school timetable does not add to personnel costs).

In Mozambique the ‘Pacote Basico’ (involving cross-curricular materials and in-service training) is supported through the Directorate of Special Programmes in the MoE, with coordinators at provincial and district levels, and a recurrent budget line in the ministry’s budget. The SAP, however, is completely dependent on external funding, and it is unlikely that the MoE will take on the larger expense of the costs of the activistas. There are current plans to strengthen the integration of LSE into the formal school curriculum with improvements in pre-service training and supervision and monitoring guidelines, but there is a significant way to go to ensuring the effectiveness of curricular delivery within the context of a resource and capacity constrained education system and in the meantime SAP remains vulnerable to changes in external funders’ commitment.

There are human resource concerns across the board. LSE is likely to fall off the curriculum when there is a lack of teachers, such as in Swaziland where high staff attrition due to AIDS is identified as a challenge to teacher training and development on LSE. As discussed in other sections, training and motivation of teachers remains a problem.

Resource limitations in Jordan resulted in prioritising scale-up with only PE teachers, in terms of elaborating the teaching materials to accompany the 2009 LSBE curriculum and carrying out trainings with PE teachers in public schools throughout the country. There are plans to incorporate more active teaching and learning approaches into pre-service training; however, in-service workshops to encourage these techniques in other subjects may remain dependent on UNICEF funding.

In Malawi and Myanmar, LSE is incorporated into pre-service training which helps ensure sustainability and demonstrates institutionalisation of the subject.
5.5.3 LSE has been recognised in public and professional opinion

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Armenia</th>
<th>Barbados</th>
<th>Jordan</th>
<th>Kenya</th>
<th>Malawi</th>
<th>Mozambique</th>
<th>Myanmar</th>
</tr>
</thead>
<tbody>
<tr>
<td>LSE has been recognised in public and professional opinion</td>
<td>♦♦ ♦♦ ♦♦ ♦♦ ♦♦ ♦♦ ♦♦ ♦♦ ♦♦ ♦♦ ♦♦ ♦♦ ♦♦ ♦♦ ♦♦</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>There is public awareness of LSE and its benefits</td>
<td>♦♦ ♦♦ ♦♦ ♦♦ ♦♦ ♦♦ ♦♦ ♦♦ ♦♦ ♦♦ ♦♦ ♦♦ ♦♦ ♦♦ ♦♦</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>There is:</td>
<td>♦♦ ♦♦ ♦♦ ♦♦ ♦♦ ♦♦ ♦♦ ♦♦ ♦♦ ♦♦ ♦♦ ♦♦ ♦♦ ♦♦ ♦♦</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Press coverage</td>
<td>♦♦ ♦♦ ♦♦ ♦♦ ♦♦ ♦♦ ♦♦ ♦♦ ♦♦ ♦♦ ♦♦ ♦♦ ♦♦ ♦♦ ♦♦</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Political interest</td>
<td>♦♦ ♦♦ ♦♦ ♦♦ ♦♦ ♦♦ ♦♦ ♦♦ ♦♦ ♦♦ ♦♦ ♦♦ ♦♦ ♦♦ ♦♦</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Support from opinion makers (media, faith-leaders, community leaders etc.)</td>
<td>♦♦ ♦♦ ♦♦ ♦♦ ♦♦ ♦♦ ♦♦ ♦♦ ♦♦ ♦♦ ♦♦ ♦♦ ♦♦ ♦♦ ♦♦</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>There is a shared view of the purpose of LSE.</td>
<td>♦♦ ♦♦ ♦♦ ♦♦ ♦♦ ♦♦ ♦♦ ♦♦ ♦♦ ♦♦ ♦♦ ♦♦ ♦♦ ♦♦ ♦♦</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

A number of examples of successful public awareness interventions around LSE were found in the document review. UNICEF’s involvement in public awareness campaigns in Angola, for example, attracted high profile people and good media coverage. In Belize, NGOs such as the Belize Red Cross conduct campaigns which work with parents and communities, and the MoE which is eager to promote more of this kind of activity, particularly with youth and sports programmes. Guyana’s school-based intervention is complemented by a variety of other activities, including media about violence against women, and workplace activity targeted at military and paramilitary groups on HIV and AIDS awareness; and in some areas of Mozambique, SAP has been coordinated with the ‘Os Bradas’ programme that has established radio clubs for children and works to develop radio programmes with local community radio stations where children can discuss issues important to them.

According to UNGASS data, up to 80,000 people in Swaziland attend traditional annual ceremonies to deliver life skills and HIV and AIDS awareness raising and education. The MoE in Afghanistan have taken a leading role in advocacy for the inclusion of LSE in the national curriculum, assisting with the recognition of its value in public and professional opinion and supported by a UNICEF-funded “edutainment” show broadcast nationwide. UNICEF is also active in public information campaigns in Namibia, through initiatives like sports for development, radio programmes on HIV and AIDS and the Listen Aloud ICT initiative.

In the Caribbean, HFLE events are to be found regularly in the news and other media including blogs, but the consensus is that a still higher profile is needed to obtain full support from communities and leaders and thereby strengthen sustainability.

In Barbados government ministers actively promote issues in the public sphere and LSE issues are regularly found and discussed in the national news, on national TV and other media. There is evidence of more localised press coverage and community interaction around LSE activities in specific schools. However, some parents and church-members have the perception that LSE is solely about sex education and that teaching young people about using condoms is tantamount to promoting sexual activity rather than the opposite. While LSE is supported by many opinion-makers there are some church leaders who find it difficult to support teaching on sexuality and sexuality rights (particularly with regard to sexual orientation) and HIV and AIDS. UNICEF’s recent work with churches has attempted to address this constraining factor.

In Malawi, LSE is a nationally recognised strategy for students’ personal development, increased citizenship and for HIV prevention. LSE has the full support of parents, teachers and other stakeholders except when coming to early teaching of sex and sexuality and the promotion of condom use. The need for LSE in the fight against HIV is widely recognised and echoed in the press, on TV and on the radio where a number of shows and soaps specifically address the issue of HIV prevention and LSE in schools. However, the evaluation found little evidence of head teachers and PTAs actively engaging in sensitising parents, or working with parents and
children together. The MoE expressed disappointment in the lack of involvement of PTAs in awareness raising and relaying messages about HIV prevention to parents and communities.

There are a handful of instances of community and parental engagement in formal education. In Zambia, formal education encourages children to talk to their community, and there is subsequent evidence that HIV and AIDS stigma has been reduced. In Ghana, the HIV School ALERT Model seeks to reach teachers, schools and the community through its three pillar approach, and in South Africa, UNICEF supports community participation in schools.

During the period of the SHAPE in Myanmar, PTAs were considered critical links between communities and schools. Training workshops took place with PTA members, enhancing their knowledge and skills, which was seen as an essential step towards increasing the involvement of parents in SHAPE activities in the community.

Evidence from some of the countries in the document review (Swaziland, Togo, South Africa, Burundi, and Democratic Republic of Congo) suggests that community engagement in non-formal interventions is more prevalent than in formal interventions, particularly for out-of-school children or youths, orphans and vulnerable children, perhaps in part because of the involvement of civil society and faith-based organisations in their implementation.

### 5.5.4 Issues and conclusions: sustainability

<table>
<thead>
<tr>
<th>LSE in national structures</th>
</tr>
</thead>
<tbody>
<tr>
<td>The evaluation has considered countries which have taken different trajectories towards national implementation. Important elements of institutionalisation for sustainability are in place: LSE has moved into the national curriculum; operational funding for teachers and materials is replacing project support.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LSE resources are committed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Missing in many countries is institutionalisation in other parts of the system, including the pre-service training and professional development, inspection and supervision, and the career structure of teachers. The latter provides the opportunity to establish and regulate the attributes of teachers of LSE.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LSE has public and professional support</th>
</tr>
</thead>
<tbody>
<tr>
<td>LSE has public and professional support</td>
</tr>
<tr>
<td>Sustainability is enhanced by strong demand from parents and their communities. In most cases the early work sought to raise awareness and address concerns: it created support and demand within school communities. This is not always replicated in moving to scale and has led to misunderstandings and tensions for teachers.</td>
</tr>
</tbody>
</table>

LSE will struggle to sustain an empowering and honest approach where social and religious constructs are in opposition and manifest themselves strongly in the school community.
5.6 UNICEF additionality

Key question: Has UNICEF contributed to LSE that is of high quality and matches standards, reaches intended learners and is making an impact on their lives?

This section assesses the added-value of UNICEF investments in LSE. The UNICEF contribution may be characterised, for example, through working with or lobbying ministries; providing capacity support for policy or implementation; pushing the HRBA approach; providing/contributing to materials and resources, professional development of training of teachers; and level of input at institutional or community level.

This section is presented according to the following criteria, as specified under the UNICEF additionality section in the evaluation framework (Annex 2):

- UNICEF support contributes to quality design and implementation of LSE;
- UNICEF support has worked to develop national ownership and a basis for sustained LSE in national education contexts;
- UNICEF has taken account of evidence and formative evaluation.

Summary of findings: additionality

- UNICEF has a clear role as an innovator in LSE through the promotion of new ideas and supporting pilots.
- UNICEF has been an important player in engaging at policy level, developing or supporting the development of curricula and teaching materials, and lobbying for LSE.
- UNICEF has played an important role in designing, developing and disseminating curriculum and learning materials.
- UNICEF plays a significant role on initiatives in education with its substantial inputs to LSE, CFS and inclusive education, but greater efforts are required to define the relationships and coordination between these areas of programming.
- There is evidence of the child rights agenda being promoted by UNICEF but not necessarily linking or integrating this with its LSE programmes.
- UNICEF support has worked to develop national ownership and has created a basis for sustained LSE.
- Where evaluations exist, UNICEF seems to respond to them. UNICEF has supported or initiated evaluations in several contexts, and is often the only body doing so.
5.6.1 UNICEF support contributes to quality design and implementation of LSE

Table 36: Comparison of the case study countries against indicators for UNICEF additionality: UNICEF support contributes to quality design and implementation of LSE

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Indicators</th>
<th>Armenia</th>
<th>Barbados</th>
<th>Jordan</th>
<th>Kenya</th>
<th>Malawi</th>
<th>Mozambique</th>
<th>Myanmar</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNICEF support contributes to quality design and implementation of LSE</td>
<td>UNICEF has provided inputs to standards</td>
<td>♦♦ ♦♦♦ ♦♦ ♦♦ ♦♦ ♦ ♦ ♦♦</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UNICEF has engaged in policy and design dialogue</td>
<td>♦♦♦ ♦♦♦ ♦♦ ♦♦ ♦♦ ♦ ♦ ♦♦</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UNICEF has promoted a HRBA to LSE program design and implementation</td>
<td>♦♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Much of the support for this comes through UNICEF’s support to CFS, although these programmes are not directly linked to LSE in any case study countries.

As shown by the examples cited in many of the previous sections, the design and implementation of LSE interventions often involves a complex mix of relationships and roles between different actors that has shifted and altered over time. There is no ‘generic’ model of support or development and it is often difficult to disentangle the specific impacts and value that a single actor, such as UNICEF, provides. Equally it is hard to attribute accountabilities for shortcomings or separate out weaknesses in approach or implementation specific to that actor from those of other partners or the wider systemic challenges of education systems in which they are operating.

However, according to both the documentation review and the case study findings, UNICEF has played an instrumental part in the design and implementation of LSE in most countries. UNICEF inputs to standards are most visible in curriculum design; designing, producing and disseminating materials; teacher training; access to international expertise and capacity building; lobbying governments; supporting policy frameworks; and advocating for participatory teaching methodologies.

In the East Caribbean, UNICEF has a key role in the on-going development of the whole regional HFLE curriculum, the teaching and learning materials and the teacher training programmes, as well as monitoring and evaluation projects and acting as a regional advocate for HFLE. UNICEF supports a range of co-curricular and non-formal interventions with short-term grants and carries out research on the effectiveness of these, for example on school clubs and student councils and the response of young people to LSE-related media campaigns.

In Jordan, UNICEF produced manuals for life skills which are being used by various stakeholders (including the government and NGOs). UNICEF’s technical support to the Core Team was also important in the development of the main goals and key strategies for LSBE, and shepherding its transfer from the non-formal education sector, where the programme was initiated, to the formal school sector.

The development of LSE programmes in Myanmar was also strongly influenced by UNICEF, whose national staff provided the technical quality and commitment with the support of the regional office (EAPRO) that was important in pushing the introduction of LSE as an innovation in primary, secondary and non-formal education. UNICEF technical and financial contributions have been critically important and valued by the MoE and local NGOs.

UNICEF has a clear role as an innovator in LSE through the promotion of new ideas and supporting pilots for them. Armenia is a good example of this: UNICEF support contributed to the high standard of design on the stand-alone project, which in turn contributed to wider understanding of LSE. There are some questions, however, about how initiatives and pilots are taken on and scaled up by governments, which typically have
limited resources and budget. Whilst it is recognised in Armenia that, in moving to integration and national scale, some innovative and quality elements of the earlier support were “rolled back”, it is also acknowledged that UNICEF support helped to develop national understandings of LSE in the broadest sense. It provided the MES with an example of good practice and demonstrated the opportunities for change and the relevance of LSE to Armenian students. Thus the early work contributed to, or set the context for, the policy dialogue in which UNICEF and its UN partner agencies, notably UNFPA, were engaged. The national-scale integrated LSE is a result of that policy engagement.

In the case of Mozambique, UNICEF has focused on developing extra-curricular life skills activities through SAP in recognition of the limitations that curricular delivery would face due to systemic problems of poor quality and inequitable primary education service delivery. This is an innovative approach and it remains to be seen how this will transition into more formal integration within the system as the education sector capacity is developed. However, the extra-curricular approach still faces a number of the same issues as curricular integration, such as being perceived by some as another burden on the limited capacity of the school, and ensuring consistency and quality in delivery at a national scale. UNICEF technical expertise in analytical work on primary education is strong. This needs to be drawn on comprehensively with regard to developing an exit strategy from SAP and for developing better teaching and learning more generally.

In a number of countries, UNICEF has taken the opportunity to introduce LSE within a broader education reform approach that is aimed at improving the quality of education – such as alignment of LSE introduction with the PCAR framework in Malawi.

Similarly, in Afghanistan, LSE was introduced in order to support the comprehensive revision of the primary and secondary curriculum and to promote learner-centred pedagogy and enhance learning outcomes.

Alignment with national priorities is also evident; in Romania, for example, greater political will is attached to programmes explicitly related to the social integration of the Roma, which remains a high political priority for the government across all sectors.

UNICEF has a significant input into education systems through its substantial support for LSE, CFS and inclusive education initiatives in many countries. This gives it an important and often leading role in supporting governments and other development partners in the improvement of education at national and local levels, with significant opportunities to make meaningful and lasting contributions through its programmes. Given the overlap between such initiatives, however, there is a risk of confusion over UNICEF priorities and activities for its partners and potentially missed opportunities in maximising the impacts of these complementary initiatives. CFS, for example, is mentioned in several countries as part of UNICEF’s strategy, and it provides an overarching framework for UNICEF’s education programme. However, there was little evidence in the documentation of attempts to formally link or integrate LSE into existing CFS interventions or the CFS Framework.

Similarly in Malawi UNICEF is recognised for pushing the children’s rights agenda at policy level and in implementation and it has recently embarked in the promotion of CFS – yet there seems to be few linkages between the two programmes. In Myanmar it is also noted that LSE and CFS need to be more closely integrated.

In Burundi, UNICEF has contributed to the development of national policies and plans on the promotion of gender in education as part of an overall strategy for development and change, as well as supporting leadership courses for women in decision-making positions and producing school-based materials on gender. This clearly complements LSBE efforts at school level to tackle gender-based violence and HIV and AIDS.

UNICEF support has played an important part in resource development, particularly in supply and distribution of materials, and in teacher training. This was found in many country documentation reviews and all the case studies. In Malawi, UNICEF has been instrumental in introducing the concept of LSE and in supporting the development of several pilots. LSE became compulsory in primary schools in 2004 and was scaled up to all schools through the PCAR of which UNICEF was an associated partner. This has provided an enabling structural environment to conduct some activities at scale for UNICEF (distribution of textbooks and teacher training). With the set-up of the SWAP, printing and regular training are now financed by the pooled funding.
5.6.2 UNICEF support has worked to develop national ownership and a basis for sustained LSE in national education context

Table 37: Comparison of the case study countries against indicators for UNICEF additionality: UNICEF support has worked to develop national ownership and a basis for sustained LSE in national education contexts

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Armenia</th>
<th>Barbados</th>
<th>Jordan</th>
<th>Kenya</th>
<th>Malawi</th>
<th>Mozambique</th>
<th>Myanmar</th>
</tr>
</thead>
<tbody>
<tr>
<td>LSE is integrated into national institutional and organisational structures</td>
<td>♦♦♦</td>
<td>♦♦♦</td>
<td>♦♦♦</td>
<td>♦♦</td>
<td>♦♦♦</td>
<td>♦♦</td>
<td>♦♦♦</td>
</tr>
<tr>
<td>There are transitional arrangements in place for any fixed-term resource support</td>
<td>♦</td>
<td>♦</td>
<td>♦</td>
<td>♦</td>
<td>♦♦</td>
<td>♦♦</td>
<td>♦</td>
</tr>
</tbody>
</table>

UNICEF support has worked to develop national ownership and a basis for sustained LSE in national education contexts. Ownership is an elusive concept, however; the inclusion of LSE in the planning and implementation documents is evidence of ownership only where they were produced by national systems with limited external support, and were not seen as conditions for financial assistance.

UNICEF has played an important role in lobbying governments and working closely with ministries to ensure LSE is supported at national level. The assistance given to public information campaigns has also played a key part in national awareness and ownership (see section 5.5.3).

In Armenia, UNICEF (successfully) sought to develop national ownership, working with the highest levels of the MES and managing its inputs through the relevant national agencies (the NIE). There were controversies and tensions around LSE and the relevance of the international experience to Armenian society at the outset, but disputes and debates allowed concerns to be aired in appropriate ways prior to the national acceptance of the integrated LSE course. That there has been such controversy around LSE’s introduction as an integrated course contributes to an assessment of national ownership: it has survived a robust examination on the way. Although UNICEF had a high profile role in materials, training, professional and policy support, and UNFPA worked to ensure that the Healthy Living module is relevant to the real needs of adolescent boys and girls, the end product is very much owned by the Ministry politically, and by the NIE professionally.

In Barbados UNICEF’s contribution to embedding HFLE within the national context is recognised and there is clear national ownership of HFLE in both policy and practice. Similarly in Malawi, UNICEF has provided technical and financial support for the development and institutionalisation of LSE and, the MoE recognises its contribution has been significant in this respect. Although LSE used to be donor-driven, it is now fully integrated into the Ministry programme.
5.6.3 UNICEF has taken account of evidence and formative evaluation.

Table 38: Comparison of the case study countries against indicators for UNICEF additionality: UNICEF has taken account of evidence and formative evaluation

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Armenia</th>
<th>Barbados</th>
<th>Jordan</th>
<th>Kenya</th>
<th>Malawi</th>
<th>Mozambique</th>
<th>Myanmar</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNICEF has taken account of evidence and formative evaluation.</td>
<td>♦♦♦</td>
<td>♦♦♦</td>
<td>♦♦♦</td>
<td>♦</td>
<td>♦♦♦</td>
<td>♦♦</td>
<td>♦♦♦</td>
</tr>
<tr>
<td>Response to evaluation and review</td>
<td>♦♦♦</td>
<td>♦♦</td>
<td>♦♦♦</td>
<td>♦</td>
<td>♦♦</td>
<td>♦</td>
<td>♦♦ diy</td>
</tr>
<tr>
<td>UNICEF has collaborated in evaluation/lesson learning initiatives</td>
<td>♦♦♦</td>
<td>♦♦</td>
<td>♦♦♦</td>
<td>♦</td>
<td>♦♦</td>
<td>♦</td>
<td>♦♦ diy</td>
</tr>
</tbody>
</table>

Where evaluations exist, UNICEF seems to respond to them. UNICEF has supported or initiated evaluations in several contexts and at important moments in programme developments, and is often the only body doing so.

In Armenia, for example, an important evaluation in 2005 was undertaken that subsequently informed the transition of the project pilot to national integration. In Barbados, there is an ongoing process of review and development of the HFLE curriculum, as well as research relating to non-formal interventions. In Myanmar, programme development has reportedly been strongly informed by UNICEF-supported M&E, and in Malawi UNICEF has consistently financed and co-managed LSE evaluations with UNFPA. These have played an important part in the development and evolution of LSE programmes, and are examples to be taken forward and expanded upon in a sector where there is a paucity of quality M&E approaches and systems.

However, as mentioned in previous sections of this report, improved indicators and a greater emphasis on outcomes rather than outputs are required generally across M&E activities in LSE programmes, and UNICEF is constrained by the same difficulties of capturing longer-term impacts of LSE programmes with which it can inform future development. This is especially the case with both learner outcomes and teacher training outcomes, where there is little systematic evidence available through current monitoring systems and evaluations that demonstrate the effectiveness of particular approaches in behavioural and practice outcomes for both learners and teachers.
5.6.4 Issues and conclusions: UNICEF additionality

Promoting quality in LSE

UNICEF has demonstrated a comparative advantage in its ability to provide quality technical support to curriculum design and training (often from in-house staff), with capacity to engage in policy dialogue and advocate for LSE. UNICEF has led partnerships (including other development agencies and UN partners, such as UNFPA) in negotiations with national governments and concerned agencies.

Technical inputs by UNICEF are of a high standard with exemplary material and support in the first instance which contributes to engagement. The quality can be difficult to sustain when financing shifts to the Government.

UNICEF is often able to respond flexibly in ways that it can disburse funds (compared to the government and other development partners). Such flexibility is appreciated by national partners as it allows them to respond to changing contexts and needs.

Evaluation of major initiatives remains too weak. There are few baselines of key indicators or support for their assessment. A particular concern is that there is little evidence of UNICEF extending its support to assessing the impact of its training.

LSE and CFS

LSE initiatives are sitting alongside CFS initiatives in many countries and this evaluation has identified the extent to which they are mutually supportive. CFS, at its best, provides the means to develop students’ psycho-social skills and a framework and rationale for much of the thematic knowledge of LSE. This is confusing operationally, for example where responsibility for the two initiatives fall under different parts of the ministry, but it suggests a way in which UNICEF might rationalise support to LSE under the CFS programming strategy.

Developing national ownership

In most cases the bureaucracy and polity has taken control in planning national implementation, and, even where UNICEF is providing technical or financial inputs, there is ownership and control vested in the national agency concerned. However, the wider public perception is more complex and LSE can be perceived as “foreign” bringing an implied rejection of traditional local values. Such a concern has traction when LSE addresses sensitive concerns and challenges social norms.

UNICEF does not always demonstrate the capacity and concern for long-term engagement and support for an initiative, such as LSE, that requires curriculum change, teacher development and systemic structures. These require long-term engagement, beyond the point of national adoption. A ten year timescale is more appropriate to curriculum change than the more typical three to five years of UNICEF (and most other agencies’) project cycles.

Promoting HRBA

LSE initiatives often include topics which relate to understanding people’s rights and the CRC. However, many respondents felt that other UNICEF initiatives, notably the CFS strategy, are now the main vehicle for raising awareness and acting to respond to children’s rights. CFS, unlike LSE, engages the whole school, including the principal/head teacher, and has a more holistic and wide-ranging scope.

There is a recognised overlap between the aims of LSE and CFS as they relate to children developing as rights-holders in the school setting. UNICEF has developed a portfolio of material support to CFS and, in the best cases, CFS shows how these aims might be substantially delivered and sustained within an empowering “child-friendly” school culture.
6 Recommendations

The evaluation has found positive impact of LSE on individual students and on students’ interactions in groups. There is evidence, including first-hand evidence from children, teachers and parents that LSE has had a positive impact on children’s self-esteem, self-awareness and self-confidence.

The attribution of national level outcomes such as health, well being and social cohesion is difficult but there is anecdotal evidence from countries that have integrated LSE into curricula which suggests that LSE has contributed to increasing children’s knowledge about health issues, helped them to identify risky situations and be able to respond in ways that mitigate the risks.

LSE provides a space in which to build the knowledge and develop the skills that are most pertinent to children’s lives, and empower them to make positive life decisions. In most cases it is the only channel available to do so and is of particular importance when children have no other way to access honest and comprehensive information, for example, about SRH. LSE has increased understanding of the importance of children’s psycho-social development and how it can be nurtured appropriately at different ages. LSE is, at its best, child-centred by design and contributes to the children’s rights agenda.

LSE must develop within the education agenda to exploit these opportunities, but needs support to optimise and sustain the gains made so far. To this end, the evaluation puts forward the following recommendations:

6.1 International policy

6.1.1 Refining the definition of LSE

The terms associated with LSE have been stretched beyond their useful limit and it is recommended that UNICEF and partners take a lead in developing the taxonomy of the learning outcomes of LSE interventions that includes both the psycho-social skills and the knowledge associated with the major themes. The taxonomy needs to provide a working definition, including examples of how the psycho-social skills manifest in practice and how LSE can therefore be assessed, so that institutions, country governments and strategic funders can prioritise development and support.

To reduce the risk of the psycho-social skills elements of LSE becoming marginalised, the essential complementarities of psycho-social skills and thematic knowledge need to be analysed and made clearer to practitioners as necessary elements of LSE that aim to change behaviour.

To be useful the taxonomy must be explicit about learning outcomes and intended impacts and have widespread acceptance amongst practitioners. It should involve those working in different languages and educational cultures to resolve some of the ambiguities that have arisen from these contexts.

Towards this end it is suggested that UNICEF establish working partnership with other concerned agencies from the UN family and other partners for a consultative process.

The taxonomy should be considered a preparatory work for the next recommendation.

6.1.2 Develop standards for goals and an outcome framework at global and national level

It is recommended that UNICEF develop standards for expected results and outcomes at individual, school and national level. UNICEF should seek to establish a result/outcome framework for LSE in its target countries. The framework should, to the extent possible, be developed jointly by UNICEF, the governments and other partners. The framework should be child rights-based and outline indicators at individual level, at school and community level and at national level. It should focus on a range of skills, attitudes and behaviour and not be limited to thematic areas such as SRH and HIV prevention. Partners could all report against the framework, which would also be used (or part of it as relevant) as the basis for M&E of LSE interventions. It is recommended that results and outcomes be included in the quality standards.
It is recommended that standards take a life-cycle approach that will support the introduction of relevant psycho-social skills for pre-school children and take account of children’s development.

This work might build on the taxonomy and be part of the same process. It also needs to reconcile some of the different perceptions and understandings that have emerged and consider the essential contributing factors for psycho-social development and health.

6.1.3 LSE and CFS

It is recommended that UNICEF considers integrating LSE into the CFS programming strategy: CFS is the vehicle to carry UNICEF’s rights mandate into education and provides a well-tested framework for psycho-social skills, rights and health knowledge. CFS is at the heart of UNICEF programming and it recognises the interdependencies and complementarities between aspects of school life and the contribution of psycho-social health to learning and school-life.

Conceptually, this recognises that LSE’s aim of empowering children to take control of their lives is fundamental to CFS work towards realising children’s rights. It would also be more efficient to combine LSE and CFS than to have two separate streams of activity in support of formal education.

Psycho-social skills and health contribute to other UNICEF agendas, including for child protection, gender-based violence and maternal health. It is recommended that UNICEF assess how LSE might be mainstreamed in other areas.

The recommendation is predicated on the belief that the essential aims of LSE are completely consistent with and an essential part of the aims of the CFS Strategy and that, in many ways, this is a natural union of two different “brands”.

The way forward would include a review of CFS guidelines that considered the coverage of psycho-social well-being and the concomitant skills and looked at where these are supported across the CFS agenda.

6.1.4 Collection and dissemination of good practice

LSE is understood, shaped and implemented differently depending on contexts, focus and partners involved. It is recommended that UNICEF take pro-active steps to share good practices at international and regional level.

This could be done through a UNICEF webpage where key documents, best practices, curricula and manuals would be uploaded and key issues summarised, and mediated within UNICEF concerns for education, rights and protection.

6.2 National planning

6.2.1 Social norms

It is recommended that UNICEF develops guidelines for understanding and addressing social norms and religious contexts that are likely to affect implementation, to raise awareness of the barriers and risks arising and inform advocacy. This could draw from anthropological and sociological situation analysis that would: i) articulate and contextualise power, gender, age and group hierarchies in specific contexts, ii) identify positive and collective norms that could be used as drivers for change.

International guidelines on the knowledge to which children have a right would assist duty-bearers to deliver meaningful LSE even in contexts where there are constraining social and religious norms. A review of existing international and regional rights instruments could be used as a basis for such guidelines.

6.2.2 Participation

It is recommended that guidance on participation, particularly of parents and of community groups, which recognise and address the potential tensions between LSE aims and practices and social norms be strengthened to support practitioners to mediate concerns and deliver LSE that addresses children’s needs. Guidance may draw on successful practice.
6.2.3 Gender and adolescence

LSE can support constructive gender relations and the development of positive masculinities, femininities and sexualities. Both formal and non-formal approaches to LSE need to consider these themes in developing gender-sensitive and gender-appropriate strategies that address both girls’ and boys’ needs and concerns. Findings revealed that in some cases boys felt left out of LSE-related topics and this should be addressed by engaging with boys’ groups and better understanding their needs.

With the priority of sexual reproductive health and sexual behaviour in LSE more research is needed on the gender dimensions of LSE delivery and outcomes.

6.2.4 Capacity development

It is recommended that UNICEF recognise and support national plans to build capacity at institutional, organisational and personal level to lead and support LSE. This will include technical and advocacy support to institutionalisation within EMIS, planning and budget cycles and professional development systems.

6.2.5 Data

UNICEF should support the use of better data on the changing context and possible impact of LSE: better use of national data, with longitudinal studies is needed, suitably disaggregated, to evidence change in attitude and risk behaviour.

UNICEF can bring technical expertise to data-collection or the re-use of existing national data (for example from the Household or MICS surveys) and reinforce the case for investment in data-collection and analysis.

6.2.6 Children’s voice

LSE is predicated on its relevance to children’s lives: it is important that it responds to changing circumstances and reflects children’s realities. It is recommended that in design and implementation, and particularly in going to scale, the opportunities for children to influence the content and methodology of LSE be prioritised, from national to institutional levels.

Teachers should receive guidance on how best to respond to different learners’ priorities and concerns within the LSE framework for their grade.

LSE curriculum and practice should provide the opportunities and space for local level adaptation to respond to identified challenges and concerns in response.

6.2.7 Vulnerable groups

The integration of LSE into the formal education system has expanded its reach significantly. However, there has been limited attention to how this integration can accommodate the needs and interests of the most vulnerable and excluded groups of learners.

It is recommended that specific emphasis is placed on identifying and addressing the needs of these groups in curricula and learning materials, and that more detailed practical guidance and support is provided to teachers on identifying and incorporating these needs in the delivery of LSE in the classroom and in schools.

Non-formal LSE interventions are playing an important role in the extension of LSE to out-of-school children (including some of the most vulnerable and excluded groups) and to a holistic approach. It is recommended that support be given to improving coordination for non-formal LSE interventions at national and local levels, with a more systematic approach to the complementarity of school-based and non-formal LSE programmes. This includes support for media and advocacy interventions to build supportive norms for life skills development in schools and wider society.

It is recommended that UNICEF supports national plans to integrate quality assurance, M&E processes and tools for LSE amongst those partners implementing non-formal interventions.

Nationally, integration could be progressed through joint events and adoption of common standards.
Chapter 6: Recommendations

6.3 Implementation

6.3.1 Curriculum

UNICEF needs to build on the experience gained in LSE curriculum development to support national curricula (including teacher education and assessment reform) that are more child-friendly, focused on equity and meet the real life needs of all children. UNICEF needs to position itself more centrally on promoting pro-child and pro-poor curriculum reform rather than working at the margins of existing curricular activities.

Discussion about curriculum modalities has occupied LSE practitioners working within the practical constraints of curriculum time and revision cycles. It is recommended that LSE knowledge content should, wherever possible, be integrated within the school curriculum so that it is not perceived as an add-on that contributes to curriculum overload but as a core curriculum component that can be assessed within the standard assessment processes.

Whilst it is to be hoped that all teachers relate to children in ways that help them develop psycho-social skills (and it is recognised that a negative school culture can undermine them), it is recommended that psycho-social skills elements of LSE need protected curriculum time of approximately one hour a week.

To counter the tendencies for LSE time to be redirected towards examinable subjects it is recommended that robust assessment of LSE achievements is developed that could subsequently be included in the criteria for student graduation and/or transition.

6.3.2 Assessment

A critical gap in effective LSE programming is an understanding of how LSE and particularly psycho-social skills outcomes can be assessed, and developing appropriate tools with which to do this within the constraints of existing education systems. To this end it is recommended that UNICEF works internationally to synthesise experience of assessment of psycho-social skills both for diagnostic purposes and for inclusion in students’ formative and summative assessment.

It is further recommended that based on this synthesis, UNICEF develops clear guidelines on LSE assessment that can support the work of key institutions, such as teacher training colleges and national examination boards, in integrating effective LSE assessment into education systems, schools and classrooms.

6.3.3 Teachers

It is recommended that national standards-setting documents address the professional development of teachers for LSE delivery; incorporating their understanding and development of psycho-social skills both for themselves and for those they are teaching, and addressing the diverse contexts in which LSE will be delivered.

Where LSE persists as a separate subject, it is recommended that guidelines of qualifications, job description etc. be developed that regularise the position and codify the required characteristics and responsibilities.

It is recommended that elements of LSE be included in pre-service teacher training for all teachers building on the central place of psycho-social skills in participatory teaching and learning methods. UNICEF could support this with technical inputs into the teacher-education curriculum and into the job-descriptions and career paths of LSE teachers.

6.3.4 Whole school approach

The arguments for a whole school approach to developing children’s psycho-social skills are strong although very dependent on the quality of school leadership. LSE cannot be an island of practice within the school and as such needs to be considered integral to a schools approach to children’s development. At the same time, the constraints need to be understood as they will constitute barriers to that development.

It is recommended that UNICEF includes in standards and support activities, those which build the competence and guidelines for all teachers and education staff in a school to work in ways that develop students’ psycho-
social well-being and skills. This links psycho-social development to wider efforts around the introduction of participatory teaching and learning methodologies, including the CFS agenda, where it exists.

6.3.5 LSE and HIV

UNICEF has been an important partner in the international response to HIV and AIDS and one of the most significant agencies working for children and young people on the spectrum of educational responses to HIV and AIDS.

It is recommended that UNICEF continues its valuable support for institutionalising school-based HIV and SRH life skills education in generalised epidemics and that they include HIV and stigma prevention among young vulnerable populations in concentrated epidemics.

6.3.6 LSE in emergency situations

LSE has been increasingly formalised in partner responses to emergencies and crises: the needs of children in emergencies to develop psycho-social attributes of resilience are recognised and LSE in at-risk countries often includes DRR elements.

It is recommended that LSE standards learn lessons from emergency situations and align with INEE Minimum Standards.

6.4 An analytical framework for LSE

It is recommended that UNICEF country and regional offices engaged with LSE programming, review their existing progress on LSE systematically, and make use of an analytical framework that asks about critical elements of design and implementation.

A draft analytical framework is presented in Table 39.

Table 39: Analytical framework

<table>
<thead>
<tr>
<th>Question</th>
<th>How to know</th>
<th>What to do</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Context</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>What are the power, age, gender and group hierarchies in the society and in communities?</td>
<td>Reports with a focus on gender, sexual and reproductive health, rights, etc.</td>
<td>In-depth situation analysis that would include anthropological and sociological components</td>
</tr>
<tr>
<td>What are the common understanding and perceptions of children and adolescent girls and boys?</td>
<td>Recognition of different stages in childhood and adolescence. Recognition and understanding of boundaries and needs of children and adolescent boys and girls</td>
<td>Analysis of social and cultural perceptions of childhood and adolescence for boys and girls</td>
</tr>
<tr>
<td>What are the legal frameworks in place with regard to children’s and adolescent’s rights?</td>
<td>Ratification of international and regional rights instruments Domestication of international instruments Children code or equivalent</td>
<td>Review existing legislation for state and other duty-bearers’ obligations</td>
</tr>
<tr>
<td><strong>Programme</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is there political commitment at relevant levels and communities?</td>
<td>Integration of LSE into national sector policies and plans Curriculum Cross-ministry joint initiatives</td>
<td>Work with Ministry of Education on explicit integration of LSE into education policy and plans</td>
</tr>
<tr>
<td>Is the programme part of a wider framework?</td>
<td>Curriculum reform underway New HIV response strategy</td>
<td>Make explicit the links between LSE and quality education systems</td>
</tr>
<tr>
<td>Question</td>
<td>How to know</td>
<td>What to do</td>
</tr>
<tr>
<td>----------</td>
<td>-------------</td>
<td>------------</td>
</tr>
<tr>
<td>Does the initiative recognise the social norms around issues of sensitivity and the positive norms LSE could build on?</td>
<td>Has there been an initial analysis of social norms pertaining to LSE-related topics (supportive and constraining norms)? Are relevant opinion-formers identified at different levels? Has engagement with opinion-formers etc. been integrated into the programme intervention?</td>
<td>Surveys of attitudes Focus groups around issues Analysis of supportive social norms and actors Integration of this analysis into programme design and implementation</td>
</tr>
<tr>
<td>Are other agencies and ministries working coherently?</td>
<td>Presence of formal coordination structures at ministry and national levels Common approaches, curricula</td>
<td>Identify and map agencies, in both formal and non-formal sectors Coordination meetings, agreements on approach and scope of each agency Quality standards across LSE delivery modalities (formal and non-formal)</td>
</tr>
<tr>
<td>Is there an M&amp;E plan that looks at high level outcomes and impacts?</td>
<td>M&amp;E with indicators and measures at outcome and impact levels</td>
<td>Identify relevant indicators Baseline and plan for monitoring, including appropriate assessment tools Look at national data e.g. on health outcomes and behaviours</td>
</tr>
<tr>
<td>Has the programme identified at-risk groups?</td>
<td>Analysis of at risk groups and approaches to out-of-school children and others</td>
<td>Survey at risk groups and coordinate with existing agencies working with at-risk groups</td>
</tr>
<tr>
<td>How are at-risk groups of children currently being reached by LSE provisions?</td>
<td>Mapping of partners and existing LSE programmes Plan for LSE to identified groups</td>
<td>Participatory needs assessments Integration of children’s participation in programme design and implementation Enhance coordination and complementarity between existing interventions</td>
</tr>
<tr>
<td>Are the mutually supportive elements of LSE and CFS being realised?</td>
<td>Mapping the overlaps of CFS and LSE interventions at national, regional and school levels Levels of coordination and communication between the programmes and personnel</td>
<td>Establish institutionalised coordination mechanisms between CFS and LSE programming Integration of LSE and CFS into a common framework of whole school approaches</td>
</tr>
<tr>
<td><strong>Curriculum</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are psycho-social skills included in the curriculum (formal, informal)?</td>
<td>Curriculum documents clear about psycho-social skills</td>
<td>Curriculum renewal with psycho-social skills</td>
</tr>
<tr>
<td>Has the curriculum been field-tested and revised according to parents, teachers and students’ feedback?</td>
<td>Reports and curriculum review</td>
<td>Review curriculum delivery</td>
</tr>
<tr>
<td>Question</td>
<td>How to know</td>
<td>What to do</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Does the curriculum address information gaps for young people?</td>
<td>Needs assessment has been conducted. Curriculum covers a core including SRH, rights, gender relations</td>
<td>Regular reviews of curriculum content against changing needs. Ensure consistency of messaging and content across different interventions through coordination mechanisms</td>
</tr>
<tr>
<td>Is the curriculum delivered through varied modalities?</td>
<td>Formal and informal provision. Opportunities for exchange between schools/students and the outside world (communities, professionals). Participatory methodologies</td>
<td>Build complementarity of different provisions at school and community levels. Sustained support and professional development for teachers</td>
</tr>
<tr>
<td>Is LSE delivered as a whole-school approach?</td>
<td>Training of head teachers. Combination of classroom-extra-curricular activities. School based assessment</td>
<td>Integration with CFS strategies. Enhancing support and training for head teachers. Identifying and developing tools for school-based assessments</td>
</tr>
<tr>
<td>Does the curriculum include relevant assessment strategies?</td>
<td>Formative and summative Classroom and school-based</td>
<td>Support to the integration of LSE into supervision and inspection systems. Support relevant forms of assessment for knowledge, skills, attitudes and behaviours</td>
</tr>
<tr>
<td>Is the approach age-related and age-addressing</td>
<td>Psycho-social skills are developmentally appropriate. Young children are addressed. Early childhood development covered</td>
<td>Work with missing phases. Psycho-social skills for younger children as the generic skills set. Differentiation of delivery in multi-age classes</td>
</tr>
<tr>
<td>Are there measurable outcomes of LSE and ways to measure them?</td>
<td>Skills and knowledge outcomes are listed. There are tools to assess them that have been tested</td>
<td>Specify the required outcomes. Develop in-school measures</td>
</tr>
<tr>
<td>Are there data about the relevant behaviours?</td>
<td>National data sets. Baseline</td>
<td>Conduct a baseline</td>
</tr>
</tbody>
</table>

**Teachers**

| Are there criteria for selecting teachers?                             | Identified qualities and professional needs and experience for LSE           | Work with partners to identify characteristics required and develop job descriptions where appropriate |
| Is there a gender balance?                                             | Gender elements in criteria                                                  | Link to government strategies for teacher recruitment                                               |
| Do teachers have adequate support?                                    | Systems for mentoring, supervision etc. In-service training. Principal/head teachers have a role in support | Support the integration of LSE into supervision and inspection systems. Integrate LSE into career structures and support systems. Review the effectiveness of existing in-service and pre-service training provision against the needs of LSE teachers |
### Chapter 6: Recommendations

<table>
<thead>
<tr>
<th>Question</th>
<th>How to know</th>
<th>What to do</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does it address pre-service teacher education for all teachers?</td>
<td>Any LSE in pre-service</td>
<td>Work with providers and pre-service curriculum</td>
</tr>
<tr>
<td><strong>Education institutions</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How will LSE be supported by the whole school?</td>
<td>School- wide guidelines and approach</td>
<td>Prepare whole school guidelines for psycho-social skills</td>
</tr>
<tr>
<td></td>
<td>School- wide professional development and support</td>
<td>Train senior management</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Coordinate with CFS</td>
</tr>
<tr>
<td>Is there open engagement with the parents and community?</td>
<td>Forums and consultations on LSE and issues</td>
<td>Guidelines and consultative tools</td>
</tr>
<tr>
<td></td>
<td>Interventions of external resource persons</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Opportunities for children to engage with communities/professionals</td>
<td></td>
</tr>
<tr>
<td>Will students have a voice?</td>
<td>Are there forums?</td>
<td>Guidelines on participation of children</td>
</tr>
<tr>
<td></td>
<td>Are children helped to contribute?</td>
<td>Establish forums at national, sub national and school levels</td>
</tr>
<tr>
<td>Are materials in place?</td>
<td>Schools have materials to teach LSE</td>
<td>Develop capacity of national partners in LSE material development</td>
</tr>
<tr>
<td></td>
<td>Factual references</td>
<td>Support resource budgets for LSE</td>
</tr>
<tr>
<td></td>
<td>Activities etc</td>
<td></td>
</tr>
</tbody>
</table>

#### 6.4.1 Fidelity of implementation

Critical components for the implementation of LSE are indicated in Table 40.

**Table 40: Critical components for fidelity of implementation**

<table>
<thead>
<tr>
<th>Level of implementation</th>
<th>Critical components</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>System level</strong></td>
<td>Curriculum serves the design purposes&lt;br&gt;Assessment is carried out as intended&lt;br&gt;Supervision of delivery&lt;br&gt;Identification of teachers for LSE uses established criteria&lt;br&gt;Professional development for teachers and principals/head teachers is provided as planned</td>
</tr>
<tr>
<td><strong>Institutional level</strong></td>
<td>Materials for educators/learners are available/on time/adequate&lt;br&gt;Teachers/facilitators are available&lt;br&gt;Timing / infusion strategies are implemented in schools&lt;br&gt;Take-up of discretionary or optional courses is at planned levels&lt;br&gt;Support for teachers and for assessment is provided as planned</td>
</tr>
<tr>
<td><strong>Classroom level</strong></td>
<td>Respect, voice, and equality for students in teaching practice as intended&lt;br&gt;Teachers’ knowledge of the content areas&lt;br&gt;Teaching practices (“life skills-based approaches”) as defined in design&lt;br&gt;Use of resources, activities that have been made available&lt;br&gt;Adherence to curriculum</td>
</tr>
</tbody>
</table>
Annex 1. Terms of Reference

UNICEF EVALUATION OFFICE

Global Life Skills Education Evaluation

TERMS OF REFERENCE

A. BACKGROUND

1. UNICEF and a wide range of actors and/or partners have, over the past two decades or so, embarked on efforts to deliver life skills education programmes to empower in-school and out-of-school children and young people for the challenges that they face as part of growing up. Life skills are determinants of behaviour. They include psychosocial capabilities for using knowledge, such as critical thinking and problem-solving; for being decisive and taking responsibility for life choices, such as decision-making; for living together, such as communication and empathy; for completing tasks, work and other assignments, such as motivation and persistence. In line with education for sustainable development, thematic areas covered by life skills education include health promotion and disease prevention, environmental protection and disaster risk reduction, social and emotional learning and psychosocial support, human rights, citizenship and social cohesion, as well as livelihoods and financial literacy.

2. Life skills education aims to support the strengthening of skills that contribute to behaviours believed to reduce risk and vulnerability and increase opportunities in life. As a result, it has received significant attention and funding, mainly because of its importance to HIV prevention among adolescents as can be seen from the number of programs focusing on this thematic area, but also because of its contribution to quality education and as part of child friendly schooling. The importance of life skills is also acknowledged in two of the six EFA goals: ensuring that the learning needs of all young people and adults are met through equitable access to appropriate learning and life skills programmes (Goal 3); and improving all aspects of the quality of education and ensuring excellence of all so that recognized and measurable learning outcomes are achieved by all, especially in literacy, numeracy and essential life skills (Goal 6).

3. In 2007, a UNICEF stocktaking exercise revealed that life skills education programmes are currently being implemented in approximately 70 countries, and that the number of countries in which national education authorities are incorporating LSE in formal school curricula is growing. A majority of countries start life skills education at the primary level, and in some cases, as early as at the pre-primary level. In only a few of the countries, life skills education is included in the curricula in one of four ways: as a stand-alone subject; integrated into one or two main carrier subjects; infused throughout the curriculum; or in a blended approach that combines integration and infusion. In a majority of countries, school level interventions focus on short-term extra-curricular activities that are delivered only at the secondary level and do not reach a critical mass of learners. Hence several reviews have converged on the observation that the Education Sector has not sufficiently harnessed the strength of its core business of schooling to provide long-term and structured interventions to the large groups of children that are in their system.

4. For example, a 2009 evaluation of ‘My Future, My Choice’, a UNICEF supported extra-curricular HIV prevention life skills programme in Namibia, found that only 8.2 percent of secondary and combined school students participate in the programme, and recommended that the programme be institutionalized into the formal school curriculum. The evaluation also recommended that rather than offering the programme at late adolescence as is presently the case, the programme be offered as a mandatory subject to learners at the pre-adolescent or mid-adolescent stages when they are less likely to be sexually active. Several other studies\(^1\)\(^2\)\(^3\)\(^4\) indicate, however, that inclusion in the formal curriculum does not necessarily ensure full implementation, and that intentional life skills learning outcomes should be specified\(^5\)\(^6\). They also delineate characteristics that are necessary for
programmes to be effective\textsuperscript{179,vii,viii}.

5. Components that are necessary for successful life skills education programmes have been analyzed and used to develop five overarching programmes standards namely that (i) life skills education programmes should be rights- and needs-based, paying attention to CRC principles and girls empowerment in particular; (ii) life skills education programmes results-based; (iii) life skills learning should comprise of knowledge, attitudes, and skills; (iv) life skills education should be provided in protective and enabling learning environments with access to community services; and, (v) that teachers should be trained on equity-oriented delivery methods and provision of psychosocial support.

6. While there is more understanding and appreciation of what the key elements of a good life skills education programs should be, how they should be structured and targeted, and what would be the realistic and achievable outcomes, there has not been matching investments in monitoring and evaluation of structured, long-term and sustained interventions that are delivered through the formal system, or whether learning outcomes achieved as a result of these efforts. For these reasons, a global evaluation could bring new information on the implementation levels and quality characteristics of life skills education programmes, and on the evaluation of results for children through a closer look at policy pronouncements on life skills education, curriculum and programme analyses, as well as investigating if life skills learning outcome have been incorporated in assessment and examination systems.

B. PURPOSE, OBJECTIVES AND OVERVIEW OF THE PROPOSED EVALUATION

7. The purpose of the proposed exercise is to conduct a global evaluation of UNICEF’s support to establish sustainable and evidence-based life skills education programmes. In particular, the evaluation will examine where countries are with respect to accepted knowledge about components of successful life skills education programmes at formal and non-formal levels. The standards and benchmarks outlined in the UNICEF draft “Life skills learning and teaching: Principles, concepts and standards” will be used as a basis for the evaluation. The evaluation will also assess whether life skills education programmes are implemented from a right-based perspective, and make additional effort to include the most at risk and/or vulnerable young people.

8. In line with OECD/DAC criteria for evaluating development programs\textsuperscript{x}, the evaluation will also examine the added-value of UNICEF investments in life skills education programmes in terms of their relevance, coverage, efficiency, effectiveness and sustainability. For the purpose of this evaluation, these terms will be operationalized as follows;

- **RELEVANCE** – to determine whether programmes are consistent with beneficiaries’ requirements, country needs, policy positions, and whether their design remain appropriate given ever changing circumstances. Relevance will also assess if the thematic coverage is in line with international commitments, MDGs and focus on sustainable development. For instance, depending on the country needs, the evaluation will examine whether programmes include issues of health promotion and disease prevention, environmental protection and disaster risk reduction, social and emotional learning and psychosocial support, human rights, citizenship and social cohesion, livelihoods and financial literacy;

- **COVERAGE** – to determine whether programmes are implemented at scale, with desired levels of dosage, and have reached the desired levels of participation from young people of school-going age, and subgroups of excluded boys and girls who need a more targeted approach. Coverage issues are critical in increasing the likelihood of achieving the stipulated results and/or impacts;

• EFFICIENCY - to determine whether life skills education programs are planned and implemented in ways that are coherent and recommended for effectiveness. This include assessments of whether the standards and benchmarks are in place, meaningful partnerships have been created, and resources are deployed in a cost-effective manner;
• EFFECTIVENESS – to determine whether programmes stipulate plausible and feasible pathways to achieving results as represented in the results framework and program activities, and efforts are in place to monitor implementation and measure intended outcomes; and
• SUSTAINABILITY - to determine if life skills education programmes are planned and implemented in gender-sensitive and sustainable ways through the education system response (e.g. whether they are reflected in plans, curricula, examinations, pre-service teacher training efforts, and inspections).

9. The evaluation will be executed in two phases. The first phase will be a desk study of national efforts to examine the relevance, coverage and sustainability of programmes. This phase will focus on upstream work with education authorities. Informed by the reviews from the first phase, Phase 2 of the evaluation will examine programme coverage, efficiency, effectiveness, and implementation will be sustainable beyond the period of UNICEF support, focusing on downstream work at the national, sub-national, and school level where programs are implemented. Phase 2 will be executed in two tracks, the first being data collection on all LSE themes that are applicable to sample countries, except HIV and AIDS, while second track will include data on HIV and AIDS.

C. SCOPE OF THE EVALUATION

10. Ministry of Education sector responses. The evaluation will focus on the provision of life skills education as a result of a national education system response to HIV and AIDS. The overarching picture of the response (Phase I) will therefore be sought through analysis of national education policy and sector plans, formal school curricula for primary and secondary level education, pre-service teacher training curricula, inspections and examinations.

11. Formal intervention in schools. Previous reviews have noted that the education sector has not harnessed the strength and reach of its core business of schooling to ensure that life skills education programmes are well structured, institutionalized into the system, and reach a critical mass of in-school children. Hence a significant amount of effort will be spent on formal school-based life skills education programs in place in 2005-2010 targeting in-school and out-of-school programmes serving children and youth of pre-primary to secondary school age. The cut-off date of 2005 is to attempt to capture programmes that have benefited from recent recommendations for successful programming.¹, ², ³

12. Non-formal and extra-curricular interventions. A significant number of life skills education programmes are provided to in-school children as extra-curricular activities, delivered through school clubs and/or community based organizations. Other programs are in the non-formal sector, designed for out-of-school populations to mitigate perceived risk and/or address specialized instances of vulnerability. Typically, the two forms of interventions have profoundly different reasons for being, strategies for planning, barriers for implementation and effectiveness, and groups targeted. A selection of programmes from these two categories will be included in the evaluation with the aim of examining their efficacy, and glean from them lessons which may be applicable for large scale implementation.

13. Skills focus. The evaluation will look at the focus on psychosocial capabilities for using knowledge (critical thinking, problem-solving), for being decisive and resilient (decision-making, motivation, resilience), and for living together (communication, empathy).

14. Thematic focus. Life skills education thematic areas are in line with education for sustainable
development. They include health promotion and disease prevention; environmental protection and disaster risk reduction; social and emotional learning and psychosocial support; human rights, citizenship and social cohesion; livelihoods and financial literacy. The selection of thematic areas and their relative priority depends on the country’s situation with regard to prevalence of illnesses, violence and drug use, has high levels of unemployment, whether the country is prone to natural disasters, or is experiencing an emergency from a conflict or disaster. Hence, the evaluation will look examine the relevance of themes chosen in curricula, and analyze these with regard to the contextual situation.

15. Implementation focus. Low implementation rates, inefficient implementation methods, and/or lack of enabling learning environments affect access to life skills education programmes. These have also been identified as barriers for achieving results and outcomes for children. Where it is available, the evaluation will access secondary data from school visits and/or inspections to evaluate implementation capacity.

16. Unit of analysis. While a number of countries will participate in the evaluation, the unit of analysis or ‘objects of study’ will be the specific life skills education and/or interventions within each country. As part of the evaluation methodology, an analysis plan will specify a set of indicators and outputs, and indicate how data will organized, classified, compared and displayed relative to evaluation questions.

17. Attribution and contribution. While it is desirable to determine if UNICEF supported life skills education programs are being implemented, exhibit the characteristics known for effectiveness, are realistic in form of expected results, and achieving the desired outcomes, it is often difficult attribute results to only one source of inputs, actions, or actors. A contribution approach will be taken, and the methodology of the evaluation will stipulate, a priori, how the contribution analysis will be carried out.

D. EVALUATION QUESTIONS/Criteria
18. The first phase of the evaluation will focus on upstream work with education authorities. Hence evaluation question will address the relevance of the national programme as envisaged from the perspective of the country, and in relation to MDGs and other international commitments. The questions will also address coverage and sustainability of national programs. A non-exhaustive list of questions include:

- **Policy level** - Does the Ministry of Education (MOEs) have a national life skills education policy, strategy or framework? Is it articulated or inferred from several documents? Does life skills education address important needs as identified in situation analyses? Does formal life skills education address important needs as shown by national commitments, policies and plans (relevance)? Is life skills learning specifically mainstreamed or referred to in the education sector plan or strategy? Does the life skills education policy, strategy or framework address out-of-school children and other disadvantaged/vulnerable children?

- **School curricula** – Is the role of formal life skills education interventions clearly articulated in the country curriculum framework? What thematic areas does life skills education programmes address? Is life skills education provided at primary and/or secondary levels? Is life skills education mandatory or optional? Are the objectives and expected learning outcomes of the life skills-based education programs well defined? Is life skills education provided as a stand-alone specific topic, part of a main carrier subject or infused throughout the curriculum?

- **Pre-service teacher training curricula** – Is life skills education part of nationally provided pre-service teacher training for primary and secondary level teachers?

- **Assessments, monitoring and evaluation** - Are life skills education learning outcomes part of national examinations at the various levels? Are life skills education learning outcomes part of guidance for assessment at the various levels (intended coverage)? What is the evidence that life
skills education interventions are successful in achieving their intended outcomes and objectives? Have process monitoring mechanisms and instruments been developed and used to collect data on program implementation and coverage?

19. Focusing on downstream work at the national, sub-national, and school level where programs are implemented, the second phase of the evaluation will examine programme coverage, efficiency, effectiveness, and whether implementation will be sustainable beyond the period of UNICEF support. A non-exhaustive list of questions drawn from UNICEF for life skills education standards include:

- **Are life skills education programmes needs-based** – Did relevant gatekeepers and stakeholders, and learners participate in the development of life skills programs? Has formative research been conducted to identify risk and protective factors that influence the needs and assets of learners? Does content reflect learning needs to reduce risk and vulnerability and increase opportunities?

- **Are life skills education programmes results-based** – Do programmes identify behavioural objectives that contribute to the overarching impact goals? Do programmes identify specific and measurable learning outcomes in the form of knowledge, attitudes and skills are developed in line with the behavioural objectives?

- **Do life skills education programmes follow sound pedagogical principles** – Do teaching activities reflect established learning outcomes? Do teaching activities make use of participatory and skills-building methods that allow sufficient opportunities to practice skills development? Are teaching activities appropriate to learners’ age, gender, and experience? Are multiple teaching activities structured in a logical and cumulative sequence to support reinforcement and internalization of identified learning outcomes? Are learners informed about intended learning outcomes? Have assessment mechanisms been developed to measure individual progress toward achievement of the learning outcomes?

- **Are teachers trained on methods and psychosocial support** - Are teachers trained on aligning instruction with learning outcomes and assessments? Are teachers trained on life skills content areas and sensitive subjects? Are teachers trained on the use participatory and experiential methods for learning and teaching? Does teacher training include psychosocial support to address personal issues related to life skills education content?

- **Are life skills education programmes delivered in protective and enabling learning environments with access to community services** - Do all learners and staff feel safe, protected, connected, and valued in their learning environments? Were community service providers involved in planning of interventions? Are life skills interventions coordinated to minimize risk and maximize protection in learners’ lives? Is information collected and analysed to determine how characteristics of the learning environment and social context are helping or hindering achievement of life skills education objectives and goals?

- **Are life skills education programmes being implemented as intended** - What, if any, are the unintended barriers to efficiency of the life skills education programme? What core programmatic elements are missing, and are these being addressed by other actors and initiatives? Are there outstanding gaps not being met at all? Have resources been used effectively to deliver high-quality outputs, in a timely manner?

- **Is life skills learning being assessed** – What classroom assessment methods are use for assessing student learning? How? What is the evidence that the life skills education interventions are successful in achieving their intended learning outcomes? What, if any, are the unintended outcomes of the life skills education programme?

### E. OVERVIEW OF METHODOLOGY

20. The evaluation will be executed in two phases. Phase 1 will be a desk study of all country programmes with a well defined life skills education programmes, and focus on upstream work with and will examine policies, school curricula, teacher training curricula, school inspections reports, and
examinations and any other Ministry of Education documents that were developed in support for life skills education programmes. Phase 2 will be site visits for data collection. It will focus on downstream work at the national, sub-national, and school level where programs are implemented, and examine programme efficiency and effectiveness according to participants, beneficiaries and stakeholders.

21. **Sampling strategy:** In the first phase (the desk study) a census study of all countries with some form of life skills-based education and/or HIV education programmes (approximately 70) will be included. Within each country, all life skills education programmes that are implemented in the formal school system will be included, while a purposive sample of school-based extra-curricular programmes and non-formal programmes for out-of-school children will be selected following a pre-determined criteria.

22. **A purposive sample of six countries** will be selected and invited to participate in Phase 2 - two countries with hyper-endemic HIV scenarios, and four countries in each of the UNICEF administrative regions. Within each country, a two-step sampling strategy involving programmes (Step 1) and policy-makers and programme participants/stakeholders (Step 2) will be used. In Step 1, all life skills education programmes that are implemented in the formal school system will be included, while a representative sample of school-based extra-curricular programmes and non-formal programmes for out-of-school children will be selected following a pre-determined criteria.

23. In Step 2, all policy-makers associated with national life skills education programme in relevant Ministries of Education structures (planning units, curriculum development units, examinations boards, teacher training institutions and inspection units) as well as officials from all agencies that provide funding for the national life skills education programme that are will be targeted. A representative sample of all programme participants (learners, teachers, administrators) and stakeholders associated with programmes will be selected; hence a sampling framework that reflects a range of activities, beneficiaries and stakeholders will be articulated.

24. **Design:** The evaluation study will be a mixed-methods design employing a combination of qualitative and quantitative methods. Qualitative data will be obtained from multiple sources; a desk review of documents, interviews of policy-makers as key/elite informants, as well as interviews and/or focus groups of important groups of beneficiaries. Data from qualitative sources will be analyzed, summarized and further processed through surveys. Where opportunity presents itself, the evaluation methodology should also examine the possibility of comparing perceptions of beneficiaries of LSE programmes with those of non-participants, on the demand and utility of programmes. The evaluation will also conduct a secondary analysis of existing quantitative data in the form of programme attendance registers, school inspection data, and learning outcomes data such as assessment and/or examination results.

25. **Data collection - Phase 1:** The desk review will be an important tool to assemble evidence of work products, and a mapping of life skills education programmes. The life skills education office at UNICEF HQ will avail some key documents for a systematic desk review. These will include program documents, presentations and reports of capacity building workshops, instructional manuals. Other documents will be collected via Country Offices, these will include education sector plans, education policy documents, formal school and teacher training curricula guidance, examinations papers, inspection guidance, etc.

26. **Data collection - Phase 2:** Data collection will be conducted two concurrent tracks. **Track one** will comprise site visits and data collection in four countries (4 from this list: Jordan, Myanmar, Cambodia, Tanzania, Armenia, Nigeria) examining quality characteristics covering broader thematic

---

**Annexes**
concerns of life skills education programmes, but excluding the HIV/AIDS. **Track two** will be site visits to 2 of 10 Southern Africa countries with hyper-endemic HIV scenarios (tentatively Malawi and Mozambique). Data collection will cover all thematic areas, as well as on HIV and AIDS. In both tracks the evaluators will collect data that will enable them to describe the structure of the programmes, analyze their quality, as well as assess the plausibility and feasibility of the pathways to achieving results as represented in the results framework and program activities. The evaluation will interact with stakeholders and/or beneficiaries to assess their understanding of intended outcomes.

- **Primary Data Collection:** Primary data - to be collected through interviews and focus groups, self-administered surveys, and direct observations, the delphi-survey – will add to the existing knowledge about life skills-based education programs, and will be used to with key gauge perceptions of stakeholders and end beneficiaries on their interactions with the programme providers and the utility of the interventions. The evaluation should give prominence to voices of children in general, and identified vulnerable subpopulations in particular.

- **Secondary Analysis of Existing Data:** The evaluation is expected to make some value judgement on the effects of key select interventions by examining inputs and outputs. The source of these data will be UNICEF databases, partner databases, as well MOE data sources. Where comparisons are meaningful and data exists, the evaluation will employ comparisons of beneficiaries and non-beneficiaries on a set of agreed programme outcomes.

27. **Data Analysis:** The evaluators will develop a data analysis that specifies a set of indicators and outputs, and indicate how data will organized, classified, compared and displayed relative to evaluation questions

**F. EVALUATION RESPONSIBILITIES AND MANAGEMENT ARRANGEMENTS**

28. **Reference Group:** A reference group for the evaluation will be established at the UNICEF Headquarters by the Evaluation Office, in consultation with the Education Section. Membership of the Reference group will be as follows:

- **Chair** - Senior Advisor, Evaluation & Research (Evaluation Office, HQ)
- **UNICEF Members** - Global Education Chief (Education Section, HQ)
  - Senior Advisor, Basic Education and Gender Equality (Education Section, HQ)
  - Education Specialist, Life Skills Education and HIV (Education Section, HQ)
  - Education Specialist, HIV and AIDS (Education Section, EASARO)
  - HIV and AIDS Specialist (HIV and AIDS Section, HQ)
  - Evaluation Specialist (Evaluation Office, HQ)

External members – to be determined
The Chair is responsible for oversight of the evaluation, with members advising on:

- Finalizing the Terms of Reference at the conclusion of the inception phase
- Approval of all evaluation design and methodology
- Approval of all evaluation products, including the inception and final reports
- Approval of post-evaluation management response, action plan and dissemination strategy

29. The Evaluation **Specialist (Education)** in the UNICEF Evaluation Office in New York will be responsible for the technical management of the evaluation according to the agreed TOR. She will provide overall guidance to the evaluation team on UNICEF requirements and standards for evaluative work, as well as contribute directly to the quality assurance of evaluation activities.
30. The Education Specialist (Life skills and HIV) in the Programme Division’s Education Section in New York will be responsible for technical input to the Evaluation Specialist (Evaluation Office) on UNICEF requirements and standards for life skills education and school-based HIV prevention.

31. The Evaluation Team will be responsible for the professional conduct of the evaluation in accordance with the UN Evaluation Group Norms and Standards for Evaluation, and the UN Code of Conduct for Evaluation. The team will be expected to perform the following tasks:
   - Work with relevant officials in the UNICEF HQ and UNICEF Country Offices in selected countries to set up management arrangements for data collection at the country level, design and facilitation of the necessary meetings.
   - Develop and review data collection tools, including questionnaires, interview questions and protocols;
   - Data collection and data processing;
   - After formulating the initial findings, develop delphi-survey and execute it to obtain additional data that will ensure that the global perspective are represented in the evaluation; and,
   - Ensuring that the evaluation manager (Evaluation Specialist in New York) is regularly informed of the progress of the evaluation and possible causes of delays and issues to resolve.

G. EVALUATION PRODUCTS

32. The evaluation consultants will be responsible for the production of:
   - The inception report
   - Integration into the final report of the analysis perspectives from the delphi-survey;
   - Dissemination workshop to consider initial evaluation results;
   - PowerPoint files for the presentation of final reports; and,
   - Final evaluation reports, according to the UNICEF House Style and UNICEF standards for evaluation reports.

33. Inception report: The inception report will be used to confirm a common understanding of the description of what is being evaluated, the logic or theory of the life skills education programs are supposed to function, including outputs, expected outcomes and their inter-relationships. The report will include, inter alia,
   - Evaluation purpose and scope – a clear statement of the objectives of the evaluation and the main aspects of the evaluation
   - Evaluation criteria and questions – question to be answered by the evaluation, and the criteria which will be used to assess performance, including questions that address critical human rights and gender equality issues
   - Evaluation methodology – expanding on the methodology section in the TOR, a sampling plan, a description of data collection methods and data sources (including a rationale for their selection), draft data collection instruments, a discussion on reliability and validity of the evaluation, and a discussion on the limitations of the methodology. This section should include instruments to assess relevant human rights and gender equality aspects.
   - Evaluation matrix and analysis plan – a mapping that identifies evaluation questions, how they will be answered through the selected methods, and a data analysis plan, a proposed structure for the final report.
   - Evaluation work plan and timeline – a revised work and travel plan
   - Resources requirements – detailed budget for the evaluation, tied to evaluation activities, work plan, deliverables.
The inception report will be 15 -20 pages, and will be presented at a formal meeting of the Reference Group.

34. **Desk review report:** This will include a complete synthesis of relevant literature, a mapping of programmes in 70 countries according to the agreed criteria, and additional insights into executing Phase 2 of the evaluation, including a evidence-based confirmation of the selection of countries.

35. **Evaluation Report:** The final evaluation report will include:
   - An analysis of concepts, trends and critical issues in life skills-based education, detailing implications for successful
   - An assessment of UNICEF’s mandate, strengths and weaknesses relating to UNICEF’s strategic and programmatic choices for life skills education programmes against a set of agreed evaluation criteria;
   - An analytical framework which UNICEF can apply to improve the effectiveness of its support for and engagement with life skills-based education programs, at the country level, and an assessment of the role of the regional and global offices in support of the programs;
   - Derived from the findings of the evaluation, recommendations on the improvement of life skills education programmes, the extent of UNICEF’s engagement, and how it should relate with the education systems, governments and other actors.

The evaluation report will not exceed 120 pages, including the executive summary and annexes. Annexes will include the TOR, description of methodology, list of background materials used, list of people interviewed, power point presentations and workshop materials. All evaluation products will be prepared in English.

36. **Desired Competencies for evaluation team:** Evaluation consultants must each must offer the following demonstrated experience, knowledge and competencies:
   - Exceptional technical knowledge and experience of evaluation concepts and approaches and capacity execute a multi-country evaluation effort;
   - Good knowledge in life skills-based education, knowledge and evaluation experience in the education sector,
   - Facilitation skills, particularly design of stakeholder consultations exercises;
   - Strong quantitative and qualitative data collection and analysis skills;
   - Excellent language and communication skills in English and one other UN language
   - Demonstrated report writing skills, in English;
   - Computer literacy in Word, Excel and Power Point;

The evaluation team must have experience of working cross-culturally in development, and demonstrated capacity in managing evaluation projects and teams.

**H. PROPOSED WORK PLAN AND TIMELINE**

37. **Tentative Schedule:** A tentative schedule for major evaluation activities, and expected timeline is as follows:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Finalize contractual arrangement with evaluation team</td>
<td>29 October, 2010</td>
</tr>
<tr>
<td>Submit inception reports to UNICEF</td>
<td>30 November, 2010</td>
</tr>
<tr>
<td>Submit desk study reports to UNICEF</td>
<td>14 February, 2011</td>
</tr>
<tr>
<td>Data collection, analysis and other field activities</td>
<td>15 April, 2011</td>
</tr>
</tbody>
</table>
Submit first draft of the report 02 May, 2011
Submit final report 30 June, 2011

i Health and Family Life Education (HFLE)
ii HIV and AIDS response of the education sector in the nine hyper-endemic countries in Southern Africa,


x OECD-DAC, 2002

Annex 2. **Description of methodology**

**Evaluation Framework**

At the start of the evaluation an evaluation framework was drawn up in consultation with UNICEF, covering the areas of relevance, coverage, efficiency, effectiveness, sustainability and UNICEF additionality in LSE programmes.¹⁸⁰ This framework informed all activities in the evaluation to ensure commonality of approach, comparability of findings and consistency throughout the various phases of the evaluation:

**Relevance (of design)**

**Key question:** Are LSE interventions resulting in more positive behaviours by young people in response to the life challenges that they face, within the national context?

**Criteria: relevance**

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Indicators</th>
</tr>
</thead>
</table>
| LSE is relevant to the life and challenges of all learners | Learner voice in design  
Learner voice in implementation  
Monitoring and evaluation focuses on learners’ outcomes  
Vulnerable groups and groups with specific learning needs are identified and addressed in the design.  
Groups with specific learning needs are identified and addressed in the implementation  
Monitoring and evaluation focus on learners (inspection on participation, and assessment on learning outcomes in knowledge, attitudes and skills) |
| Intervention recognises and addresses social norms and behaviours | Supportive norms are identified and analysed in the design  
LSE builds on supportive norms  
Constraining norms and attitudes are identified and analysed in the design  
LSE planning addresses such constraints |
| LSE addresses national needs | Policy for LSE references/aligns with overarching national policy (PRSP, Sector Plans, UNDAF/other joint strategies in education, health, HIV/AIDS)  
LSE design has involved relevant stakeholder consultation (including beneficiaries, caregivers, teachers, social/health workers)  
LSE design is based on assessment of national needs  
Stakeholder consultation during implementation |
| LSE content and delivery embody CRC principles | Non-discrimination  
The best interests of the child  
The right to life, survival and development  
Learner participation in design  
Knowledge of human rights and related responsibilities  
Specific learning needs taken into account  
Factors leading to educational disadvantaged catered for |
| Intervention is aligned with international commitments | LSE addresses international commitments to CRC  
LSE supports MDGs and EFA  
LSE includes the thematic areas that address global commitments |
| There is opportunity to respond to changing circumstances | There is review and feedback process  
There is a focus on the process of developing life skills in participation with learners.  
Design has been adapted in the past |

¹⁸⁰ Aligning with the OECD/DAC criteria for evaluating development programmes
Questions: relevance

<table>
<thead>
<tr>
<th>National/Intervention</th>
<th>Institutional</th>
<th>Learner</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1.1 Strategies and policies</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does LSE policy reflect CRC and international commitments?</td>
<td>How is LSE mediated to caregivers and the community?</td>
<td>Is the design based on learner consultation and need?</td>
</tr>
<tr>
<td>Is policy addressing national need?</td>
<td></td>
<td>Is there opportunity to respond to local, individual needs?</td>
</tr>
<tr>
<td>What assessments have been undertaken to inform policy, planning and programming?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does it take account of social norms?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does LSE program planning reflect a human rights-based approach?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does life skills education address important needs as identified in national situation analyses?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is there non formal education policy that addresses LSE?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>1.2 Practices</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does the design accord with quality standards in UNICEF 2010?</td>
<td>Is LSE adapted to learners needs in the local context?</td>
<td>Is LSE delivered age appropriately?</td>
</tr>
<tr>
<td>Is curriculum, assessment etc. in accord with policy intentions?</td>
<td>Does the school/centre encourage learner participation in LSE delivery?</td>
<td>Is it delivered in ways that respect learners’ rights and encourage knowledge of one’s rights and the rights of others?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Do programmes address the status quo of gender relations as regards to who has control over contraception in sexual encounters (female behaviour vs. male behaviour)?</td>
</tr>
<tr>
<td><strong>1.3 Results (outcomes or impacts)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is LSE results–based?</td>
<td>How are outcomes and behavioural impact assessed?</td>
<td>Do learners find the LSE relevant to their lives and their challenges?</td>
</tr>
<tr>
<td>What are the national indicators?</td>
<td></td>
<td>Have they changes relevant behaviours?</td>
</tr>
<tr>
<td>Has LSE had national outcome/impact?</td>
<td></td>
<td>Do they have related understandings and personal skills?</td>
</tr>
<tr>
<td>Is impact analysis disaggregated by gender, vulnerable groups, geography?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is there change in the national outcome indicators?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Coverage

**Key question:** Is LSE reaching all students providing them with adequate learning opportunities differentiated as necessary to their different needs and circumstances?

**Criteria: coverage**

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>LSE intervention reaches all intended groups: geographical, socio-economic, ethnic, language groups that are marginalised</td>
<td>The number of beneficiaries as percentage of the age population</td>
</tr>
<tr>
<td></td>
<td>Number of targeted learners who access the LSE opportunity.</td>
</tr>
<tr>
<td>LSE intervention is adapted to the needs and</td>
<td>Strategies to identify and target groups, including at-risk groups</td>
</tr>
</tbody>
</table>
Annexes

<table>
<thead>
<tr>
<th>circumstances of beneficiaries, including marginalised, vulnerable and at risk groups</th>
<th>Adaptation of LSE to needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>LSE (or complementary initiatives) address out-of-school children</td>
<td>Specific actions to reach out-of-school children</td>
</tr>
<tr>
<td>Attendance of out-of-school learners at LSE</td>
<td></td>
</tr>
<tr>
<td>LSE interventions are targeted at ages or groups appropriately for the knowledge, attitudes, skills and behaviour change</td>
<td>Interventions start with young learners</td>
</tr>
<tr>
<td>Curriculum and delivery are age-aware</td>
<td></td>
</tr>
<tr>
<td>LSE interventions are gender sensitive and inclusive</td>
<td>Design of LSE intervention addresses gender contexts</td>
</tr>
<tr>
<td>Implementation reflects design or has local adaptation to gender issues (e.g. separate sessions if necessary)</td>
<td></td>
</tr>
<tr>
<td>Resources reach all points of delivery</td>
<td>Equitable allocation of resources, including teachers, across the target area.</td>
</tr>
<tr>
<td>Resources allow intended LSE delivery</td>
<td></td>
</tr>
</tbody>
</table>

Questions: coverage

<table>
<thead>
<tr>
<th>National</th>
<th>Institutional</th>
<th>Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1 Strategies and policies</td>
<td>Is LSE policy national and inclusive? How is LSE defined in the policy Does it recognise and address relevant differences between groups of beneficiaries? Are at-risk groups identified and addressed?</td>
<td>Do institutions have strategies to ensure all learners benefit from LSE intervention? Do they address caregivers, mediating LSE and any concerns?</td>
</tr>
<tr>
<td>2.2 Practices</td>
<td>Is LSE included in national plan for education? Is LSE included in national curriculum framework? What thematic areas does the LSE address? Is LSE compulsory or optional? Is there differentiation for different groups? Are there sufficient resources for coverage? (T&amp;L, staff, etc.)</td>
<td>Are all learners included? Is there any outreach to out-of-school learners?</td>
</tr>
<tr>
<td>Are learners able to adapt to their own contexts and needs? Are gender differences respected in the LSE delivery? Are learners empowered to learn about the CRC, especially in reference to the rights of children who are members of vulnerable groups?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.3 Results (outcomes or impacts)</td>
<td>Do all (targeted) children receive the LSE as intended? Has there been impact on targeted groups?</td>
<td>Do all learners receive LSE as planned?</td>
</tr>
<tr>
<td>Do all learners complete the LSE course? If not, why not?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Efficiency

**Key question**: Is LSE delivered in ways that make good use of resources to deliver and maintain quality learning?

**Criteria: efficiency**

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>The LSE intervention makes good use of available resources.</td>
<td>LSE intervention has reached targets to plan, in timely manner. Necessary resources for the LSE have been provided: including personnel, material, professional development etc. Resourcing has been transparent and within reasonable limit</td>
</tr>
</tbody>
</table>
Resources have been adequate
LSE is of acceptable quality for the resources provided
LSE interventions are complementary and coordinated

Resources have been distributed as intended
Implementation standards and benchmarks are in place and being used
There is inspection/supervision of LSE according to the standards
LSE interventions are complementary and coordinated
There is an effective point of coordination for LSE thematic issues
The intervention develops partnerships with other actors, including local NGOs
The strengths of different partners/modalities are stated and reflected upon
The interventions take into account social norms in society?

Questions: efficiency

<table>
<thead>
<tr>
<th>3.1 Strategies and policies</th>
<th>National</th>
<th>Institutional</th>
<th>Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does LSE have adequate national budget?</td>
<td>Do schools/centres have to provide local resources?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is there adequate coordination of LSE activity?</td>
<td>Does LSE adopt good pedagogical practices as understood by the school/centre?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are different modes of delivery used, building on strengths?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3.2 Practices</th>
<th>National</th>
<th>Institutional</th>
<th>Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was the intervention rolled out in timely manner?</td>
<td>Does school/centre seek to embed aspects of the LS in other areas?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is there inspection against standards and benchmarks?</td>
<td>So they complement with extra-curricular offerings?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Does the school/centre work with local bodies (health, social, NGOs, CSOs) to deliver LSE?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3.3 Results (outcomes or impacts)</th>
<th>National</th>
<th>Institutional</th>
<th>Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do different modalities (curriculum, extra, embedded etc.) have different costs?</td>
<td>Are there working partnerships with other concerned agencies? (e.g. health providers, etc.).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are there standards and benchmarks?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Effectiveness (of delivery)

Key question: Is LSE delivering the intended outcomes and impacts for learners?

Criteria: effectiveness

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>LSE is delivered to quality standards (as per UNICEF 2010)</td>
<td>All the quality standards can be seen in the implementation</td>
</tr>
<tr>
<td>LSE intervention logic is explicit and robust</td>
<td>Clear description of design logic</td>
</tr>
<tr>
<td>There is a method and resources to monitor and to evaluate outcomes</td>
<td>Monitoring and evaluation is in place, underway. Results are being used.</td>
</tr>
</tbody>
</table>
| LSE intended learning outcomes are clearly stated attitudes, knowledge, including thematic knowledge skills | Command of critical knowledge
Identified skills
Caregivers and learners recognise and can identify their changes in these areas. |
| LSE intended learning outcomes are substantially achieved | Learners assessments
Command of critical knowledge |
<table>
<thead>
<tr>
<th><strong>attitudes, knowledge, including thematic knowledge skills</strong></th>
<th>Caregivers and learners recognise and can identify their changes in these areas.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>LSE behavioural outcomes are achieved and demonstrated in life outside school/centre</strong></td>
<td>Learners, caregivers identify behaviour changes Secondary data on behaviours shows changes</td>
</tr>
</tbody>
</table>

### Questions: effectiveness

<table>
<thead>
<tr>
<th>National</th>
<th>Institutional</th>
<th>Child</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>4.1 Strategies and policies</strong></td>
<td>Does strategy define required outcomes? Has policy identified different delivery modalities, agencies and their relative strengths?</td>
<td>Can delivery modalities be modified for effectiveness?</td>
</tr>
<tr>
<td><strong>4.2 Practices</strong></td>
<td>Is LSE within the national pre-service training for (all) teachers? Are in-service opportunities available for teachers or LSE facilitators? Is there feedback and adaptation in practice? Is there national assessment that addresses LSE? How are different delivery modalities for LSE used to complement each other?</td>
<td>Are T&amp;L materials available? How many hours are there for LSE? What methods are used? How does school/centre/program measure effectiveness? Is there relevant internal assessment? How Is LSE delivered, are there complementary modalities? Are teachers/facilitators appropriately trained?</td>
</tr>
<tr>
<td><strong>4.3 Results (outcomes or impacts)</strong></td>
<td>Is there national evidence of intended outcomes e.g. behaviour change by relevant areas/groups?</td>
<td>Are there changed behaviours, skills that affect other parts of school/centre life (i.e. is there evidence that LS psychosocial and other skills change approach to other school institutional activities)? Are there other unintended outcomes (+ve or -ve) identified for the school/centre?</td>
</tr>
<tr>
<td><strong>Sustainability</strong></td>
<td><strong>Key question:</strong> Is LSE provision sustainable and likely to be sustained?</td>
<td></td>
</tr>
<tr>
<td><strong>Criteria: sustainability</strong></td>
<td><strong>Criteria</strong></td>
<td><strong>Indicators</strong></td>
</tr>
<tr>
<td>LSE is institutionalised in the national structures for education (formal, non-formal, school and teacher training curricula, examinations/assessments, inspections) and/or other sectors, in coherent way</td>
<td>LSE included in plans, budgets, curriculum and assessment procedures, teacher-education, and teacher career structures etc. LSE recognised in plans of other agencies/centres in ways that are consistent Coherent oversight of LSE provision across different agencies and agreement on roles.</td>
<td></td>
</tr>
<tr>
<td>Material and human resources for LSE are committed</td>
<td>Budget allocation, including recurrent budgets, and established posts in place Budget has been disbursed in last three years There are teachers/facilitators in place and/or arrangements for pre-service or in-service professional development that are adequate</td>
<td></td>
</tr>
</tbody>
</table>
LSE has been recognised in public and professional opinion

There is public awareness of LSE and its benefits
There is:
Press coverage
Political interest
Support from opinion makers (media, faith-leaders, community leaders etc)
There is a shared view of the purpose of LSE.

Questions: sustainability

<table>
<thead>
<tr>
<th>National</th>
<th>Institutional</th>
<th>Child</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>5.1 Strategies and policies</strong></td>
<td>Is there national policy covering LSE? Does it cover all providers and interested parties? Is there financing etc. support sustaining? Are the institutional structures for curricula, assessment and PDT in place? Is there information system (EMIS) that includes LSE?</td>
<td>Is LSE properly integrated into school planning, resourcing etc.</td>
</tr>
<tr>
<td><strong>5.2 Practices</strong></td>
<td>Is LSE part of mainstream provision? Is LSE recognised in teachers ‘terms and conditions’?</td>
<td>Is LSE seen as contributing to the value of the school/centre?</td>
</tr>
<tr>
<td><strong>5.3 Results (outcomes or impacts)</strong></td>
<td>Are the benefits of LSE recognised by the profession, the public and the polity? Are LSE outcomes reported for EFA (Goal 3) and UNGASS (Indicator 11)</td>
<td>Do parents and community recognise benefits and behavioural change etc.? Is there a shared view of LSE amongst the school community?</td>
</tr>
</tbody>
</table>

UNICEF additionality

**Key question**: Has UNICEF contributed to LSE that is of high quality and matches standards, reaches intended learners and is making an impact on their lives?

**Criteria: UNICEF**

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNICEF support contributes to quality design and implementation of LSE</td>
<td>UNICEF has provided inputs to standards UNICEF has engaged in policy and design dialogue UNICEF has promoted a HRBA to LSE program design and implementation</td>
</tr>
<tr>
<td>UNICEF support has worked to develop national ownership and basis for sustained LSE in national education context</td>
<td>LSE is integrated into national institutional and organisational structure There are transitional arrangements in place for any fixed-term resource support</td>
</tr>
<tr>
<td>UNICEF has taken account of evidence and formative evaluation.</td>
<td>Response to evaluation and review UNICEF has collaborated in evaluation/lesson learning initiatives</td>
</tr>
</tbody>
</table>
### Question: UNICEF

<table>
<thead>
<tr>
<th>National</th>
<th>Institutional</th>
<th>Child</th>
</tr>
</thead>
</table>
| **6.1 Strategies and policies** | How has UNICEF contributed to policy discourse?  
Is UNICEF’s international experience mediated into national policy?  
Has there been support to capacity for policy making or implementation.  
Has UNICEF worked within the development partnership groups?  
Has UNICEF successfully conveyed and supported a human rights-based approach with its partner groups? | | |
| **6.2 Practices** | Has UNICEF taken active role in implementation:  
-resources/materials  
-professional development  
-etc. | Has UNICEF been engaged at institutional implementation level?  
In what ways?  
How has this contributed to institutional strengthening and ownership? | Do practices align with HRBA and CFS standards approaches?  
Do they recognise and actively address 4As (or AQR) standards? |
| **6.3 Results (outcomes or impacts)** | Has UNICEF support led to development of institutional, organisational and personal capacities for LSE?  
Has UNICEF supported evaluation and impact analysis? | Are schools CENTRES working in ways that reflect UNICEF standards? |

### Literature Review

To provide a framework and context for the UNICEF Country Office documentation review, an analysis of the existing literature on life skills and life skills education was undertaken. A wide range of documents and data were sourced through consultation with UNICEF and other agencies, the existing knowledge of the consultant team members, keyword web-searches and reference to bibliographies in retrieved documents. The review of literature was guided by the evaluation framework, and led by a senior member of the consultant team. The review sought to identify the theoretical underpinnings and debates around life skills, the trends, main actors and challenges and opportunities of LSE in policy and practice.

A list of documents consulted is at Annex 3.

### Country documentation review

#### The selection of countries

As described in the Inception Report, seventy countries were identified in UNICEF’s 2007 stocktaking exercise as having a national intervention for LSE. The relevant seventy UNICEF Country Offices were approached by UNICEF HQ with a request for documents: forty responded between February and April 2011. Six countries were reviewed collectively as the East Caribbean, as the majority of documents received were based on the regional Caribbean Community (CARICOM) approach to design and implementation, which received regional support from UNICEF.
Documents requested and received

Each UNICEF CO was asked by letter to provide documents about LSE policy and practice, specifically:

- Education sector plans, where these incorporate the LSE intervention;
- Agreements with any funding and/or implementation partners;
- Education policy documents;
- School curricula, curriculum-guidance and learning materials covering life skills or corresponding thematic areas;
- Public examination papers for life skills and/or other tools used to assess pupils;
- Teachers’ professional development arrangements (pre-service or in-service) and curricula that reflect LSE;
- Inspection and/or supervision arrangements and guidance;
- Reports on implementation (e.g. UNICEF annual reports, annual reports to donors, evaluation reports etc.).

There was also a more open request for other material that would inform the main evaluation questions or provide relevant context.

A range of between 2 and 29 documents per country were received, totalling 661 documents. The majority were in English, but documents were also received in French, Portuguese, Dari, KiSwahili and Romanian. There was a wide variety of documents: most COs provided curriculum outlines and teaching manuals/resources, but there were also a small number of government, UNICEF and other donor and NGO programme documents, reports and evaluations.

Country document sets were supplemented by UNGASS country progress reports where available, and education planning and policy documents sourced from the UNESCO/IIEP Planipolis website. Further international and internal documents, including the country reports from the 2007 stocktaking exercise, were provided by UNICEF HQ and the Eastern and Southern Africa Regional Office. Documents were also obtained from other stakeholders through keyword web-searches on “life skills”, “life skills education”, “life skills-based education” and country names, and through reference to bibliographies in other retrieved documents.

The types of documents are outlined in more detail in Annex 3 of this report.

Assessment instruments

Country documents werecatalogued by a member of the consultant team. Documents were then distributed through an online shared folder (DropBox), and members of the team allocated to countries depending on their regional and language expertise. The results of each country documentation review were recorded using two instruments: an online data collection questionnaire (hosted by Survey Monkey) and a narrative report.

The online data collection questionnaire was developed for the review exercise using the characteristics matrix in the Inception Report, covering contexts, policy, coverage (access and modality), content and aims, and quality of implementation. This tool helped to ensure that common information was collected for every country and consistency was maintained across the reviewing team. The limitations and gaps in information were taken into account throughout this process, and reviewers were able to input free text comments for clarification where necessary.

The narrative report allowed a more in-depth, qualitative summary of LSE in each country according to the documentation available. The template was based on the evaluation criteria and questions, including sections on relevance, coverage, efficiency, effectiveness, sustainability and UNICEF additionality.

The data from the online questionnaire was collated, downloaded and reviewed, and the narrative reports were assessed for common and recurring themes and issues, to inform the contexts and findings of an interim evaluation report.

---

183 A full list of documents and sources is available on request. Send request to s.tanner@efc.co.uk.
Limitations

Documents covering 39 countries were received in time for the review, varying in number, categories of document and coverage of relevant issues for each country. Other UNICEF COs either failed to respond or promised documents which did not arrive or arrived too late for inclusion in the review. A number of UNICEF COs commented on the difficulties in finding and submitting copies of documents, especially electronic copies. The resulting incomplete and inconsistent nature of the documentation received is recognised as a limitation to the findings of the country documentation review phase, and was taken into consideration throughout the instrument design and reviewing process.

Country-specific materials were only received from those COs that chose to respond to requests and follow-up from UNICEF HQ. In this respect, the sample is essentially self-selected and at risk of over-representing countries in which the UNICEF CO takes a positive view of the LSE interventions and its own role.

Latin America

There are only five mainland Latin American countries that satisfy the criteria used in the stocktaking exercise (Nicaragua, Panama, Belize, Guatemala and Guyana), and no documentation was received from mainland Latin American COs for the purposes of this review. An independent search of documentation from Latin American countries was undertaken to explore this anomaly further, and it is our understanding that there are important initiatives in this region that incorporate elements of LSE but that the philosophy, language and discourse have developed differently so that interventions may have escaped identification during stocktaking.

The term ‘life skills education’ does not appear to be part of the discourse in Latin America, either within UNICEF documentation or within national or regional education plans. ‘Life skills’ are at times mentioned (aptitudes/ competencias/ habilidades para la vida, or less frequently educación practica para la vida) but it is not necessarily clear what they refer to. Also noted is the lack of case studies from Latin America on the main UNICEF LSE webpages, although the Caribbean / CARICOM Health and Family Life Education programme is showcased.

However, components of the broad overall LSE curriculum are certainly present in the region and in UNICEF specific activities. It should be noted that in some countries in the region de facto LSE initiatives do not come under the remit of UNICEF and thus are absent from UNICEF summary reports (and the UNICEF website). One notable example is the Integrated Sexual Education Strategy in Guatemala which is led by UNFPA. Some interesting LSE interventions, therefore, may be omitted from the review.

Phase 1 document review: overview of received documents

661 documents were received from 40 countries for the document review process, between 2 and 29 documents for each country. Country documents were primarily sourced from UNICEF COs, but also from wider document searches (see methodology, annex 2). Below is a brief overview of the types of curriculum documents, policy and planning documents and evaluations which were reviewed for each country. Curriculum documents, including teaching materials, were mostly sourced through the UNICEF COs and written by the Ministry of Education, sometimes with co-authoring by UNICEF.

<table>
<thead>
<tr>
<th>Document type</th>
<th>No. of countries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Curriculum guidelines for teachers and schools</td>
<td>6</td>
</tr>
<tr>
<td>Curriculum frameworks</td>
<td>11</td>
</tr>
<tr>
<td>Manuals and guidebooks for teacher trainers</td>
<td>5</td>
</tr>
<tr>
<td>Facilitators’ and teachers’ guides, manuals and materials</td>
<td>22</td>
</tr>
<tr>
<td>Worksheets, pupils’ and students’ textbooks and supplementary books</td>
<td>9</td>
</tr>
</tbody>
</table>

Documentation received from the UNICEF Eastern Caribbean Office incorporated references to initiatives in Belize and Guatemala, and with the addition of further independently sourced documents, reviews could be undertaken for these two countries.

The linguistic issues are perhaps reflected by the fact that of the five mainland Latin American countries that satisfy the stocktaking criteria, Belize and Guyana have English as their official language, whilst large communities in Panama and Nicaragua also speak English.

Guatemala Ministerio de Educación and UNFPA (2010), Estrategia de educación integral en sexualidad

A full list of documents and sources is available on request. Send request to s.tanner@efc.co.uk
Few national policy and planning documents were received from UNICEF COs, but this limited sample was supplemented through reports, assessments and frameworks sourced through other means. These documents were mostly authored by national governments, UNICEF or another UN partner.

Table 42: Policy and planning documents received

<table>
<thead>
<tr>
<th>Document type</th>
<th>No. of countries</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNICEF CO and Government annual reports and progress reports</td>
<td>18</td>
</tr>
<tr>
<td>International reports (such as UNGASS, Human Development Reports, EFA reports)</td>
<td>36</td>
</tr>
<tr>
<td>Education policies, laws and acts</td>
<td>22</td>
</tr>
<tr>
<td>Education plans, strategies, frameworks and plans</td>
<td>35</td>
</tr>
<tr>
<td>UNICEF stocktaking documents</td>
<td>23</td>
</tr>
</tbody>
</table>

A small number of evaluation and assessment documents were received from the UNICEF COs, written by national governments or UNICEF.

Table 43: Evaluation documents received

<table>
<thead>
<tr>
<th>Document type</th>
<th>No. of countries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of programmes/projects: findings and reports</td>
<td>8</td>
</tr>
<tr>
<td>Assessment of programmes/projects: strategies and guidelines</td>
<td>2</td>
</tr>
<tr>
<td>Evaluations</td>
<td>9</td>
</tr>
<tr>
<td>M&amp;E guidelines, indicators</td>
<td>2</td>
</tr>
<tr>
<td>Situation analyses</td>
<td>5</td>
</tr>
</tbody>
</table>

Table 44: List of countries included in the document review, by region

<table>
<thead>
<tr>
<th>Country</th>
<th>ROSA</th>
<th>TACRO</th>
<th>EAPRO</th>
<th>WCARO</th>
<th>ESARO</th>
<th>MENA</th>
<th>CEECIS</th>
<th>MENA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Afghanistan</td>
<td>Rwanda</td>
<td>Barbados</td>
<td>Uganda</td>
<td>St Kitts/Nevis</td>
<td>St Vincent and Grenadines</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bangladesh</td>
<td>South Africa</td>
<td>Belize</td>
<td>Lao PDR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maldives</td>
<td>Swaziland</td>
<td>Dominica</td>
<td>MSP</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maldives</td>
<td>Swaziland</td>
<td>Dominica</td>
<td>Tanzania</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EAPRO</td>
<td>Uganda</td>
<td>Guyana</td>
<td>Jamaica</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lao PDR</td>
<td>Zambia</td>
<td>Jamaica</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mongolia</td>
<td>Zimbabwe</td>
<td>St Kitts/Nevis</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Philippines</td>
<td></td>
<td></td>
<td>St Lucia</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Philippines</td>
<td></td>
<td></td>
<td>St Lucia</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WCARO</td>
<td>St Vincent and Grenadines</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ESARO</td>
<td>Angola</td>
<td></td>
<td>CEECIS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Botswana</td>
<td>Congo</td>
<td></td>
<td>Armenia</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Burundi</td>
<td>Cote D’Ivoire</td>
<td></td>
<td>Romania</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eritrea</td>
<td>Ghana</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ethiopia</td>
<td>Nigeria</td>
<td></td>
<td>Tajikistan</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lesotho</td>
<td>Togo</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Malawi</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Mena</td>
<td></td>
</tr>
<tr>
<td>Mozambique</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Jordan</td>
</tr>
</tbody>
</table>
Country Case Studies

Informed by the issues and findings that emerged from the literature review and country documentation review the country case studies aimed to:

- Identify all LSE interventions in the formal school system in the country, capturing their characteristics as per the evaluation framework
- Identify a representative sample of non-formal LSE (such as school-based extra-curricular and non-formal programmes for out-of-school children) capturing their characteristics as per the evaluation framework
- Describe the policy processes and role of UNICEF and other agencies in the design and implementation of LSE in the country
- Assess the implementation, results (outcomes and impacts) of LSE programmes on beneficiaries
- Identify possible complementarities with other interventions and opportunities affecting the target beneficiaries
- Assess how UNICEF’s support and national implementations of LSE are aligned with policy or guidance of other agencies, including government, development partners, UN agencies and (I)NGOs.
- Country case studies will seek to answer questions as per the evaluation framework

Country Selection

The case study countries were selected by UNICEF in consultation with the consultant team. Two sets of case study types were required in accordance with the evaluation ToR: the first set involving general LSE programmes (Track 1); and the second set in countries with hyper-endemic HIV and AIDS scenarios and LSE programmes that have a specific HIV and AIDS thematic focus (Track 2). The selection of countries took into consideration representation of UNICEF geographical regions and countries in which UNICEF has actively supported LSE.

The countries selected were Armenia, Barbados, Kenya, Myanmar and Jordan (Track 1), and Malawi and Mozambique (Track 2).

Both Jordan and Myanmar were unable to host the full field visit proposed for the case studies during the evaluation timeframe due to internal restrictions, the availability of respondents and, in the case of Jordan, a recent similar LSE-related evaluation involving very similar respondents to those proposed for this evaluation. Both countries were therefore treated as special case studies with a more limited set of activities (see below).

Case Study Methodology

Case Study Teams

For each country case study one member of the core consultant team for the evaluation was appointed the lead international consultant for that country. In addition to the international consultant a team of 2-4 national consultants were subcontracted for each country (except for Jordan and Myanmar – see below). These national consultants were selected on the basis of their experience and knowledge of the national education sector and LSE interventions in the country, and their social research experience, particularly in regard to working with children. Due to the sensitive nature of some of the issues and topics covered under LSE interventions, an equal gender balance within the national consultant teams was also maintained to enable single-sex student focus group discussions to be facilitated by a consultant of the same sex.

For Jordan, as field activities were restricted to national level interviews and some focus groups of school level staff in the capital, no national consultant team was recruited. The case study was undertaken by one international consultant from the core team who had worked in Jordan previously.

For Myanmar, the case study involved a desk-based review of the extensive programme documentation and literature, and was undertaken by an international consultant from the core team who had worked in the area previously.
**National level consultations**

In each country the case study began with a week of national level interviews undertaken by the international consultant and lead national consultants. Respondents were identified in consultation with the UNICEF Country Office and the framework of potential case study respondents listed below in order to cover policy-makers and programmers associated with national LSE in Ministries of Education structures, as well as officials from other Ministries and agencies that provide funding or programming for national LSE interventions. These national level interviews across all case studies were guided by a common interview guideline for each type of respondent, based on the questions of the evaluation framework.

### Framework for case study national consultations

<table>
<thead>
<tr>
<th>Who</th>
<th>Method</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education Ministry:</td>
<td>Individual interviews (led by international consultant)</td>
<td>1-2 hours per interview</td>
</tr>
<tr>
<td>Planning unit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Curriculum development</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Examination board</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inspection</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teacher training</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HIV/AIDS personnel (if present)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other health education/counselling unit</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other relevant ministries, departments or agencies:</td>
<td>Individual interviews (led by international consultant)</td>
<td>1-1.5 hours per interview</td>
</tr>
<tr>
<td>Health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social welfare</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family/Women</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Youth/children</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HIV/AIDS (UNICEF to advise those with responsibilities and interest)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UNICEF relevant staff</td>
<td>Individual or joint interview (led by international consultant)</td>
<td>1-2 hours per interview</td>
</tr>
<tr>
<td>Other funding agencies</td>
<td>Individual interviews (led by international consultant)</td>
<td>1 hours per interview</td>
</tr>
<tr>
<td>Implementing partners, NGOs/CSOs working at national level</td>
<td>Individual interviews (led by international consultant)</td>
<td>1-1.5 hours per interview</td>
</tr>
<tr>
<td>EFA coalition</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**District level consultations**

To complement and build on the national context and frameworks explored through the national consultations, a round of district consultations were undertaken to look at the realities of LSE programming on the ground. In consultation with the UNICEF Country Office and subject to the national situation in each country, each case study was to cover three districts/provinces of the country, visiting up to four schools and relevant non-formal programmes in each of these three districts/provinces.

The selection of the districts/provinces to be covered was guided by criteria of:

- Geography (urban, rural)
- Socio-economic differences
- Cultural characteristics
- Coverage of the LSE intervention(s)
The schools to be visited were selected to include representatives of all formal LSE intervention(s) that have benefited from UNICEF support since 2005. To the extent possible the sample was also to ensure coverage of the ages and other characteristics of the target students and of the schools.

Between nine and twelve schools were visited in each case study, alongside relevant district/province level government services (education, health etc) and NGOs or other non-formal LSE providers. These were identified in advance in consultation with UNICEF and according to the framework for district consultations below:

### Framework for district consultations

<table>
<thead>
<tr>
<th>Who</th>
<th>Method</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>School/NFE programme</td>
<td>Meeting: explain purpose of visit, who we will be talking to and confirm permission for interviewing children.</td>
<td>1 hour</td>
</tr>
<tr>
<td>Key school and community stakeholders (e.g. school director, SMC reps, PTA reps, CBOs)</td>
<td>Institution questionnaire. (May be distributed and completed beforehand) Individual interview</td>
<td>1.5 hour</td>
</tr>
<tr>
<td>Principal/Head</td>
<td>Individual interview</td>
<td>1 hour</td>
</tr>
<tr>
<td>LSE teachers/facilitators</td>
<td>Joint interview</td>
<td>1 - 1.5 hours</td>
</tr>
<tr>
<td>Learners as a group</td>
<td>Focus Group Knowledge, skills and attitudes</td>
<td>2 groups (separate M&amp;F), 1.5 hours each.</td>
</tr>
<tr>
<td>Individual students</td>
<td>MSC Attitudes and behaviours</td>
<td>Individual interviews (max 3M and 3F) Each 45 mins-1hr</td>
</tr>
<tr>
<td>Parent/carer group</td>
<td>Group interview</td>
<td>1 group 1 - 1.5 hours</td>
</tr>
<tr>
<td>Local health services (where appropriate/relevant)</td>
<td>Individual or joint interview</td>
<td>1 hour</td>
</tr>
<tr>
<td>Local NGO or non-formal providers (where they support LSE)</td>
<td>Individual or joint interview</td>
<td>1-1.5 hours</td>
</tr>
</tbody>
</table>

As detailed in this framework, within each school a range of different stakeholders were to be consulted through a number of different methods, with two days allocated for each school visit. For the Principals/Head teachers and NFE managers, interview guidelines were prepared for use across all case studies from the relevant questions in the evaluation framework. An institutional questionnaire was also prepared (one for schools and one for NFE interventions) to be able to gather the basic characteristics of the school and LSE interventions in areas of coverage (access), curriculum and modality, content and aims, and quality of implementation. The responses to these questionnaires were recorded on paper and then entered into an online format (Survey Monkey).

Interview and focus group discussion guidelines were also prepared for each of the other stakeholder groups (teachers, learners and parents/carers), developed from the relevant evaluation framework questions and adapted to each group.

In addition, Most Significant Change (MSC) stories were collected with up to three individual male learners and three individual female learners following MSC guidelines. MSC allows for significant change stories to be collected and categorised even in the absence of baseline data; considering the beneficiary’s viewpoint on LSE benefits and challenges which are not predetermined in advance. This method is potentially useful for identifying unexpected and unplanned benefits of UNICEF’s LSE interventions as well as providing information on the context and challenges of UNICEF’s work in this area in each target country.

Given the sensitivity of some topics commonly covered in LSE regarding personal and sensitive issues such as sex and sexuality, all focus group discussions and Most Significant Change discussions with learners were undertaken in single-sex groups and with a consultant of the same sex. Introductory letters adapted to young people explaining the evaluation and its aims were also distributed to all those participating in the discussions.
Case Study Implementation

A comprehensive case study toolkit was prepared for use across all of the case studies. This included:

- The evaluation framework
- List of respondents at national and district levels, consultation methods to be used and indicative time allocation for each group;
- Interview and focus group guidelines for each stakeholder group of respondents at national and district/school level
- Institutional questionnaire for schools and NFE interventions
- MSC methodology and guidelines
- Introductory letters for respondents, including specialised introduction for young people
- Reporting templates

As well as leading the national level consultations, the international consultant for each case study also held a one day training session with the national consultant team on the toolkit and the tools to be used for the district consultations, and working with the national consultants to make any adaptations required for specific country contexts. The international consultant then accompanied the whole national consultant team on the first 1-2 school visits to ensure consistency of approach and understanding amongst the team and make any further adjustments to local contexts required. The national consultant team then continued with the district level consultations for a further 3-4 weeks.

Reporting

An institutional report was submitted by the national consultant team for each school visited, incorporating findings from all stakeholder consultations. From these institutional reports, the institutional questionnaires and the national level consultations, the international consultant prepared a summary case study report in consultation with the national consultant team.

Limitations

The selection of case study countries for Phase 2 was by negotiation involving the countries and UNICEF Headquarters. As all Case Study agreed to take part there is a risk that the sample is of those that are confident of the quality of their LSE work.

The case study methodology is based on an extended visit to a relatively small sample of schools, which provided opportunities for collecting and validating the qualitative data. However, it provides no basis for statistical inference. Selection criteria for the field visit institutions were intended to assure coverage of different contexts but were not intended to create a properly representative or stratified sample. In all countries the UNICEF CO played some part in the selection.

The evaluation took evidence of behaviour change from current students and their parents. It was not able to gather evidence from beneficiaries of LSE in later life to assess longer-term impacts and outcomes of LSE.

Delphi survey

Towards the end of the country case studies a Delphi survey was initiated in the form of two rounds of short on-line questionnaires.

The first round of the survey was developed around the broad emerging findings and principle issues raised from the literature and country documentation review and the country case studies. It asked respondents their reactions to a series of statements around these issues and findings on a 5-point Likert scale.

The responses to this first round were analysed to identify commonalities and divergences between respondents’ answers, and how far their answers confirmed the emerging findings of the evaluation. From this analysis the second round of the survey was prepared to explore in more detail some of the divergences in first round responses and gather respondents’ opinions and thoughts on emerging recommendations. The results were similarly analysed and have fed into the conclusions and recommendations of this report.

Both rounds of the survey were sent to all seventy UNICEF Country Offices included in the initial request for documentation in the country documentation review phase of the evaluation. In addition to this, the survey
was also sent to UNICEF partners in the case study countries and other international senior professionals involved in LSE identified by the consultant team.

In both rounds of the survey there were nineteen respondents from those invited to participate, chiefly from UNICEF Country Offices, but with a small representation from other multilateral organisations, INGOs and NGOs and government agencies.

The findings from this Delphi survey are presented in Annex 5.
Annex 3. References and background materials

Main references


Belize Ministry of Education (2006), The HFLE resource guide for teachers, Belmopan


CARICOM (1997), Creative and productive citizens for the twenty-first century


CASEL, ‘How evidence-based SEL programs work to produce greater student success in school and Life’, Academic brief, CASEL, Chicago


FRESH (2010), ‘FRESH M&E framework: A generic framework for monitoring and evaluation of school health interventions’ (Draft)


IIIEP and UNESCO (2006), Guidebook for planning education in emergencies and reconstruction , IIIEP, Paris


Kirby, D. (2002), ‘HIV transmission and prevention in adolescents’, HIV InSite Knowledge Base Chapter, University of California Centre for HIV Information, San Francisco


National AIDS Commission (2003), Social mobilisation plan for working with six key social groups in Malawi on behaviour change


OECD DAC (1998), DAC criteria for evaluating development assistance, Paris


DRAFT FINAL EVALUATION REPORT

140


Tyler, R. W. (1949), Basic principles of curriculum and instruction, University of Chicago Press, Chicago

UNAIDS (1997), Impact of HIV and sexual health education on the sexual behaviour of young people: a review update, UNAIDS Best Practice Collection, Geneva

UNAIDS (1997), Learning and teaching about AIDS at school, UNAIDS Best Practice Collection, Geneva

UNAIDS (2010), Report on the global AIDS epidemic

UNAIDS (2010), UNGASS Country Progress Report 2010 Armenia

UNAIDS (2010), UNGASS Country Progress Report 2010 Barbados

UNAIDS (2010), UNGASS Country Progress Report 2010 Barbados


UNAIDS (2010), UNGASS Country Progress Report 2010 Mozambique

UNAIDS (2010), UNGASS Monitoring the declaration of commitment on HIV/AIDS: guidelines on construction of core indicators, Geneva


UNAIDS (2011), Securing the future today. Strategic information on HIV and young people, Geneva

UNAIDS Inter-agency Task team on Young People (2006), Preventing HIV/AIDS in young people. A systematic review of the evidence from developing countries, WHO, Geneva


UNESCO (2000), Dakar Framework for Action; Education For All: meeting our collective commitments, UNESCO, France


UNESCO (2010), ‘Practical guidelines for supporting EDUCAIDS implementation’ (Draft), UNESCO, Paris


UNAIDS on HIV and AIDS (2001), Declaration of commitment on HIV/AIDS, UN, New York


UNICEF (2010), Child poverty and disparities in Mozambique

UNICEF (2010), Life skills learning and teaching: principles, concepts and standards, New York


UNICEF and CARICOM (2005), Curriculum framework for health and family life skills, UNICEF Eastern Caribbean, Barbados


UNICEF and UNAIDS (2005), Life skills-based education in South Asia, UNICEF Regional Office for South Asia, Nepal


UNICEF, CARICOM and EDC (2008), Health and family life education. Regional curriculum framework for ages 9-14, UNICEF Eastern Caribbean, Barbados

UNICEF/UNAIDS (2009), Child sexual abuse in the Eastern Caribbean


USAID (2010), Life skills education – a comparative analysis of stakeholder perspectives


WHO (1986), Ottawa Charter for Health Promotion, WHO/HPR/HEP/95.1, Geneva

WHO (1997), Life skills education in schools, WHO Programme on Mental Health, Geneva


WHO (1999), Preventing HIV/AIDS/STI and related discrimination: an important responsibility of health promoting schools, WHO, Geneva

WHO (2003), Skills for Health. Skills-based health education including life skills: an important component of a Child Friendly/Health Promoting School, WHO, Geneva

WHO (2009), Changing cultural and social norms that support violence, WHO, Geneva


Annexes


Background materials

In addition to the references listed above, the background materials listed below were consulted to inform this study. Note that case study specific background materials are listed in appendix 1.


Centre for Development and Population Activities (2001), Adolescent girls in India choose a better future: an impact assessment. CEDPA/India.


Enang, O (2010) Tools for maximizing educational development: integrating life skills into formal education systems.


Krishnan, P and S. Krutikova. (2010). Can non-cognitive skills be raised? Evidence from poor neighbourhoods in urban India, Nuffield Foundation and DFID.


Plummer, Wight, Wamoyi, Nyalali, Ingall, Mshana, Shigongo, Obasi and Ross (2007) Are schools a good setting for adolescent sexual health promotion in rural Africa? A qualitative assessment from Tanzania


UNICEF (2008) Basic education for urban working children. UNICEF.


# Annex 4. People interviewed

During the six in-country case studies undertaken for this evaluation a wide range of stakeholders were consulted through individual interviews and focus group discussions at national, district, school and community level:

<table>
<thead>
<tr>
<th>Country</th>
<th>National stakeholders</th>
<th>District/Local stakeholders</th>
</tr>
</thead>
</table>
| Armenia | Ministry of Education: Deputy Minister; Leading Expert – LSE; Head of Monitoring and Developmental Projects; Head of General Education Department; Inspection Unit, Deputy Director of State Education Inspection; Head of Curriculum and Assessment, Centre for Education Reforms  
National Institute of Education: 4 Experts, Director, former Director, Head of Preschool and Elementary Unit, Head of Upbringing and Extra-curricular Education Unit  
Yerevan State Linguistic University: Lecturer of Pedagogy  
Armenian Centre of Health and Education: psychologist and textbook author  
Armenian State Pedagogical University: Lecturer  
UNICEF: Armenia Representative; UNICEF HQ Evaluation Specialist | Lori Marpetaran Education Department: Head of Department;  
Arakkir Medical Centre: Head of Child and Adolescent Health Institution Unit  
Schools: Visits to 12 primary and secondary schools incorporating:  
- Interview with Principal or their delegate  
- Individual interviews with 3 male and 3 female students  
- Focus group discussion with a group of 6-12 male students and with a group of 6-12 female students  
- Focus group discussion with HFLE teachers  
- Focus group with parents of students |
| Barbados | Ministry of Education: HFLE Coordinator; Deputy Chief of Education (Planning, Development and Research); Deputy Chief of Education (Schools); HIV Coordinator; Senior Education Officer (Secondary); Education Officer (Primary)  
Ministry of Family, Culture, Sport and Youth: Senior Administrator, Coordinator of Parent Education & Support Programme; Senior Programme Officer  
UNICEF: Deputy Representative; Communications for Development Specialist; HIV/AIDS and Adolescent Specialist  
UN Women East Caribbean: Regional Programme Director  
CARICOM: Programme Manager for Human Resource Development  
Barbados Family Planning: Deputy Manager  
Seven Day Adventist Church Conference, Barbados and Dominica: Family Life | Schools: Visits to 6 secondary schools and 3 primary schools incorporating:  
- Interview with Principal or their delegate  
- Individual interviews with 3 male and 3 female students  
- Focus group discussion with a group of 6-12 male students and with a group of 6-12 female students  
- Focus group discussion with HFLE teachers  
- Focus group with parents of students |
<table>
<thead>
<tr>
<th>Country</th>
<th>National stakeholders</th>
<th>District/Local stakeholders</th>
</tr>
</thead>
</table>
| Kenya   | Director, Counsellor  | **Schools:** Visits to 8 Primary schools (including 2 Kindergarten) and 2 Secondary Schools involving:  
|         | *MFCYS:* Youth Development Programme Director and Youth Commissioners; Youth Service Counsellor and Programme Coordinator  
|         | *National Council for Substance Abuse, Life Education Centre:* Manager; Drug Education Officer; LEC Coordinator  
|         | *Edna Nicholls Centre:* Programme Coordinator; Counsellors |  
|         | *Ministry of Education:* Education Secretary; Peace Education Officer; Director of Secondary and Tertiary Education; Director of Quality Assurance and Standards; Deputy Director of Quality Assurance and Standards; Assistant Deputy Director of Quality Assurance and Standards; Senior Assistant Director in charge of Non-Formal Education; Director of Basic Education; Director of Field and Other Services; Director of Policy and Planning  
|         | *Ministry of Local Government:* Street Family Rehabilitation  
|         | *Department of Youth Development:* Youth Affairs Officer  
|         | *UNICEF:* Youth and Adolescent Development Specialist (Secondary); Education Specialist (Primary); HIV/AIDS Specialist  
|         | *UNESCO*  
|         | *USAID*  
|         | *Kenya Institute of Education:* Senior Deputy Director E-Learning; Senior Deputy Director Media and Extension Services; 2 other officers; Senior Assistant Director of Cross Cutting Issues; Ag. Senior Deputy Director of Curriculum and Research Services; Senior Assistant Director Early Childhood Development; Senior Assistant Director of Basic Education; Director of Basic Education; Director Basic Education (Humanities); Assistant Director of Basic Education (Geography); Senior Assistant Director of Basic Education (NFE); Deputy Director of Research and Evaluation; Senior Assistant Director of Research and Evaluation  
|         | *Safaricom:* Manager  
|         | *Talent Academy:* CEO  
|         | *Life Skills Promoters:* Programme Manager  
|         | *I Choose Life Africa:* Manager  
|         | *NPI:* Manager |

Visit to Christian Industrial Training Centre Mombasa, involving focus group with teacher trainees and with parents of teacher trainees
<table>
<thead>
<tr>
<th>Country</th>
<th>National stakeholders</th>
<th>District/Local stakeholders</th>
</tr>
</thead>
</table>
| Jordan  | *Ministry of Education*: Director of Curriculum and Textbooks; Coordinator for Pre-vocational Education, Expert on Curriculum and Professional Education and Coordinator of the Project on Integrating Learning Life Skills in School Curriculum; Director of Curriculum; Former Secretary General; Director of Examinations; Managing Director of Training Department; Director of Educational Affairs; Head of Supervision  
*UNICEF*: Adolescent Specialist and Coordinator of LSBE Project  
*Princess Basma Youth Resource Centre*: Director  
*Community Development Committees*: Project Manager  
*International Youth Foundation*: Independent Consultant | 4 Pre-Vocational Education Supervisors  
1 ICT Supervisor  
*Schools*:  
7 PVE teachers  
7 PE teachers  
2 Principal/PVE Teacher teams from one private girls school and one public boys school |
| Malawi  | *Ministry of Education*: Director of Department of Inspectorate; Principal Education Officer, Basic Education Division; Officer for School Health, Nutrition and HIV; Secondary Education Officer; Department of Inspectorate Officer  
*Ministry of Youth*: 2 officers  
*UNICEF*: LSE Officer; Chief of Education  
*UNFPA*: Coordinator for LSE  
*National AIDS Commission*: HIV Prevention Officer; Ag. Head of Behaviour Change Interventions  
*Malawi Institute of Education*: 3 Officers  
*Malawi National Examination Board*: Chair, Executive Board Member and LSE Officer  
*Association of Christian Educators in Malawi*: Director; Officer  
*Teachers Living Positively*: Assistant  
*Civil Society Coalition for Quality Basic Education*: M&E Officer  
*Independent Schools Association*: Director  
*Bridges Project*: Coordinator  
*Theatre for a Change*: Director  
*Domasi College of Education*: Head of Life Skills Department; Theatre for a Change Coordinator  
*St. Joseph Teacher Training College*: Theatre for a Change Trainee Peer Facilitator; 4 lecturers  
*SAFE*: Executive Director; ‘Why Wait?’ Programme Coordinator | *YONECO*: Nkhata Bay District Coordinator  
*Education Department*: Zomba Urban  
*Schools*:  
Visits to 6 Secondary Schools and 6 Primary Schools involving:  
- Interview with Principal or their delegate  
- Individual interviews with 3 male and 3 female students  
- Focus group discussion with a group of 6-12 male students and with a group of 6-12 female students  
- Focus group discussion with teachers  
- Focus group with parents of students |
<table>
<thead>
<tr>
<th>Country</th>
<th>National stakeholders</th>
<th>District/Local stakeholders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mozambique</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Chancellor College:** Sister to Sister Evaluator  
*Ministry of Education:* Department of Primary Education; Head of Department of Special Programmes; Curriculum Development; University of Pedagogy  
*UNICEF:* Knowledge Management Specialist; 2 Education Specialists; Communication for Development Specialist; Senior Social policy Specialist; Chief of Education  
*UNESCO*  
*WHO*  
*UNAIDS*  
*Teacher Training Institute, Maputo*  
*Teacher Training Institute, Beira:* 6 teacher trainers  
*Associacao Reconstruindo a Esperanca (ARES):* Project Manager; consultant  
*ADPP Mozambique:* Official Partnerships officer  
*RENSIDA:* Project Manager  
*International Child Development Programmes:* Consultant  
*Plan International:* Learning Coordinator  
*Radio Mozambique ‘Mundo Sem Segredo’:* Member of Coordination team for the radio programme |  
**Ministry of Education:** Provincial HIV Coordinators of Maputo, Sofala and Gaza  
*Community Radio ‘Acordos de Paz’:* Nhamatanda staff  
*Association Khulupira:* Coordinator of Nhamatanda District  
*Community Radio of Chibuto:* Provincial Coordinator  
**Schools:**  
Visits to 9 Primary Schools involving:  
- Interview with Principal or their delegate  
- Individual interviews with 3 male and 3 female students  
- Focus group discussion with a group of 6-12 male students and with a group of 6-12 female students (including those students involved with PLWHA organisations)  
- Focus group discussion with teachers  
- Focus group with parents of students |
Annex 5. **Delphi survey findings summary**

**Introduction**

The Delphi survey approach uses responses to earlier surveys to form more detailed questioning in subsequent surveys, iterating towards more detailed conclusions. The Delphi survey in this study was used as a tool to illicit responses and reactions on emerging findings and recommendations from a small number of practitioners and experts in LSE, rather than provide in-depth analysis of the complexities of findings. Questions were closed, and kept deliberately short and targeted. This document summarises the responses to the both rounds. Note that, as the survey received a small response, it was not used as a finding in itself but to inform the discussion on issues and recommendations.

The survey was sent to 70 UNICEF country offices (those contacted for the document review) and other experts in or practitioners of LSE (including other UN orgs, academics, INGOs, NGOs and Ministries of Education). Round 1 received 21 responses and round 2 received 19 responses. The majority of the respondents were from personnel of UNICEF country offices.

**Key findings**

**Defining LSE**

In round 1, there was a spread of opinion about whether LSE was too broad a term to be useful, and in round 2 there was further divergence on what should be prioritised in that definition, in terms of:

- The thematic areas it involves (e.g. health, HIV and AIDS, environment etc.)
- The core psycho-social skills to be developed (e.g. self-management, inter-personal relations etc)
- A clearer specification of the goals of LSE
- The relevance of the concept of LSE to specific contexts and audiences
- Stronger understanding of how psycho-social skills (PSS) are developed in individuals.

Though the results were divided, there was a definite tendency towards the more practical aspects of LSE – the thematic areas, the core PSS to be developed – over the theoretical – relevance of the concept, understanding the development of PSS. This suggests that a definition of LSE needs to be relevant to practice and implementation, not just to broader theories and abstract concepts.

**Developing psycho-social skills**

Respondents generally agreed that PSS can contribute positively to outcomes in the school. When this was explored further, there was a consensus that behavioural change is a very important outcome of PSS. Career prospects and academic performance, however, were not rated highly in terms of PSS outcomes, suggesting that there isn’t a clear link between these areas and developing PSS in schools.

Respondents were evenly split as to whether PSS are most effectively developed in school curricula through:

- Using appropriate methods in teaching the LSE knowledge content (such as HIV/AIDS, health education etc)
- Activities specifically designed to develop PSS

This divided response suggests a difference of opinion on the best way to develop PSS in learners.
Coordination

Respondents agreed that LSE is relevant to all children, but that there needs to be enhanced coordination between formal and non-formal interventions. A number of respondents stated that there should be a focus on formal interventions rather than trying to coordinate non-formal provisions.

In round 1, there was strong agreement with the statement “UNICEF’s Child Friendly School provides a sound strategic framework for LSE”, but only one respondent agreed that linkages and dependencies between LSE and CFS are already sufficiently in place. The majority of respondents stated that these dependencies need to be strengthened at primarily at programmatic level, with a small minority (about 10%) stating they should be strengthened at international or national level.

Whole school approach

There was strong agreement that PSS are the concern of the whole school and cannot be confined to one subject. When asked how this was best achieved, all the factors were rated highly, suggesting that all aspects are needed for a whole school approach:

1. Integrating PSS across the taught curriculum (instead of being in stand alone subjects)
2. Developing the school culture to build self-confidence and mutual respect
3. Using child-centred methodologies in all subjects
4. Training all teachers in psycho-social skills development and support
5. Training a number of selected teachers as specialists in psycho-social skills development and support
6. Training of head teachers in PSS and LSE
7. Raising community and parent education and awareness of PSS and LSE
8. School based monitoring and assessment systems for outcomes of PSS and LSE

Option 2, 3 and 4 scored the most of these options, and option 8, school based monitoring and assessment systems for outcomes, was rated the least important.

“Student-centred” teaching methodologies

Answers from round 1 suggested that LSE both depends on and contributes to the development of “student-centred” teaching methodologies. Round 2 respondents were asked how LSE’s reliance on student-centred teaching methods can best be reconciled with recognised constraints of implementing student-centred methodologies (class sizes, training, resources etc). A little under 30% of participants agreed with the statements, “the successful implementation of LSE is dependent on wider reforms of the education system that support active teaching and learning” and “LSE can drive school-level changes in teaching”, and just under 25% agreed that “student-centred methodologies can be used effectively in LSE lessons, independent of the methodologies used in the rest of the school/system”. Just over 15% agreed that “LSE can drive system-wide changes in teaching”. This spread suggests there is not a consensus on how to reconcile student-centred teaching methodologies in LSE with recognised constraints of teaching them, but that there is some level of belief that LSE can have a positive impact on the wider educational system.

LSE teachers: qualities and training

Respondents identified the main qualities that a teacher needs as the following:

- Understanding of child-centred methodologies
- Specific training on PSS
- Ability to gain the respect of the school community including parents
- Approachable and trusted by children
- Ability to discuss sensitive issues openly and honestly

This demonstrates both the importance of training on child-centred methods and PSS, as well as aspects of the teachers’ personalities – their own PSS. The ability to maintain strong discipline, belief in established social
norms, being the same gender as the student and being young (over being experienced) were not selected by any respondents, though some expressed that being experienced (over being young) was quite important.

There was strong agreement in round 1 with the statement, “all teachers should receive training about PSS”. When asked which aspects pre- and in-service training should address, overcoming teachers’ lack of confidence and reluctance to teach sensitive topics was a priority for the most respondents, followed by teachers’ own PSS, their content knowledge of LSE themes and student-centred teaching methodologies. Interestingly, “ways of assessing students’ PSS” was chosen as a priority by significantly less respondents than all the other options.

Assessment and measuring outcomes

The majority of respondents felt that, to improve implementation of LSE, it would be useful if LSE was incorporated into the formal exam system, some form of accreditation of LSE was incorporated into the requirements for transition between different educational levels (e.g. primary into secondary education) and that there should be better tools to assess behaviours, attitudes and values of students. The majority, with only a few exceptions, did not feel that exams would make LSE too knowledge-based and exam-driven.

Respondents were asked if there was enough information on knowledge, skills, attitudes and behaviour outcomes of LSE. The majority stated that there is partial information on these four outcome areas, but that there is more information available on knowledge, and to some extent skills, than behaviour and attitude.