

**Summary of  
Behavior Development and  
Change/Lifeskills-based Education  
in East Asia and the Pacific towards  
2005 Goals**

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## Summary

Lifeskills-based education (LSBE) for HIV/AIDS and drug and substance use prevention in East Asia and the Pacific has been assessed by two methods. The first method of analysis was employed to compare LSBE programming in each country against the essential elements of behavior development and change (BDC) interventions. This method allows us to examine the evidence-base, appropriateness, quality and sustainability of LSBE programming. The majority of countries are clearly working to strengthen or expand elements of BDC that are in place or introduce new elements into their respective BDC/Lifeskills programs. Some of significant achievements are as follows:

**Indonesia, Lao PDR, Myanmar** have undertaken assessments of their Lifeskills-based education programming and have undertaken appropriate revisions of the Lifeskills curriculum or strengthened advocacy for revision. **Thailand** and four **Pacific Island Countries** (Fiji, Solomon Islands, Tonga, and Vanuatu) will now conduct assessments of their Lifeskills programs.

Lifeskills-based education programs have become or have the opportunity to become evidence based in **Cambodia, Fiji, Indonesia, Philippines, Solomon Islands, Tonga, Vietnam, and Vanuatu** with situation analyses and surveys of young people's behavior. **Thailand** and **Lao PDR** are now planning to conduct similar surveys in the end of 2004.

**Lao PDR** and **Myanmar** have moved to make Lifeskills-based education for HIV/AIDS and drug use prevention sustainable through the incorporation of LSBE in the core national curriculum and into pre-service teacher training. **China** is now examining ways to strengthen teacher capacity in LSBE through teacher training and support as well.

**Cambodia** and **Mongolia** have contributed to the development of a supportive environment for LSBE for HIV/AIDS and drug use prevention and sustainability of programming through the development of a draft sex education policy (Cambodia) and a national policy on Child Friendly Schools (Mongolia), which stipulates Lifeskills-based education.

**Cambodia, Indonesia, Lao PDR, Vietnam** have developed strong partnerships with other UNAIDS co-sponsors and other partners to develop evidence-based and sustainable programming with the goal of reducing vulnerability among young people.

The second method used was to examine the Stage of Development and Commitment to Lifeskills-based Education among UNICEF Country Offices and partners based on country reports and, when possible, visits to the country office. The stages of commitment are five: Pre-Contemplation, Contemplation, Preparation, Action, and Expansion & Maintenance. These stages each contain 2-7 criteria, which are based on a survey instrument developed by UNICEF Headquarters in late 2002. An analysis of LSBE in the EAPR was first conducted in February 2003 in the document, *Summary of Current Status of Support to Lifeskills-Based Education through Schools in East Asia and the Pacific*. The results of this analysis has then been compared with updated information from the country visits and country annual reports from 2003. Overall,

LSBE has remained at the same stage of development and commitment with some exceptions:

**Malaysia** has moved from the action stage to the expansion and maintenance stage with the realization the PROSTAR is already a nationwide program with a strong support network. However, questions remain about the evidence-base for the program and the opportunities for Lifeskills development presented by the curriculum.

**Mongolia** has moved from the contemplation stage to the preparation stage with the development of a national policy on Child Friendly Schools, which specifically stipulates Lifeskills-based education.

**The Philippines** has moved from the preparation stage back to contemplation. The HIV/AIDS prevention modules that have been developed are not evidence or skills based and have never been implemented. However, it is noted that efforts are currently underway to rectify this.

**Timor Leste** has moved from the contemplation stage to the preparation stage with setting plans to work in partnership with the Ministry of Education on policy and curriculum development and teacher training.

### **Constraints:**

- Lifeskills-based education is still not fully understood by UNICEF Project Officers and National Partners. Too often participatory, information-based/awareness programs are called “Lifeskills” programs, without the benefits of Lifeskills (psychosocial competency) development.
- Teacher capacity cannot be sustained without the institutionalization of LSBE in pre-service teacher training. It is generally accepted that a person cannot become an effective counselor with once-off training. Similarly, teachers cannot implement LSBE effectively with in-service training with no follow-up or support. LSBE should resemble counseling that is applied to education.
- The majority of counties in EAP still do not have linkages between BDC/LSBE programs and supplies and services.
- The monitoring and evaluation of BDC/Lifeskills programs is still non-existent, weak, or inappropriate in many countries. Many countries still do not have baselines on young people’s behavior and vulnerability. Behavioral assessment and situation analyses among young people need to be institutionalized to monitor behavior change and vulnerability. Knowledge, Attitudes and Lifeskills (KAS) need to be evaluated at the project level.
- LSBE programs need to maintain records of the number of teachers trained and the number of teachers who are actually implementing LSBE for HIV/AIDS prevention in order to report against the UNGASS Declaration of Commitment.
- LSBE programs need to maintain records of the number of young people reached in-school by LSBE for HIV/AIDS prevention programming. Similarly, LSBE and peer-based prevention programs need to maintain records of the numbers of young people reached out-of-school. [The LSBE and peer education mapping exercise undertaken in Indonesia between UNICEF and partners may be one methodology for doing this].

## Report on Behavior Development and Change/Lifeskills-based Education in East Asia and the Pacific towards 2005 Goals

**Towards 2005 Goals:** By 2003, establish time-bound targets to achieve the internationally agreed global prevention goal to reduce by 2005 HIV prevalence among young men and women aged 15 to 24 in the most affected countries by 25%;

**Supporting goals:** By 2005, ensure that at least 90% of young men and women aged 15 to 24 have access to the information, education, including peer education and youth-specific HIV education, and services necessary to develop the life skills required to reduce their vulnerability to HIV infection, in full partnership with youth, parents, families, educators and health-care providers (UNGASS Declaration of Commitment)

By 2003, develop and/or strengthen strategies, policies and programs which recognize the importance of family in reducing vulnerability, inter alia, in educating and guiding children and take account of cultural, religious and ethical factors, to reduce the vulnerability of children and young people by ensuring access of both girls and boys to primary and secondary education, including HIV/AIDS in curricula for adolescents; ensuring safe and secure environments, especially for young girls; expanding good-quality, youth-friendly information and sexual health education and counseling services; strengthening reproductive and sexual health programs; and involving families and young people in planning, implementing and evaluating HIV/AIDS prevention and care programs, to the extent possible.

By 2003, develop and/or strengthen national strategies, policies and programs to promote and protect the health of those identifiable groups which currently have high or increasing rates of HIV infection or which public health information indicates are at greatest risk of and most vulnerable to new infection as indicated by such factors as the local history of the epidemic, poverty, sexual practices, drug-using behavior, livelihood, institutional location, disrupted social structures and population movements, forced or otherwise.

UNICEF MTSP Targets 2002-2005	MTSP Target Indicators	Core Intervention Areas and Strategies
By 2005, 75% of adolescent girls and boys 10-19 will have obtained internationally agreed levels of basic knowledge for HIV/AIDS prevention, care and support.	<ol style="list-style-type: none"> <li>1. By 2003 HIV/AIDS prevention programs for adolescents will be integrated into UNICEF's country, regional and global programming processes.</li> <li>2. By 2005 political commitment to HIV/AIDS prevention amongst young people at the highest level will have been achieved in all countries. This will be measured by policies developed, resource allocation, legislation, level of assigned accountability for HIV/AIDS prevention programs in Government.</li> </ol>	<ol style="list-style-type: none"> <li>a. Ensure that all children and young people are informed about HIV/AIDS and provided with life skills learning opportunities to reduce their vulnerability and enable them to avoid risky behavior.</li> <li>b. Promote and expand access to youth friendly health services to enable young people's access to confidential HIV testing and counseling, to information, education and counseling, and to sexual and reproductive health services including access to condoms and the treatment of sexually transmitted diseases.</li> <li>c. Scale up and sustain communication and social mobilization initiatives promoting HIV/AIDS awareness and healthy lifestyles, to address stigma and discrimination, encourage inter-generational communication and promote peer and adult solidarity, respect and support for young people.</li> <li>d. Increase the proportion of young girls staying in school, and strengthen the capacity of schools to respond to the HIV/AIDS pandemic.</li> <li>e. Develop and support special actions to reduce the vulnerability of children and young people, especially girls, at particularly high risk of HIV infection: i.e. street children, injecting drug users, sexually exploited children, children in prisons and institutions, and children and young people living in contexts of violence and conflict.</li> <li>f. Ensure that young people are central to planning, implementation and monitoring of actions which involve and affect them.</li> </ol>

Country	Status of Development of Lifeskills-based Education *	Essential Elements of Behavior Development and Change (8) **	Country	Status of Development of Lifeskills-based Education *	Essential Elements of Behavior Development and Change (8) **
<b>Cambodia</b>	Action	5 (3)	<b>Cook Islands</b>	Contemplation	Information NA
<b>China</b>	Action	3 (3)	<b>Federated States of Micronesia</b>	Preparation	2 (1)
<b>DPR Korea</b>	Action (reported)	1 (1)	<b>Fiji</b>	Action	3 (3)
<b>Indonesia</b>	Action	5 (2)	<b>Kiribati</b>	Preparation	2 (1)
<b>Lao PDR</b>	Expansion & Maintenance	7 (4)	<b>Marshall Islands</b>	Contemplation	Information NA
<b>Malaysia</b>	Expansion & Maintenance	5 (3)	<b>Nauru</b>	Contemplation	Information NA
<b>Mongolia</b>	Preparation	2 (1)	<b>Niue</b>	Contemplation	Information NA
<b>Myanmar</b>	Expansion & Maintenance	6 (4)	<b>Palau</b>	Contemplation	Information NA
<b>Papua New Guinea</b>	Preparation	3 (1)	<b>Samoa</b>	Contemplation	Information NA
<b>Philippines</b>	Contemplation	2 (1)	<b>Solomon Islands</b>	Action	3 (3)
<b>Thailand</b>	Expansion & Maintenance	5 (5)	<b>Tokelau</b>	Contemplation	Information NA
<b>Timor Leste</b>	Preparation	2 (1)	<b>Tonga</b>	Action	3 (3)
<b>Vietnam</b>	Action	5 (4)	<b>Tuvalu</b>	Contemplation	Information NA
			<b>Vanuatu</b>	Action	3 (3)

\* based on Annual Reports (2003) and country visits, \*\* From assessment of Lifeskills-based education programming against the essential elements of behavioral development and change interventions to examine the evidence base, appropriateness, quality and sustainability of programming. ( ) Scores from 2002.

## Stages of Development and Commitment to Lifeskills-Based Education

<b>( ) Pre-Contemplation</b>	<b>( ) Contemplation</b>	<b>( ) Preparation</b>	<b>( ) Action</b>	<b>( ) Expansion &amp; Maintenance</b>
<p>( ) LSBE not a priority ( ) Other ...</p>	<p>( ) LSBE is an emerging priority ( ) Exploring ideas/evidence ( ) Developing plans ( ) Advocating ( ) Other ...</p>	<p>( ) LSBE is a priority ( ) Plans in place ( ) Developing materials ( ) Conducting training ( ) Mobilizing Support ( ) Other ...</p>	<p>( ) Leadership/support from MOE ( ) Implementing first phase ( ) Monitoring &amp; evaluation ( ) Developing links to other reinforcing strategies ( ) Preparing to scale up ( ) Other ...</p>	<p>( ) Multiphase implementation ( ) Monitoring &amp; evaluation ( ) Developing links with other reinforcing strategies ( ) ongoing support mechanisms in place ( ) expanding in scale ( ) reaching a high proportion of school-aged/out-of-school population ( ) Other ...</p>
<p><b>Status 2002</b> (based on Annual reports and country visits)</p>	<p><b>Mongolia</b> Cook Islands Federated States of Micronesia Kiribati Marshall Islands Nauru Niue Palau Samoa <b>Timor Leste</b> Tokelau Tuvalu</p>	<p>Korea DPR Papua New Guinea <b>Philippines</b></p>	<p>Cambodia China Indonesia Korea, DPR <b>Malaysia</b> Viet Nam Fiji Solomon Islands Tonga Vanuatu</p>	<p>Lao PDR Myanmar Thailand</p>
<p><b>Status 2003</b> (based on Annual reports and country visits)</p>	<p><b>Philippines</b> Cook Islands Marshall Islands Nauru Niue Palau Samoa Tokelau Tuvalu</p>	<p>Korea, DPR <b>Mongolia</b> Papua New Guinea <b>Timor Leste</b> Federated States of Micronesia Kiribati</p>	<p>Cambodia China Indonesia Viet Nam Fiji Solomon Islands Tonga Vanuatu</p>	<p>Lao PDR <b>Malaysia</b> Myanmar Thailand</p>

Based on Survey of Current Status of Support to Life Skills-based Education through Schools, UNICEF, New York

Country	Information Reported in 2003 Country Reports		Assessment against the Essential Elements of Behavior Development and Change							
	In-School Lifeskills-based Intervention Programming 2003	Out-of-School Lifeskills-based Intervention Programming 2003	Interventions specific to the risk and vulnerabilities of young people	Appropriate prevention messages	Development of <u>skills</u>	Provision of supplies and services	A supportive environment	Mechanisms to sustain prevention behaviors	Collaboration and networking	Monitoring and Evaluation
<b>Cambodia</b>	UNICEF continued to support the Ministry of Education to strengthen the response of the Education Sector to HIV/AIDS. / Capacity building in the School Health Department of the MOEYS on HIV/AIDS prevention (Lifeskills activities and peer education) A draft policy on sex education was produced and an HIV/AIDS education curriculum for primary school. Training of the concerned teachers has been conducted at regional level. Little attention given to drug and substance use prevention	Youth peer education out-of-school. Toll-free telephone hotline counseling.	(✓)  Youth Risk Survey	✓	✓  (✓)	(✓)  (✓)	✓  ✓			
<b>China</b>	Lifeskills education and HIV/AIDS prevention for teenagers and youth in school in selected schools in 9 provinces. School based life skills education is not national but provincial level	Lifeskills education and HIV/AIDS prevention for teenagers and youth out of school in 8 provinces.		(✓)  (✓)	(✓)  (✓)				✓  ✓	
<b>Indonesia</b>	Prevention of HIV/AIDS among young people through Lifeskills Education (6 priority provinces – 5 districts Papua Province)	Peer education for out-of-school youth: National youth-led NGOs are working with young people to address problems related to drug use and HIV/AIDS	✓	(✓)  (✓)	(✓)  (✓)				✓	(✓)



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<b>Korea, DPR</b>	UNICEF has supported the Ministry of Education to incorporate HIV/AIDS chapter in the Lifeskills textbooks for secondary school children and in teachers' training. Planned technical assistance for a review of textbook needs/provision/use and for training in learning factors/assessment as well as overseas training MOE officials in Lifeskills in the curriculum were canceled because of SARS travel restrictions.			(✓?) ✓	(✓?) ✓					
<b>Lao PDR</b>	HIV/AIDS and drug and substance use prevention incorporated into core curriculum subjects using the Lifeskills approach: World Around Us (primary), Geography, Civics, Natural Science, Biology (secondary). Curricula in use in 12 of 17 provinces due to collaboration with MOE and UNFPA. Training incorporated into pre-service teacher training. 20% of primary school grades and 35% of lower and upper secondary students receive LSBE on HIV/AIDS, RH and drugs	Lifeskills-based education for young people out-of-school: community-based peer education for young rural youth; workplace peer education for vulnerable women and mobile populations.	(✓) older studies and sit. ans.	✓ ✓	✓ ✓		(✓) ✓	✓	✓ ✓	✓
<b>Mongolia</b>	Lifeskills-based school curriculum is reported to exist. Mongolia still seems to be in the "contemplation" stage. Lack of behavioral data among young people combined low prevalence of HIV/AIDS has made it difficult to find partners.	Mongolian Railways project (non-UNICEF)	✓ excl. youth in school ✓				✓ CFS Policy			

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<b>Malaysia</b>	School based Lifeskills education (PROSTAR) not formally integrated into formal education. HIV/AIDS intervention efforts in Malaysia are not yet linked with issues related to drug and substance use.	Lifeskills-based peer education for young people out-of-school in Pahang and Sarawak States.  UNICEF working with MOH, PROSTAR, and the Ministry of Culture and Social Affairs to adapt PROSTAR to the needs of out-of-school young people. Demonstration States will be Pahang and Sarawak. UNICEF also advocating for the inclusion of Lifeskills-based education for young people in detention.	(✓)  reported but unseen by UNICEF and nat'l partners	(✓?)	(✓)  ✓		✓  ✓		✓  ✓	
<b>Myanmar</b>	Lessons HIV/AIDS and drug and substance included in SHAPE/MOE Lifeskills, which has been made a compulsory subject at both the primary and secondary level. UNICEF sponsorship of teacher training and monitoring in 122 townships, reaching approximate 50% of school population. Training incorporated into pre-service teacher training.	Non-formal education/outreach programming for 10-14 year olds through SHAPE Plus, now only in 5 demonstration townships.  Non-formal education/outreach programming for 15-25 year olds through Myanmar Red Cross and Myanmar Maternal Child Welfare Association, now in 5 townships.		✓  ✓	✓  ✓		(✓)  ✓	✓	✓  ✓	✓
<b>Pacific Island Countries</b>	Lifeskills-based HIV prevention education is being considered in many countries. Little attention is given to the prevention of drug and substance use because it is not seen as a problem.	Young people from Vanuatu, Tonga, Fiji, Federated States of Micronesia and Solomon Islands have been trained as Master Trainers in Lifeskills-based programming, Pacific Stars. More than 8,000 young people have participated in Pacific Stars training workshops.  Behavioral assessments among young people have been undertaken in the Solomon Islands, Fiji, Tonga, and in the Federated States of Micronesia	(✓)  (✓)	(✓?)  (✓?)	(✓)  (✓)					

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<b>Papua New Guinea</b>	UNICEF PNG, NACS and the Education Department are currently trying out a pilot HIV/AIDS prevention program among school children, out-of-school children, parents of school children and teachers. The school program has a Lifeskills education component, which is lacking in the HIV/AIDS awareness program of other NGOs in the country.	Program development and partnership building with NGOs and churches for Lifeskills and Youth action in HIV prevention.		(✓)	(✓?)				✓ ✓	
<b>Philippines</b>	The Department of Education, in partnership with an NGO, has developed Lifeskills education modules for elementary and high school students. [On closer examination, the modules are not Lifeskills-based, nor do they focus on young people's vulnerability]	Lifeskills education sessions for street children and other vulnerable children and young people in urban centers.	✓ Pinoy Youth						✓ ✓	
<b>Thailand</b>	Thailand had an early start in school-based HIV/AIDS and Substance Abuse Prevention Education in schools. However, programming has never been fully integrated into the national core curriculum but has been left to a number of co-curricular activities. With the decentralization of the school administration to the sub-districts, many new curricular materials are starting to appear. With out integration into the core curriculum, the different agencies must advocate to include their materials into the portion of the curriculum to be determined by the local sub-district. Current efforts underway to fill in the gaps of BDCC and build broader collaboration among agencies.	UNICEF "Right to Know" Initiative, establishing linkages between young people and organizations working with young people for HIV/AIDS and drug and substance use prevention. Many of these organizations also participated in the UNODC (formally UNDCP) Primary Prevention project trial in Thailand.  Many Thai agencies are reporting peer-based educational programming, using the Lifeskills approach. Most of these project have never been reviewed nor are they evidence-based. Most have not yet incorporated drug and substance use prevention.	(✓) (✓)	(✓) (✓)	(✓) (✓)		✓ ✓		(✓) (✓)	

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<b>Timor Leste</b>	School based life skills education: Under development. UNICEF will support Division of Senior Secondary MECYS to implement in early 2004 as well as the inclusion in the school health Curriculum	Peer Educator training for school student and out of school children Support to NGO for outreach activities to Sex Workers Training of Trainers (TOT) in Peer Education					(✓) policy develop		✓ ✓	
<b>Vietnam</b>	Healthy Living and Lifeskills Education Program (HIV/AIDS Prevention, reproductive and drug and substance use prevention). Curriculum developed and tested in select schools. Process slowed due to “social evils” campaign	Healthy living Clubs for out-of school adolescents for a child/adolescent-focused and community based-response. (29 clubs)	✓ current SAVY study	(✓) (✓)	(✓) (✓)		(✓) youth centers / clubs ✓		✓ ✓	

✓ = good practice work being done in this area.

(✓) = reported but without details. Strengthening linkages to other elements of BDCC may be necessary. For example, messages in the curricula may need to be reviewed against the vulnerabilities indicated by the behavioral assessments and situation analyses. The Lifeskills elements in the curricula may be scattered so that skills development is not assured.

(?) = reported but unsure of contents, whether Lifeskills-based or information-based, and whether messages (curricula) counter the vulnerability of young people.

## DEFINITIONS

**Lifeskills** are psychosocial competencies that help people make informed decisions, solve problems, think critically and creatively, communicate effectively, build healthy relationships, empathize with others, and cope with emotions and stress to manage their lives in a healthy and productive manner. Lifeskills may be directed toward personal actions or actions toward others, or may be applied to actions that alter the surrounding environment to make it conducive to health and wellbeing.

**Lifeskills-based education** is a term often used to describe learning experiences that aim to develop knowledge, attitudes and *especially skills* (psychosocial competencies) that will enable learners to take positive actions to develop and maintain healthy behaviors, environments and quality of life. Lifeskills-based education also aims to change unhealthy behaviors and conditions, to promote health, safety and a positive living environment, and to prevent disease.

Lifeskills-based education promotes appropriate 'behaviour development and change' and is designed to address a balance of 3 areas: knowledge, attitudes, and skills. Outcomes related to all three areas can be pursued using this approach. Indeed much of the literature suggests that shifts in risk behaviour, are unlikely if knowledge, attitudinal and skills based competency are not addressed.

The term **livelihood skills** refers to capabilities, resources, and opportunities for pursuing individual and household economic goals: in other words, income generation. Livelihood skills include technical and vocational abilities (carpentry, sewing, computer, typing, programming, animal husbandry, etc.); skills for seeking jobs, such as interviewing strategies, and business management, entrepreneurial, and money management skills. Livelihood skills are not covered in this programing.

The phrase **other skills** refers to practical health skills or techniques such as competencies in first aid (e.g. bandaging, resuscitation, sterilizing utensils), in hygiene (e.g., hand washing, brushing teeth, preparing oral rehydration therapy), or sexual health (e.g., using condoms and other birth spacing methods correctly). Some of these skills may also be included in programming as a means to prevent HIV infection.

## ESSENTIAL ELEMENTS OF BEHAVIOR DEVELOPMENT AND CHANGE INTERVENTIONS

- ***Interventions should be focused well-characterized and specific to the risk and vulnerabilities of young people.*** The target audience needs to be clearly identified. Situation analyses and behavioral assessments need to be conducted in order to establish a baseline.
- ***Prevention messages must be crafted to motivate and appeal to the needs, beliefs, concerns and readiness of the young people.*** What are the specific factors of risk and vulnerability of young people? What motivates or protects young people from placing themselves at risk? Does the curriculum accurately and adequately address these? How do the students relate to what is being taught? Are they able to see the relationship between activity/lesson and their daily lives?
- ***Young people must be provided with Lifeskills to prevent HIV.*** Does the curriculum and teaching facilitate Lifeskills development? How? What skills are targeted, core skills or cluster skills? Does the content of the activities/lessons get thoroughly analyzed/processed? Are linkages made between an activity/lesson with the young people's daily lives/lifestyles? Are linkages made with other issues that may increase a young person's vulnerability to HIV infection? Is the curriculum competency based?

- ***Young people must be provided with appropriate supplies and services to prevent HIV.*** Do young people must have access to voluntary and confidential counseling and testing services (VCCT), reproductive health services, and other services as needed? Is appropriate referral included in the intervention? Do young people need to have access to condoms and other equipment for prevention?
- ***A supportive environment needs to be created for HIV prevention and for the protection of those affected by HIV.*** Are the school administrators, teachers, parents, PTA, community leaders supportive of Lifeskills-based education? Is there an education policy supporting Lifeskills-based education? What measures of advocacy need to be put into place? Are participatory teaching methods used in the classroom? Are communities also receiving benefits from programming?
- ***Mechanisms need to be created to maintain and sustain HIV prevention behaviors and activities over time.*** How is Lifeskills programming incorporated into the school curriculum or activities? Is it single or a series of once-off activities? Is it co-curricular or core curricular? Is it incorporated into pre-service teacher training? What will help ensure that skills are continuously strengthened? Are education policies in place to support Lifeskills-based education/interventions among young people?
- ***BDC planners should identify and use opportunities to work collaboratively and in different sectors of the community / country.*** How is the Lifeskills programming linked to other programs outside school? Are the PTA and parents involved in programming? Are other organizations being used as resources? Do partnerships facilitate access to supplies and services. Is the Lifeskills-based education in the classroom/intervention linked with opportunities for young people to apply/practice their skills in the community?
- ***Monitoring and Evaluation are essential processes.*** Are structures in place to facilitate on-going monitoring and evaluation? What will be monitored and what will be evaluated – and at what level? Do countries have a system of behavioral surveillance in place and are young people included? Are behavioral assessments regularly conducted throughout the school system and among young people out-of-school. Are knowledge acquisition and attitudinal and Lifeskills development accurately being assessed in the classroom and in other intervention efforts?