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**Implementation Process Review of the  
"Training of Teachers Manual on Preventive  
Education against HIV/AIDS in the School Setting"**

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## Abbreviations

AIDS	Acquired Immunodeficiency Syndrome
APPEAL	Asia Pacific Programme of Education for All
BCC	Behavior Change Communication
EFA	Education for All
FRESH	Focusing Resources on Effective School Health
GO	Governmental Organization
HIV	Human Immunodeficiency Virus
IEC	Information Education and Communication
JFTI	Japanese Funds in Trust
MOE	Ministry of Education
MOH	Ministry of Health
NGO	Non-Governmental Organization
PLWH/A	People living with HIV/AIDS
SEAMEO	Southeast Asian Ministries of Education Organization
STI	Sexually Transmitted Infection
TOT	Training of Trainers
TROPMED	Regional Tropical Medicine and Public Health
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDCP	United Nations Drug Control Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund

## **I) Introduction**

UNESCO, in collaboration with SEAMEO-TROPED and funded by the Japanese Funds-in-Trust (JFIT), developed a manual for teacher trainers<sup>1</sup> on how to integrate HIV/AIDS preventive education into the teacher training curriculum. This manual is considered as a generic tool. It has been adapted to the local contexts in several countries in the Asia Pacific region.

Some countries (Cambodia, Indonesia, Lao PDR, Malaysia, Mongolia, Philippines, Thailand and Viet Nam) have developed or are developing a comprehensive package of teaching-learning materials on HIV/AIDS Preventive Education for Basic Education. The package would comprise the manual, the multi-media materials available in the countries and specific modules for students.

At a recent review workshop in Uzbekistan and elsewhere concerns have been raised that the manual is too strictly focused on transferring biomedical knowledge and does not pay enough attention to reducing vulnerability to HIV/AIDS by promoting lifeskills. It is also believed that the HIV information in the manual needs to be updated, and that the inclusion of teaching of more participatory training techniques could be considered. In addition, in some countries, a strict focus on HIV/AIDS is not realistic – embedding HIV/AIDS in a wider school-health approach should be considered.

Before expanding to other countries, UNESCO decided then to do a review of the progress implementation of the "Preventive Education against HIV/AIDS in the School Setting" project and a review of the manual. The particular interest of this review is to look at the way that the project was implemented and to review the manual based on the comments generated by the targeted countries. Its overall aim is to generate recommendations both on the content of the manual and the implementation process, before expanding to other countries covered by UNESCO Bangkok.

## **II) Process of the Review**

This review was organized as follow:

### **i) Progress reports and any other related documents review**

Available reports were consulted throughout this review, as well as other relevant documents related to the project. In addition, the TOT manual was reviewed and recommendations suggested.

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<sup>1</sup> See cover page of the UNESCO TOT manual in annex # 1

## **ii) Short-survey**

A questionnaire<sup>2</sup> was designed and sent through e-mail to countries that were involved in any phase of the programme as mentioned in the various available reports. In addition, to be able to compare with other programmes, this questionnaire was sent to countries that were not involved in this particular programme but where an UNESCO HIV/AIDS focal point is acting (full or part-time). The countries where the questionnaire was sent are: Bangladesh, Cambodia, China, Indonesia, Malaysia, the Philippines, East Timor, India, Mongolia, Kazakhstan, Nepal, Pakistan, Samoa, Thailand, Uzbekistan, Viet Nam, Lao PDR, and Sri Lanka.

The objectives of the short survey were:

- To describe the different steps of the implementation of the HIV/AIDS Preventive Education in School Setting project
- To describe the different types of technical assistance received for the implementation of the project
- To describe the main problems/issues met during the implementation of the project
- To list the institutional partners collaborating in this project
- To list the main outputs of the project

## **iii) Field visits**

Five countries were selected as it was reported that they had participated in the HIV/AIDS Preventive Education in School Setting project. These countries were: Cambodia, Lao PDR, Indonesia, Thailand and the Philippines. UNESCO offices or Commissions were contacted prior to visit the country and asked to make appointment with key institutions and persons involved in the country. Additional visits were not possible because of time constraints. The main objectives of these visits were:

- To describe the implementation process of the project
- To describe the comprehensive package developed for this programme
- To identify other resource materials used for the development of the comprehensive package
- To identify the issues met during the implementation of the programme
- To identify further technical assistance needs to continue the programme

In addition, the consultant discussed with key informants from different collaborating agencies: SEAMEO TROPMED, UNICEF and UNFPA, and NGOs.

The list of the persons contacted during this review is available in annex # 3

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<sup>2</sup> See annex # 2

### **III) Findings**

#### **i) Limitations**

There were several limitations in this review that must be mentioned as they altered its process, and consequently its findings in terms of quality and validity. Therefore, the findings and recommendations generated in this report should be cautiously interpreted, as they might not reflect the overall situation. The following obstacles were confronted by the consultant during the review:

- Difficulty to access to files related to the programme and/or poor documentation related to technical progress of the programme
- Low response rate for the short survey despite follow-up by the UNESCO Bangkok office: unfortunately among 18 countries where the questionnaire was sent, only 6 completed the questionnaire: Bangladesh, Cambodia, Indonesia, Lao PDR, Thailand and Uzbekistan.

#### **ii) Framework of the project**

Education has a key role to play both in preventing HIV/AIDS and in mitigating its impact (ILO *et al.*, 2002, UNESCO 2001). The use of schools as a channel for promoting HIV/AIDS education is also considered cost-effective compared to others interventions, because not only teachers and pupils/students are exposed to HIV/AIDS education, but also families and communities (Carr-Hill , Joviter Katararo , Ruhweza Katahoire & Oulai, 2002). The World Education Forum held in Dakar in 2000 (World Education Forum, 2000) identified preventive education against HIV/AIDS in the school setting as one of the areas of concerns in promoting Education for All (EFA). The forum also recognized that preventive education strategies could have both short and long term impact on the prevention and control of HIV/AIDS among school children, teachers and education practitioners.

In addition, positive experiences by WHO, UNICEF, UNESCO and the World Bank suggest that there is a core group of cost-effective components of a school health, hygiene and nutrition programme, which can form the basis for intensified and joint action to make schools healthy for children. These agencies have developed a partnership for Focusing Resources on Effective School Health (FRESH). The FRESH approach was launched at the World Education Forum in Senegal, April 2000. Working together on FRESH, the agencies call for the following four components to be made available in all schools: i) health-related school policies, ii) provision of safe water and sanitation, iii) skills-based health education, and iv) school-based health and nutrition services.

Concerning HIV/AIDS, according to UNESCO's global strategy on preventive education, UNESCO's priority in preventive education is directed towards five-core tasks (UNESCO, 2001): i) advocacy at all levels, ii) customizing the message, iii) changing risk behavior, iv) caring for those infected and affected, and v) coping with the institutional impact of HIV/AIDS. In terms of customizing the message, UNESCO intends to support a range of interventions to develop and implement HIV/AIDS preventive education in the school setting in connection with EFA.

The implementation of such of interventions is possible if some crucial principles are followed by planners. The training of the teachers in delivering HIV/AIDS and sex education through lifeskills techniques is recognized as one of the main principles for success, as teachers clearly play a central role in youth education (Rivers & Aggleton, 1999; Kelly, 2000) .

Therefore, the UNESCO Bangkok project on HIV/AIDS Preventive Education in School Settings by addressing the capacity building of the pre- and in-service teachers is relevant and is in keeping with the different strategies mentioned. In the perspective of the FRESH initiative, the regional project could serve as an entry point to achieve the skills-based health education and health-related school policy components.

### **iii) History of the Project**

The HIV/AIDS Educative Prevention in the School Setting project originated from the Prevention of HIV/AIDS and Drug Abuse through Quality Improvement of Curriculum and Teaching Materials in Asia Pacific project supported by UNESCO Bangkok and funded by JFIT. This latter project is comprised of four main phases:

- 1) Phase One: A situational analysis was held in 7 countries (China, India, Indonesia, Lao PDR, Philippines, Sri Lanka and Thailand), focusing on review of curricula, school counseling support, teaching-learning materials and lessons learned. This situational analysis was conducted in 1996 (UNESCO, 1997).
- 2) Phase Two: A regional consultation was conducted, during which the seven countries developed a regional strategy based on the findings of the situational analysis. This workshop was organized in China in August 1997 (UNESCO, 1998) in partnership with SEAMO-TROPMED, UNDCP and the Japanese government. In this strategy, the participants identified two priority action areas: a) curriculum and teaching-learning resources: effective utilization of existing curriculum frameworks and resources and development and implementation of policies on appropriate integration of HIV/AIDS prevention education; and b) the professional development of teachers: coordination, communication and monitoring of teacher training activities, research to support HIV/AIDS related professional development of teachers, creation of a pool of expertise in-country and design and implementation of sustainable teacher training in HIV/AIDS.
- 3) Phase Three: Teacher training activities were implemented, including the dissemination of teaching-learning materials for use in the school setting: this phase was gradually implemented following the following process (Gregorio, 2002): a) the development of the draft of the training of teacher's manual in 1996, b) the review in 1998 of the training manual with the participation of several countries (Lao PDR, the Philippines and Thailand) and agencies (UNESCO, UNICEF, Thai Red Cross, UNDCP, SEAMO-TROPMED, CHASPPAR-GTZ), and c) the pilot testing of the training Manual and the finalization of the generic

manual named " Training of Teachers Manual on Preventive Education Against HIV/AIDS in the School Setting". During a training workshop resource persons from SEAMEO-TROPED, the University of the Philippines, the Malaysia Health Research Center and the Ministry of Health of Malaysia assisted representatives from several countries (China, India, Indonesia, Lao PDR, Philippines, Sri Lanka and Thailand) to test and finalize the manual (UNESCO, 1999). In addition, the participants developed guidelines for following up with national training activities and the utilization of the training of teacher's manual in their countries. The generic manual was then disseminated to member countries, UNESCO National Commissions and partner agencies. The follow-up for the adaptation of the manual focused on the following countries: Cambodia, China, India, Indonesia, Malaysia, Mongolia, Lao PDR, Pakistan, the Philippines, Sri Lanka, Thailand, and Viet Nam.

- 4) Phase Four: This phase is currently being implemented and is aimed at the development of a comprehensive package of HIV/AIDS Teaching-Learning Materials in each participating country. A regional workshop was held in Bangkok in March 2002 to develop guidelines on how to do this, and to ensure proper follow-up of the previous phases. The following countries participated in this workshop: Cambodia, Indonesia, Lao PDR, Malaysia, Mongolia, the Philippines, Thailand and Viet Nam. In November 2002, a regional consultation was organized to assess progress of the pilot testing of the manual and to develop a comprehensive package that should include the TOT manual as a core material, a students' module, reference materials and a manual for utilizing the comprehensive package. As mentioned in a UNESCO report (Gregorio, 2002) the main outputs of this phase are the development of an inventory of existing materials prepared by different agencies in target countries, the analysis of existing curricula in use in schools and teacher training colleges in order to identify entry points for HIV preventive education, and guidelines for using the comprehensive package<sup>3</sup>.

#### **iv) Status of the project**

Among the six countries that returned the questionnaire, only Bangladesh reported that no institutional project to train teachers on HIV/AIDS preventive education in the school setting exists there. However, UNESCO plans to support advocacy interventions targeting education sector stakeholders.

Cambodia received a budget and a contract was developed between UNESCO and the Ministry of Education, Youth and Sports (Department of Pedagogical Research)<sup>4</sup> for the implementation of activities. This contract has not been executed because similar activities were already undertaken in a different collaboration between the Ministry of Education's School Health Department and UNICEF/UNESCO. In addition, the person in charge of its execution in the Department of Pedagogical Research is currently studying abroad.

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<sup>3</sup> At the present time, this guideline is still a draft and it should be finalized by the end of this year.

<sup>4</sup> Contract number 864706.2 signed in February 2002.



Uzbekistan reported that they have recently started a project on preventive education under the UNAIDS/UBW (207/RAS/1000) funding scheme, implemented by the HIV/AIDS Coordination Unit in UNESCO. A participatory workshop involving different institutions and organizations, including the Ministry of Health and the Ministry of Education, UNESCO, religious organizations, NGOs, teacher representatives and youth organizations, was held in March 2003 to generate recommendations on the content of the TOT manual. The working group is currently adapting the UNESCO TOT manual based on the recommendations generated during the workshop. The manual will have a broader school health focus, with an important emphasis on HIV/AIDS and reproductive health, and is due to be part of the compulsory curriculum across the country starting in September 2004.

The three other remaining countries (Indonesia, Thailand and Lao PDR) reported in their questionnaire their participation in the JFIT-funded UNESCO project "HIV/AIDS Preventive Education in the School Setting" since the beginning of its implementation; they have also acknowledged their participation to the regional workshop on the development of the comprehensive package (Phase 4); this was confirmed in their progress reports (Curriculum Center & Research and Development Agency, 2002; Ministry of Education Thailand, 2002; National Research Institute for Educational Sciences, 2003).

However, it was possible to identify through other available progress reports that other countries such as Philippines and Viet Nam, have already implemented the pilot testing of the comprehensive package (The Department of Education Philippines, 2003; National Institute for Education Development, 2003). No access to country-specific project files could be secured during this consultancy.

From the available information, however limited, it can be derived that almost all the countries involved in the project have already accomplished the final phase, except for Mongolia and Malaysia. At the present time, these latter countries have not yet submitted their progress reports, and it is impossible to report the current status of their project. Nevertheless, they have until the end of 2003 to finalize and submit their reports to UNESCO.

As per our discussion with SEAMEO-TROPMED, which is the collaborating agency of this project contracted by UNESCO, they will deliver to UNESCO by the end of phase 4 the following: i) the final version of the comprehensive package guidelines, ii) the final report on the activities of the pilot testing in the target countries, and iii) the description of the comprehensive package for each target country. These outputs will complement the findings of this review.

## **v) Implementation process**

### **a) Context**

Based on the findings from some questionnaires (Cambodia, Lao PDR, and Indonesia) and confirmed by a recent publication (Smith, Kippax, Aggleton & Tyrer, 2003), in most of the targeted countries, there is a policy that supports HIV/AIDS preventive education and reproductive health in the school setting. However, in Cambodia, despite an endorsed national strategic plan that includes preventive education in schools, the national policy is still in draft form since a consensus

among policy makers about sensitive issues such as condoms in school has not yet been reached. As Smith et al. (2003) pointed out, the policies in general support the implementation of HIV/AIDS and sex education at the different levels in the targeted countries. From the discussion in the four countries visited, it was reported that the implementation of the programme was facilitated not only by the existence of the policy, but by also the existence of a comprehensive national strategic plan that considers youth as a vulnerable population to target in priority.

#### b) Preparation for the project

Concerning the countries that responded to the questionnaires and/or submitted their progress reports, an appropriate process was established for the implementation of the project. As a matter of fact, the first step of the implementation was the establishment of a working group or a committee to discuss and decide the content of the manual. Nevertheless, it was found that the members of the working group were staff working only at the ministry level particularly from the Ministry of Education. No other stakeholders have been involved outside the Ministry or from the field. The exception is Uzbekistan, where a multi-sectoral approach was used.

Prior to implementing the trainings of the teachers, a workshop was organized to develop the content of the training based on the TOT manual and to learning materials based on the recommendation of the working group.

The translation of the TOT manual was completed in the three countries visited (Lao PDR, Indonesia and Thailand) which used the UNESCO TOT manual as a main reference material. Minor changes were made when compared to the generic manual. These changes focus mainly on readjusting the assessment tools and adding further examples of lifeskills. Nevertheless, it was explained that the manual was used as a reference during the training. Other topics were taught using existing materials available in the country (Thailand and Lao PDR), or developing specific material for the teachers and the students (Indonesia). With regard to this latter material, the translation into English was available and included the following:

- The guidelines of teachers module and learning materials
- The Teacher modules
- The Learning materials

The content of these materials mainly focuses on the same modules found in the generic manual. Several lesson plans related to learner-centered methodology, HIV/AIDS knowledge and prevention integrated into subject carriers: biology, religion, social, and guidance and counseling were found. Lifeskills or any other topics related to reproductive sexual health were not found in these documents.

Cambodia has developed materials that were not based on the UNESCO TOT manual, but on a resource material package developed by UNESCO/WHO/UNAIDS<sup>5</sup>. This package includes a teacher's guide and a student book that focuses on HIV/AIDS knowledge and core lifeskills.

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<sup>5</sup> School Health Education to Prevent HIV/AIDS and STDs (UNESCO/UNAIDS/WHO, 1999)

From the other available country reports on the pilot testing (Viet Nam and the Philippines), it is mentioned that some adaptation/modifications were made and other materials were developed, yet no further details were found to describe the content of these materials.

#### c) Pilot testing and implementation

The different country reports on the pilot testing show that the pilot training course was implemented on a small-scale as the budget for the piloting phase was limited. The trainers were the staff of the Ministry of Education who participated in the regional workshop, assisted by other staff from the same Ministry. The trainees were mainly in-service teachers from secondary level. The length of the training differed from a country to another: 5 days in Vietnam, 3 days in Lao PDR and 2 days in Thailand, the Philippines and Indonesia. In the latter country, the 2-day training course was followed by a one-week guidance course to develop lesson plans.

#### d) Monitoring

Impressive monitoring activities were reported in the different country reports on the pilot testing. This monitoring was carried out as recommended in the TOT manual and the guideline for the implementation of the comprehensive package. The tools were adapted in each country according to the topics taught and analyzed by using statistical tests. The monitoring was completed mainly at two levels:

→ Student assessment: pre- and post-test related to HIV/AIDS knowledge, attitude and self-efficacy. In Philippines, they have added an "exit interview" of the students right after the training to gather immediate feedback.

→ Teacher assessment: performance of the teachers in the classroom through classroom observation and assessment by the teachers of the comprehensive package in terms of content and relevance. In Lao, the "school principals" were also interviewed.

All the results from the different countries show a significant increase of knowledge and self-efficacy towards selected behaviors and attitudes among the students. Among teachers, it was found that the comprehensive package was relevant and, in general, easy to use. Further details are available in the different reports on the pilot testing from Thailand, Lao PDR, Philippines, Indonesia and Viet Nam.

In Cambodia, an internal evaluation was also undertaken by the Ministry of Education and UNESCO in order to evaluate the achievements and the effectiveness of their programme (Ministry of Education Youth and Sport of Cambodia, 2002).

#### e) Summary of the outputs by selected countries

The review tried to assess the main outputs of the project, especially in the countries that were included in the fourth phase. The questionnaires, the country reports on the pilot testing and the discussions during the field visits allowed for the collection of some information from Cambodia, Lao PDR, Indonesia and Thailand. Again, a lot of

time may have been wasted by the fact that access to files in the Bangkok office was not possible.

Among these four countries, in three of them the UNESCO TOT manual was used and implemented, whereas in Cambodia it was not. In the latter country, the programme implemented has resulted from a concentration of efforts of the MOE with UNESCO and UNICEF. As it was discussed during the visit, the presence of a full-time UNESCO HIV/AIDS focal point was the key factor that made this collaboration among the different agencies possible. The focal point, by his permanent presence in the country and his full-time involvement in HIV/AIDS activities, participates in different key decision making process related to HIV/AIDS preventive education in the school setting; it gives consequently an opportunity of collaboration with other agencies and guidance to developing and implementing programmes.

The results presented in the different tables (see table 1, 2, 3 and 4), do not represent the complete outputs of the overall interventions implemented nationwide in school settings, but only the results of the interventions that are supported by UNESCO through the "HIV/AIDS preventive education in the school setting" project. The programmes began almost simultaneously in the different countries, but we can see that Cambodia has already started to scale-up their interventions resulting in the highest intervention coverage when compared to other countries. However, as per the discussions with MOE and UN agencies in each country, the coverage of HIV/AIDS interventions in the school setting resulting from the combination of all projects undertaken in collaboration with other agencies are much higher than the results showed in those tables. For example, in Lao PDR, it was reported by the MOE that under the different projects of UNESCO, UNFPA/UNICEF there are already 8 provinces covered by this type of intervention that includes 700 schools; 62 master trainers and 3,300 teachers already trained.

**Table 1: Summary of the main outputs in Indonesia**

	<b>Outputs</b>	<b>Remarks</b>
Manuals Translated	Yes	Using the UNESCO "Training of Teachers Manual on Preventive Education Against HIV/AIDS in the school setting", different materials were produced: <ul style="list-style-type: none"> <li>- "The guidelines of teachers module and learning materials on HIV/AIDS preventive education"</li> <li>- "Teacher modules on HIV/AIDS preventive education"</li> <li>- "Learning Materials of HIV/AIDS preventive education"</li> </ul>
Teachers Trained	40 teachers	Teachers, supervisors and headmasters: two days training course followed by one week guidance to develop lesson plans
Pre / In-Service	In-service	
Coverage	6 schools	Junior secondary level in Jakarta
Integration in curriculum	Carrier subject approach	It was reported that an MOE policy exists that only supports the integration of HIV/AIDS knowledge into the national curriculum. Other activities (lifeskills etc) should be done in extra-curricular/non-formal

		models The MOE with UNICEF is also delivering lifeskills in co-curricular activities
Topics integrated in the national curriculum	HIV/AIDS facts, prevention, positive social attitudes, and lifeskills (no details)	

**Table 2: Summary of the main outputs in Cambodia**

	<b>Outputs</b>	<b>Remarks</b>
Manuals Translated	No	Other reference materials were used and adapted. Manual for teachers and student were developed using as the main reference the UNESCO/WHO/UNAIDS "School Health Education to prevent HIV/AIDS and STDs"  300,000 copies of the teachers and students manuals have been produced and distributed
Master Trainers trained	82	22 National and 60 regional
Geographical Coverage	6 provinces	
Teachers Trained	1,385	720 upper secondary level (1999) and 665 lower secondary level (2000) UNESCO/UNICEF recently developed a manual for trainers of the primary level World Education trained also teachers from primary level
Pre / In-Service	In-service	It was reported that only knowledge on HIV/AIDS are integrated in the national curriculum for the training of teachers World Education targets Teacher Training Colleges (primary level)
Exposure	68,524 students	22,000 students from grade 12 and 46,524 students from grade 9
Integration in curriculum	Combined approaches: into carrier subject and separate subject	
Topics integrated in the national curriculum	HIV/AIDS & STI facts, delaying sex, care and support, lifeskills: communication skills, self-awareness, value clarification, decision making, goal setting and assertiveness	

**Table 3: Summary of the main outputs in Lao PDR**

	<b>Outputs</b>	<b>Remarks</b>
Manuals Translated	Yes	The UNESCO TOT manual was adapted in Lao and used for the training of trainers. Nevertheless, in the comprehensive package, especially for lifeskills, the materials developed with UNICEF/UNIFA were used
Teachers Trained	20	Including pedagogical advisors, "school principals" and 12 teachers
Pre / In-Service	In-service	UNFPA/UNICEF are supporting interventions in training teachers colleges as well.
Coverage	6 schools	Secondary schools in Borikhamxay province
Integration in curriculum	Carrier subject approach	The integration into the national curriculum resulted of the combination of efforts of the MOE with different agency particularly UNICEF and UNFPA.
Topics integrated in the curriculum	<p><u>Primary level:</u> germs, HIV/AIDS facts, drugs, communication skills, attitude towards PLWA</p> <p><u>Lower secondary level:</u> Immune system, HIV/AIDS facts, ways of transmission, risky behaviors, safety behaviors, attitude towards PLWA, HIV impact on individual, family and society</p> <p><u>Upper secondary level:</u> world aids situation, danger of HIV/AIDS, ways of transmission, PLWA support, Impact of HIV on individual, family and society, prevention and a range of lifeskills: communication, problem solving, negotiation skills, decision making, goal setting, self-esteem and respect of the others</p>	

**Table 4: Summary of the main outputs in Thailand:**

	<b>Outputs</b>	<b>Remarks</b>
Manuals Translated	Yes	The UNESCO TOT manual was adapted in Thai and used for the training of trainers. Nevertheless, in the comprehensive package, especially for lifeskills, the manuals developed with MOE were used
Teachers Trained	20	Including two administrators and 18 teachers
Pre / In-Service	In-Service	Rajabath is also working with pre-service teachers and HIV/AIDS education was reportedly already included in the national curriculum for teachers
Coverage		Bangkok and Nonthaburi, secondary schools
Integration in curriculum	Carrier subjects and extra-curricular	The integration into the national curriculum resulted of the combination of efforts of the inter-sectoral work in the previous years with the support of agencies: integrated into Health Sciences and social studies for the secondary level, and into life experience subjects in the elementary level
Topics integrated in the curriculum	Self-awareness (includes HIV/AIDS fact, reproductive health, gender) empathy, self-esteem, social responsibility and interpersonal communication skills	A lifeskills curriculum has been developed for schools and a programme of training of trainers is being implemented. The school-based programme includes both generic lifeskills education and modules to

	(Details by level are not available)	develop the application of lifeskills specifically to HIV/AIDS and drug dependence.
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With regard to the integration in the national curriculum, all the countries visited reported the integration of HIV/AIDS related components. This integration was completed prior to the implementation of the UNESCO pilot testing projects, and mainly resulted of the efforts of the MOE supported by other UN agencies. The topics integrated vary from one country to another and focus on HIV/AIDS knowledge and core lifeskills education. The integration was mainly through combined approaches: carrier subject and separate subjects. In some countries, co-curricular activities also exist through non-formal models such as peer education or scouts.

All the interventions supported by the UNESCO project in these countries target in-service teachers as the majority of the interventions supported by other agencies do. However, it was reported during the discussions that interventions targeting pre-service teachers are also made by the MOE, either by themselves or with the support of collaborating agencies, but in a sporadic way; Thailand reported that interventions targeting pre-service teachers are already established for primary and secondary level teachers.

**vi) Other contacted agencies working with youth**

With regard to the four countries visited (Cambodia, Indonesia, Lao PDR and Thailand), information about other agencies were collected from UNFPA, UNICEF, Lao Red Cross and Australian Red Cross (Lao PDR) and Centre for Indonesian Medical Students Activities (Indonesia).

Most of the programmes supported by UNFPA through NGOs and/or GOs are related to reproductive health among in and out-school adolescents. Their programmes are mainly integrated into non-formal education using non-formal models. The UNFPA programmes include in general youth centres from where outreach activities are run by trained peer educators, referral activities to specific services, IEC and media development and dissemination, and care and support activities. In addition, UNFPA/UNICEF are also supporting in Lao PDR a programme integrated into formal education.

UNICEF is supporting the implementation of lifeskills education programmes in several countries in South East Asia. This lifeskills education according to the context of each country is implemented through core-curriculum or as an extra-curricular activity. A recent report from UNICEF (UNICEF, 2003) describes the current status of lifeskills education in the East Asia and Pacific region.

Cambodia: UNFPA implemented the "Adolescent reproductive Health Project" through the Reproductive Health Association of Cambodia (RHAC). This project is integrated within non-formal education and targets youth in and out-of school in 5 provinces (17 schools and 81 villages).

UNICEF is working in collaboration with UNESCO to implement HIV/AIDS and lifeskills education at the secondary level and just start the training of in-service teachers of the primary level.

The Cambodian Red Cross assisted by the Australian Red Cross and funded by UNESCO, is supporting a peer education programme targeting school youth in Phnom Penh.

Indonesia: UNFPA is supporting a project "Improving Access to Adolescent Reproductive Health, IEC, Counseling and Services" implemented through the Indonesian Planned Parenthood Association (PKBI) in 11 cities where youth centers were established. This project is integrated within non-formal education and targets adolescents.

UNICEF is implementing a lifeskills education programme targeting secondary level. Lifeskills are taught as supplementary extra curricular topics in 6 provinces in Indonesia. The MOE planned to expand this project to 9 other provinces using MOE's funds.

The center for Indonesian Medical Students Activities supported by UNESCO is also implementing a peer education programme (non formal model) targeting junior secondary students in 9 cities. Basic facts on HIV/AIDS, reproductive health and human rights are the main topics delivered through peer education.

Lao PDR: A programme started in 1995 through the Ministry of Education and focused on population education. In 1998, the programme was revised and reproductive health components were added. Based on the findings of the UNFPA and UNICEF assessment in 2000, both agencies joined their efforts to develop a comprehensive programme that includes population and reproductive health education and lifeskills. They are also collaborating with GTZ to include topics related to drug abuse.

There is also another project supported by UNFPA that is implemented through the Ministry of Health in two provinces targeting out-school youth (factories workers).

The Lao Red Cross supported by the Australian Red Cross is also very active in targeting youth in and out-school in 11 provinces (community based interventions) through peer education.

Thailand: UNFPA implemented project "Increased access to gender-sensitive reproductive health and HIV/AIDS prevention education and services by youth" through Planned Parenthood Association Thailand (PPAT). This project target two provinces in the North and two provinces in the South and are integrated in non-formal education. Five youth centres will be established by the end of 2003.

UNICEF started recently to play the role of a coordinating agency among all agencies and institutions working on skills-based health education.

#### **vii) Review of the TOT Manual**

The comments were made based on the fact that this manual is a generic manual aimed at equipping teachers and other staff with skills to deliver appropriate existing materials related to HIV/AIDS, and on the assumptions related to the diverse needs



of youth in terms of HIV/AIDS-related education (UNAIDS, 1997a;1997b; Rivers & Aggleton, 1999; Kelly, 2000; Aggleton & Warwick, 2002).

a) Relevance of the TOT Manual

In the perspective to initiate HIV/AIDS Educative Prevention in the School Setting activities, the production of a generic manual that could be adapted in different countries with different socio-cultural contexts is relevant.

However, taking in consideration that the trainees targeted for this manual are mainly the teachers at pre-service and in-service levels using mostly traditional methods to transfer knowledge, and the numerous social and cultural barriers to deliver comprehensive HIV/AIDS and sex education in the school setting (UNAIDS, 1997b; Kelly, 2000; Smith *et al.*, 2003), some components in this TOT manual are missing or found too weak. Most of the manual's components are information based – at least if the manual is meant to build the capacity of teachers to deliver crucial knowledge, skills and attitudes that students should be equipped with to decrease their vulnerability to HIV/AIDS in an innovative, more participatory manner.

The content of this TOT manual was identified through a working group during the phase 3 of the project and complemented by a guideline to develop a comprehensive package. This guideline was developed at the beginning of phase 4, and was intended to equip teachers with skills to deliver existing materials developed in their country, and to develop a comprehensive package for preventive education.

As per several discussions during this review, other skills related to HIV/AIDS and sexual/reproductive health were not added in this generic manual because of the existence in many countries in this region of cultural sensitivities related to sex education. However, it was reported that during the different regional workshops or consultations, the key persons from MOE were encouraged to integrate these "sensitive topics".

This strategy of leaving the initiative up to the teachers to develop a comprehensive package without any proper guidance in the country and clear explanations to pin point subjects or areas that should be taught to youth is perilous and may lead to the development of an incoherent curriculum that would not entirely respond to needs of youth.

b) Overview of the modules<sup>6</sup>

Main comments and recommendations on the content of the manual:

- It would be important to add a module on the topics that should be integrated as a minimum package of knowledge, skills and attitudes that students should be equipped with to reduce their vulnerability. As is proposed in an UNESCO publication (Kelly, 2000), this minimum package should include the following components:

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<sup>6</sup> Details of the comments by module are in the annex #: 4

- *"Essential knowledge about their bodies, sexual health, pregnancy STIs and HIV/AIDS*
- *Skills to resist peer pressure and adult coercion*
- *Skills to delay sexual intercourse*
- *Skills to protect themselves against HIV infection*
- *Perception of the value of open communication with trusted adult or peers*
- *Knowledge about role models and identity figures who have successfully managed their sexuality"*<sup>7</sup>

In this module, a list of relevant topics that should be included this minimum package should be explained and discussed among the trainers. Then the topics selected should be used in the module "integration in the curriculum" to identify the integration approach in each country.

- The section on lifeskills is questionable: there are not enough examples and learning activities for the teachers to practice their skills. This comment was also reported in some country reports. The addition of learning activities (skills based) on lifeskills is important because they are often misunderstood, or convey predetermined value influenced by cultural and religious context. Smith and his colleagues (2003) reported they are often *"honored in name rather than in actual practice"*. Further details should be included in this module: the components of lifeskills and their objectives to reduce the vulnerability of youth, the group classification of lifeskills, the relationship of life skill components and learning procedure, and finally some learning activities to practice at least core lifeskills.
- This manual does not address the lack of understanding about human sexuality and sexual practices, the difficulty and the discomfort of teachers in certain countries to discuss these issues and how to overcome this. Inevitably, if we want to educate people about HIV transmission and prevention, sexuality and sexual practices should be discussed with the students - otherwise, the coherence of topics might be affected and consequently the knowledge and the skills will not be taken in by the students. It is also crucial for the students to see a teacher at ease when discussing the different issues related to sexuality, or the credibility of the teachers may suffer. As reported by Smith and al (2003), these barriers are particularly related to cultural and religious contexts.

Specific learning activities should be added in the manual discussing sexuality and its different forms and as well desensitizing the trainers on the specific terms related to sexuality.

- In the module concerning the integration of HIV/AIDS preventive education in the curriculum, some additional approaches should be added. Integration in curriculum is not only done through a carrier subject as suggested in the TOT manual, but it could be done also through separate subject or infusion across many subjects or through combined approaches (Kelly, 2000; World Health Organization, 2003). There are also some specific experiences where

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<sup>7</sup> In Kelly, 2000

activities are implemented through non-formal approaches (for instance, peer education). Each approach has its pros and cons that should be discussed among trainees. Approaches should be selected also according to the context of the programme and national policies. For example, in a country where the policy does not support the provision of knowledge on sexual education to the students or if the delivery of sex education is too culturally sensitive, the activities could be extra-curricular through non-formal models, such as peer education.

- Timing suggested in some learning activities in the TOT manual is very often underestimated and does not allow for group presentations and discussions.

## **IV) Recommendations arising from the review of the UNESCO Teacher Training manual**

### ***1- UNESCO has to refocus its HIV/AIDS preventive education work targeting, as priority, pre-service teachers***

As seen during field visits and through various documents, most of the interventions related to HIV/AIDS preventive education in the school setting target in-service teachers. While it remains an appropriate strategy to respond immediately to the needs of the youth, more attention should be paid now to the pre-service teachers. Strategically, this would be easier since the trainees will be equipped with new skills during their teacher training; also, the shift from traditional education inculcated during their formal education to participatory learning or learner-centered strategies will be facilitated. In addition, culturally sensitive topics such as sex education and reproductive health will be also easier to discuss with trainees.

Some interventions targeting pre-service teachers have started already but in a patchy manner. There is room for UNESCO to fill this gap. Prior to developing a new strategic approach focusing on pre-service teachers, an assessment in selected countries should be carried out to create an inventory of existing activities in this sector as well as of materials that could be used to complement or improve the manual (see recommendation # 2). This assessment should be made through field visits rather than regional consultation workshops.

In addition, the programme should be designed in the perspective of the FRESH initiative by supporting at least the health-related school policies and skills-based health education components of this initiative. The merger of the FRESH programme with the rest of the HIV/AIDS activities of the Regional Bureau is crucial to achieving the further development of the FRESH initiative, as HIV/AIDS could serve as an entry point for its implementation and further development.

### ***2- The manual should be revised and the content should be more skills based and include reproductive and sexual health and lifeskills to respond to youth's needs***

The generic manual should be revised by integrating more skills rather than information.

Even if we acknowledge the existence in many countries in the region of cultural sensitivities related to sex education, the content of the generic manual should not be limited and should include a minimum package of learning activities that will develop knowledge and skills to help youth to reduce their vulnerability. Lifeskills, sex education (human sexuality, sexual orientations, sexual practices), reproductive health and drug abuse should be addressed in the generic manual. Then, with regards to the adaptation of the generic manual, it will be up to the country through an inter-sectoral working group to decide whether they will keep, adapt, or cut these topics.

Learner-centered methodologies transfer knowledge, skills, and attitudes should be taught through concrete learning activities, not separately.

See for detailed comments on the contents of the manual page xxx and Annex 4 of the report.

### **3- UNESCO has to hire more full time HIV/AIDS focal points**

As the Cambodia and Bangkok office examples show, the presence of a full time HIV/AIDS focal point is crucial for the development and the implementation of interventions, as the focal point can participate in the different decision making processes related to HIV/AIDS interventions and can provide close technical assistance to implementing agencies. Without close monitoring of programme implementation by the focal point, the programme could take unexpected directions and/or be limited in terms of content. The presence of a HIV/AIDS focal point in the country should be one of the criteria to decide where new programmes should be implemented.

### **4- Joint efforts with other UN agencies such as UNICEF and UNFPA in countries where they have similar activities should be sought**

UNICEF and UNFPA have already implemented a range of interventions targeting youth in and out of school and developed appropriate materials in the region. Joint efforts with these agencies should be systematically sought in order to concentrate the efforts of the UN agencies and make the project successful in terms of coverage and impact. The idea of establishing a Partner Forum for Education and HIV/AIDS is one possible mechanism to improve partnership and collaboration and to prevent duplication and overlap.

### **5- An extensive advocacy programme coupled with HIV/AIDS Preventive Education in the School Setting should be executed**

The implementation of HIV/AIDS preventive education in the school setting should be executed in combination with an extensive advocacy programme targeted at key decision makers and opinion leaders. UNESCO has recently developed an excellent toolkit for Ministries of Education (UNESCO, 2003b) that should be used to pave the way for / strengthen UNESCO's HIV/AIDS preventive education projects. This advocacy programme should not target only key people at Ministry level but also members coming from civil society; e.g., religious associations, parent associations, youth associations, community leaders and NGOs working in similar fields. An inter-

sectoral approach will enable greater participation from the target group and also the development of relevant projects that respond to the youth's needs. The support of the programme by youth and their parents, but also the community will be enhanced.

The UNESCO toolkit should add a component (e.g., an advocacy sheet) about the FRESH initiative.

## **V) Conclusion**

Despite the numerous limitations of this review, it is possible to say that the regional project HIV/AIDS Preventive Education in the School Setting generated in the targeted countries some important initiatives to respond to HIV/AIDS by the Education sector. Sometimes these initiatives were limited, as they did not sufficiently cover all the essential knowledge, skills and attitudes that students from different levels should be equipped with to reduce their vulnerability to HIV/AIDS. However, other UN agencies, particularly UNFPA and UNICEF, are filling these gaps and in some countries, they seem to be the leaders in this area.

As Cambodia has demonstrated, the presence of a UNESCO HIV/AIDS focal point is crucial to pulling together the efforts of the UN agencies to obtain a comprehensive preventive education programme in the school setting and to provide appropriate guidance to the implementing agencies.

UNESCO has to review its manual taking into consideration the existing material developed by the other UN agencies and to make it more practical. In concerned countries, UNESCO has to identify gaps in terms of preventive education in the school setting and to develop appropriate programmes in the framework / approach of the FRESH initiative that should include and focus on at least the capacity building of pre-service teachers and on advocacy for preventive education in the school setting.

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**Training of Teachers Manual  
on  
Preventive Education  
Against HIV/AIDS  
in the School Setting**

A Collaborative Project of



**UNESCO Principal Regional Office for Asia and the Pacific  
(UNESCO PROAP)**

and



**Southeast Asian Ministers of Education Organization  
Regional Tropical Medicine and Public Health Network  
(SEAMEO TROPMED Network)**

**FUNDING SUPPORT FROM THE JAPANESE FUNDS-IN-TRUST  
GOVERNMENT OF JAPAN**

Bangkok, Thailand  
2000



## Annex # 2: Questionnaire

### HIV/AIDS Preventive Education in School Setting UNESCO - Process Evaluation

Country: \_\_\_\_\_

**1) Is there any available institutional project to train teachers on preventive education against HIV/AIDS in your country?** (If yes, specify the type of the project; if no, mention whether there is a plan to implement such of project in your country, then skip to Question # 15)

Yes       No

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**2) Is your country covered by the UNESCO project "Preventive Education against HIV/AIDS in the School Setting"?**

Yes       No

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**3) Has the UNESCO manual (Training of Teachers Manual on Preventive Education Against HIV/AIDS in the School Setting) been used to start this program?** (If No, specify the material that was used)

Yes       No

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.....

**4) When did the project start to be implemented in your country?** (Mention the year that the project started)

**5) What is the current status of the project?** (Explain briefly the current status of the project e.g., pilot test or translation of the manual.... If the project has stopped, explain briefly the reasons and at which phase the project stopped)

**6) Who are the institutional partners?** (List the name of the institutions involved in this project. If abbreviations are used for national agencies, please define)

**7) Who are the collaborating agencies (NGOs or CBOs)?** (List the name of the agencies - NGOs or CBOs - that collaborate to this project)

**8) Who are the donors for this project?** (List of the past and current donors for this program)

**9) Explain whether the request to implement this project was spontaneously requested by the government, or the demand was induced by UNESCO or any other agencies:**

**10) Was the generic manual adapted through a participatory approach? Who were the people involved?** (Precise whether this adaptation of the manual was done through a participatory approach involving key people. Precise the institutions that were involved in this process)

**11) What are the perspectives with regard to this project?** (Explain briefly, what are the future plans for this project)

**12) What are the major outputs of the project?** (List the major results of the program - not the impact. Example: 40 master trainers have been trained, the HIV modules are integrated in the curriculum, there is a policy that support the implementation of HIV/AIDS education in school, communication materials were developed, 1,200 trainers from secondary level were trained...

**13) Fill the following table:** In the first column, there is a list of possible steps to implement such of project. For each item, precise whether this "step" was implemented and how (mention also the year), whether you received technical assistance to implement this step and the main issues met during its implementation. In case that you have other "step" that is not listed in the table, add it in "other" and specify.

<b>Steps</b> ▼	<b>Implementation</b>	<b>UN or External  Technical Assistance  Received</b>	<b>Main issues met</b>
The project is integrated in the national HIV/AIDS strategic plan			
A working group or a committee have been formed to work on this project			
Advocacy national leaders and communities about HIV/Education in Schools			
A Needs Assessment was conducted prior to adapt the generic manual			
The generic manual was adapted according to the identified needs and the cultural context of the country			
The manual was translated into the national language (If more than one language, please precise)			
The manual was validated by the authorities			



<b>Steps</b> ▼	<b>Implementation</b>	<b>UN or External  Technical Assistance  Received</b>	<b>Main issues met</b>
The Master Trainers were trained (Specify the numbers)			
The Teachers has been trained (Specify the numbers)			
HIV/AIDS Education is integrated in curriculum (Please, precise the way that it was included and whether it is included in primary and/or secondary levels)			
Other health problems were included in the manual (Please, specify)			
The manual was pilot-tested in the country			
There is a monitoring plan for this project			
An evaluation of the project is planned (Specify whether it was internal or external evaluation)			



<b>Steps</b> ▼	<b>Implementation</b>	<b>UN or External  Technical Assistance  Received</b>	<b>Main issues met</b>
A comprehensive package was developed (that includes this TOT manual, students module, reference materials and a guide for utilizing the package)			
Other (specify)			
Other (specify)			

**14) General comment on the generic manual: How to improve it?**

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**15) If available, describe briefly the national HIV/AIDS policy (even a draft policy) supporting HIV/AIDS education in schools:**

**16) Is your country involved in the Focusing Resources on Effective School Health (FRESH) school health initiative? If yes, what is the status of this project in your country?** (Explain briefly whether your country is involved in the development of the FRESH project and its current status (mention the phase of the project in your country)

**17) Are there any agencies in your country that manage peer education program among students?** (List name of the agencies)

**18) Has a Behavior Change Communication Strategy targeting youth (particularly in-school youth) been developed and implemented in your country?**

**19) What are the core topics that you would like to see in this training of teachers manual (generic manual)? (Multiple choices)**

- |   |  |
|---|--|
| <input type="checkbox"/> Impact of HIV/AIDS                           | <input type="checkbox"/> Desensitization about sex         |
| <input type="checkbox"/> Working together in the community            | <input type="checkbox"/> Peer Education Program Management |
| <input type="checkbox"/> Policy & Advocacy                            | <input type="checkbox"/> Monitoring & Evaluation           |
| <input type="checkbox"/> Life Skills HIV/AIDS                         | <input type="checkbox"/> Integration into Curriculum       |
| <input type="checkbox"/> General Life skills                          | <input type="checkbox"/> Drug Abuse (including cigarette)  |
| <input type="checkbox"/> Use of Learner-centered methods              | <input type="checkbox"/> Other: _____                      |
| <input type="checkbox"/> Reproductive Health                          | <input type="checkbox"/> Other: _____                      |
| <input type="checkbox"/> HIV/AIDS & STIs Facts                        | <input type="checkbox"/> Other: _____                      |
| <input type="checkbox"/> Care & Support                               | <input type="checkbox"/> Other: _____                      |
| <input type="checkbox"/> Gender relations in HIV preventive education |  |

**20) Focal point contacts from the implementing agency**

Name:  
Institution:  
Tel:  
e-mail:

Name:  
Institution:  
Tel:  
e-mail:

We thank you very much for your collaboration



## **Annex # 3: Persons Contacted during the review**

### **❖ UNESCO Regional Office Bangkok**

Mr. Sheldon Shaeffer, UNESCO PROAP, Director

Mrs. Lucille C. Gregorio, UNESCO, Specialist in Science, Technology and Environment Education

Mr. Jan Wijngaarden, UNESCO, HIV/AIDS Coordinator

Mrs. Alice Schmidt, UNESCO, Assistant HIV/AIDS Coordinator

### **❖ UNFPA Regional office Bangkok**

Pia Laine, UNFPA JPO, IEC for RH/ARH (Contacted through e-mail)

### **❖ UNICEF Regional Office Bangkok**

Mr. Greg Carl, UNICEF, Regional Project Officer, HIV/AIDS (life skills)

### **❖ SEAMEO TROPED Network (Bangkok)**

Dr. Sandra B. Tempongko, SEAMEO TROPED, Project Coordinator

Mrs. Vinolsri Panichyanon, SEAMEO TROPED, Programme Assistant Coordinator

### **◆ Vientiane - Lao PDR:**

Mr. Heng Daovannary, Ministry of Education, Secretary General, Lao National Commission for UNESCO

Mrs. Thongmay Souvimonh, Ministry of Education, Deputy director of Primary Education Division

Mr. Khamphay Sisavanh, Ministry of Education, Director of the National Research Institute for Educational Sciences

Mrs. Phouangkham Somsanith, Ministry of Education, Deputy Director of the National Research Institute for Educational Sciences

Mrs. Ng Shui Meng, UNICEF, Programme Coordinator

Dr. Buang, Ministry of Health, Head of the Planning Section of the National Committee for the Control of AIDS Bureau

Mr. Chandy Phommabouth, Ministry of Education, Deputy Director of the Teacher Training Department

Mrs. Manivanh Vetmong, Australian Red Cross, Senior Project Officer- Youth Peer Education Lao Red Cross HIV/AIDS Prevention and Care Project

◆ **Phnom Penh – Cambodia:**

Mr. Fabrice Laurentin, UNESCO, HIV/AIDS Focal Point

Dr. Supote S. Prasertsri, UNESCO, Education Programme Specialist

Mrs. Ton Sa IM, Ministry of Education Youth and Sport, Director of the Pedagogical Research Department

Mr. Pen Saroeun, Ministry of Education Youth and Sport, Director of the School Health Department

Dr. Chhay Kim Sotheavy, Ministry of Education Youth and Sport, Deputy Director of the School Health Department

Mrs. Som Yean, Ministry of Education Youth and Sport, Deputy Director of the Distance Education Unit, Teacher Training Department

Dr. Etienne Poirot, UNICEF, Programme Officer.

Mr. Patrick Fayaud, World Education, Education Advisor

Mr. Chum Thou, World Education, Program Manager

Mr. Tran Panhcharun, World Education, Assistant Program Manager

◆ **Jakarta – Indonesia:**

Mr. Yoshiya Nishibata, UNESCO, UNV Education Specialist

Mrs. Edwina Frisdiantiny, Center for Indonesian Medical Students Activities, National Officer on Reproductive Health and AIDS

Dr. Widaninggar Widjajanti, Ministry of National Education, Head of the National Centre for Physical Quality development

Mrs. Ella Yulaelawati, Ministry of National Education, Deputy Director of the National Office of Research and Development Curriculum Center

Mrs. Jane Wilson, UNAIDS, Country Director

Mr. Richard J. Makalew, UNFPA, Population Strategies Programme Coordinator

Mrs. Walita, PKBI, Program Manager

◆ **Thailand – Bangkok**

Mr. Chantarat Kotkam, Ministry of Education, Office of the permanent secretary, bureau of Policy and strategy

Mrs. Saowapa Phaitayawat, Ministry of Education, Supervisor Office of Rajabhat Institutes Council

Mrs. Suporn Thummanuk, Rajabhat Institute Bansomdejchaipraya, Thonburi district

## Annex # 4: Review of the TOT Manual: Detailed comments per module

Title	Page	Comments & Suggestions
<b>General Guidelines for Trainers</b>	1	<p>Reformulation of the goal "To contribute to prevent and control spread of HIV/AIDS</p> <p>There is confusion between objectives and purpose: obj. 1 &amp; 2 are the purposes of the guideline whereas obj. 3 is the objective. Add other objectives according to the final review of the manual</p>
	2	"Principles that were followed..." should be separate from the objectives and integrated in a specific sub-title: " development of the manual"
	3	Content should be adapted according to review
	5	Evaluation and revision: knowledge tests and test of skills/attitudes are outputs whereas self-report behavior inventories are outcomes. Teachers have to look to the outputs but not to the outcome since it is very complex to measure and requires specific skills and resources.
	6	<p>Process evaluation does not involve only the learners but it could also involve the parents, the teachers, the director or any person that has a direct or indirect interest in the program</p> <p>Formative evaluation: it is used at the beginning of the program such as a need assessment to inform the development of the program</p> <p>Summative evaluation: there is confusion between program evaluation and learners evaluations. If in this section we talk about program evaluation, the term summative is inappropriate. Use short-term impact evaluation or effectiveness evaluation. High level of the evaluation system that must not be carried out by teachers without technical assistance or capacity building</p>
	7	Adaptation of the manual: replace the term "factors" by "phases" in "specifically, the following factors should be..." Add a new phase between needs assessment and Translation: "Adaptation of the module". It is not clear whether we are talking about the adaptation of the manual or the development and the implementation of the project. Both are needed but there is a lack of information. The figure 1 (page 8) shows the different steps to adapt the manual. It needs further explanation for each suggested phase

## Review of the TOT Manual: Detailed comments per module (Con't)

Title	Page	Comments & Suggestions
<b>Part I</b>		
<b>How to use the manual</b>	9-16	<p>The content of this section does not correspond to the title. In this section, the role and the responsibilities of the trainers are described and some tips on facilitation skills are explained. There is no information related to "how to use the manual."</p> <p>Move "roles and responsibilities of the trainers" in the previous section: "general guidelines for the trainers"</p> <p>Move "skills of the trainers" in Module VII (Learner-centered strategies) as a resource material.</p> <p>Develop a section on "how to use the manual" after the revision</p>
<p align="center"><b>Annex A</b></p> Suggested Schedule for activities	18	Adapt the schedule after the revising the manual
<p align="center"><b>Annex B</b></p> HIV/AIDS Self Report	19-21	<p>In the "knowledge" section of the HIV/AIDS Self Report, include some of the most common misconceptions (myths and believes) related to HIV and STIs transmission and prevention, and sexuality. Ask the trainers to adapt according to the local misconceptions:</p> <p>In the "Attitude" section, include some positive and negative attitudes toward teachers and students living with HIV and sexual orientations/preferences</p>
<p align="center"><b>Annex C</b></p> Mind Setting	22-24	No suggestion
Expectations from the training	25	In learning outcomes add: 3) Link the participants' expectations to the objectives of the training

## Review of the TOT Manual: Detailed comments per module (Con't)

<b>Title</b>	<b>Page</b>	<b>Comments &amp; Suggestions</b>
<b>Annex D</b> How to write creative lesson plans	26-28	No suggestion
<b>Annex E</b> How to conduct a mini-demonstration lesson	31	No suggestion
<b>Annex F</b> A lesson plan in Health Education	32-34	What is the purpose of this annex? An example of a lesson plan? If yes, it should be mentioned and link to the Annex D related to how to write a lesson plan.
<b>Annex G</b> Observation form	35-36	It seems that this observation form is designed to assess only a specific session on HIV/AIDS. It is confuse. Should be entirely revised according to the purpose of this assessment form or deleted.
<b>Annex H</b> Training evaluation questionnaire	37-38	No suggestion
<b>Annex I</b> Registration form	39	No suggestion

Note: These annexes should be moved to the end of the manual

<b>Modules / Learning activities / Resource Material</b>	<b>Page</b>	<b>Comments &amp; Suggestions</b>
<b>Part II: Training Modules</b>		
<b>Introduction</b>	40	Update according to the current data and revision of the manual
	41	In the table, the last two rows (VIII Summary and IX References) are not in the description of the different modules in this manual. These rows should be deleted from the table.
	42	Revise the list of the modules based on the manual review

LA = Learning Activities; RM = Resource Material

## Review of the TOT Manual: Detailed comments per module (Con't)

Modules / Learning activities / Resource Material	Page	Comments & Suggestions
<b>Module1:</b>		
<b>The global Impact and Response to HIV/AIDS</b>	43	Update the overview and make it less UN-centered.
	44	The objectives are not complete and need some clarification. Reformulate the objectives as follow
		1: to explain the status and trends of the HIV/AIDS epidemic in world and the Asia Pacific Region
		3: to explain the importance of school-based interventions
		4: to discuss general feelings and fears about HIV/AIDS
<b>Learning Activity 1:</b>		Content outline: the first outline should be completed as follow:
		1: status and trends of HIV/AIDS epidemic in the world and Asia Pacific region, and its impact on young people and education system
<b>Learning Activity 1:</b>	45	The timing is underestimated comparing to the different steps of this activity particularly the number of presentations by the group (6): increase to 120 minutes
<b>Resource material 1</b>	49-54	Objectives: some of the objectives are too ambitious compared to the content of resource material (RM1). I would suggest reformulating these objectives as follow:
		1: Explain the main patterns of the HIV/AIDS epidemic in Asia
		2: Discuss the projections of the future
		3: Explain the HIV impact epidemic on the education system
		4: Discuss the role of the education sector in fighting the epidemic
		5: Explain the different reasons for HIV/AIDS and sex education among young
		6: Discuss the main outlines for prevention education among youth
		7: Discuss the main components of the FRESH initiative (to be added as a new objective)
<b>Resource material 1</b>	49-54	Change the RM1 because it is not updated. Use the following reference material: Advocacy Sheets 2-6 from " <u>HIV/AIDS and Education: A toolkit for Ministries of Education</u> " (2003) UNESCO/UNAIDS, and in addition a summary of the section 2 of the " <u>Comprehensive School Health and Nutrition</u> " UNESCO (2003)

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### Review of the TOT Manual: Detailed comments per module (Con't)

Modules / Learning activities / Resource Material	Page	Comments & Suggestions
<b>Module1: (Cont')</b>  <b>Learning Activity 2:</b>	47	Objective: Reformulate the objective as "Discuss feelings and fear about HIV/AIDS"

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Modules / Learning activities / Resource Material	Page	Comments & Suggestions
<b>Module 2:</b>  <b>Who are affected by HIV/AIDS</b>	55	<p>The title of the module should be changed. The sessions are more related to Basic fact on HIV/AIDS</p> <p>Module message: Add STI to HIV/AIDS. Make this change in the entire module.</p> <p>Overview: the section starting with "Certain behaviors..." is not clear and too judgmental when talking about "these irresponsible behaviors". It should be reformulated.</p> <p>Objectives: the set of objectives is not complete and somewhat confusing comparing to the learning activities proposed in the manual. The objectives are reformulated as follow:</p> <ol style="list-style-type: none"> <li>1: Explain basic facts about HIV/AIDS</li> <li>2: Define terms related to HIV/AIDS and STI</li> <li>3: Explain basic facts about STI</li> <li>3: Match behaviors/practices to their level of risk of HIV/STI infection</li> <li>4: Identify external factors that could increase risk of HIV/STI infection</li> <li>5: Identify vulnerable groups</li> </ol>

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## Review of the TOT Manual: Detailed comments per module (Con't)

Modules / Learning activities / Resource Material	Page	Comments & Suggestions
<b>Module 2: (Cont')</b>		
	56	Redefine the content outline as per the objectives List the new learning activities
<b>Learning Activity 1:</b>	57	No suggestion
<b>Resource Material 2.1</b>	63	This material should be revised: replace AIDS by HIV in the entire document and reformulate the confusing statements # 2, 3, 6, 12, 20, 25, 26, 27, and 28 In the note: add the following sentence: "Add local believes that are commonly mentioned in your country"
<b>Resource Material 2.2</b>	65	I would suggest to replace this RM by the sheets1 and 7 from the <u>HIV/AIDS and Education: A toolkit for Ministries of Education</u> (2003) UNESCO/UNAIDS: 'Basic Facts about HIV/AIDS"
<b>Resource Material 2.3</b>	68	No suggestion
<b>Add a new Leaning activity</b>		STI facts: <u>Reference: Section C-19 " STD Basketball" in Friends Tell Friends on the Street. The Thai Red Cross AIDS Research Centre</u>
<b>Learning activity 2:</b>	59	Reformulate the objectives: 1: List the ways by which HIV/AIDS is transmitted or is not 2: Match behaviors/practices to their level of risk of HIV/STI infection 3: Identify external factors that could increase risk of HIV/STI infection  Increase the timing to 60 minutes  Add at the end of the procedure a buzz session related to external factors that could increase risk of HIV/STI infection and in Learning outcome add 1) Level of risk of common behaviors and practices and 2) External factors that increase risk of HIV/STI infection

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## Review of the TOT Manual: Detailed comments per module (Con't)

Modules / Learning activities / Resource Material	Page	Comments & Suggestions
<b>Module 2: (Cont')</b>		
<b>Resource Material 2.4.a &amp; 2.4.b</b>	69-70	No suggestion
<b>Resource Material 2.5.</b>	71	Add further practices/behaviors: having unprotected anal sex with a female or a male; abstinence; feeding a person who is HIV positive, Sex between mutually faithful uninfected partners, oral sex without condom...
<b>Learning activity 3</b>	61	<p>Increase the timing to at least 60 minutes</p> <p>In the preparation section, add further clarification related to their behaviors:</p> <ol style="list-style-type: none"> <li>1. Cut from different magazines or newspapers, eight to twelve pictures of a variety of people (from different background and look).</li> <li>2. Give each picture a description e.g., this man is about 50 years old, is a bank manager, rich and has 2 mistresses"</li> </ol>

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## Review of the TOT Manual: Detailed comments per module (Con't)

Modules / Learning activities / Resource Material	Page	Comments & Suggestions
<b>Module 3:</b>		Title should be reformulated such as HIV/AIDS Impact. The learning activities of this module should be integrated into the module 1.
<b>The effect of HIV AIDS</b>		
<b>Learning Activity 1</b>	74	Increase timing to at least 45 minutes
<b>Learning Activity 2</b>	75	Increase timing to 60 minutes
<b>Resource Material 3.1</b>	79	No suggestion
<b>Learning Activity 3</b>	76	Increase timing to 60 minutes Objective: Reformulate the objective as Analyze the issues related to HIV/AIDS impact
<b>Resource Material 3.2</b>	80	Some updates are necessary: <ul style="list-style-type: none"> <li>- 50% of adults diagnosed with AIDS die within 18 months if they do not have access to ARV</li> <li>- About 15-30% of children born from HIV positive mothers will be HIV positive themselves if there is no access to MTCT program</li> </ul>
	81	Replace the term "gay" by "MSM" In section D) the last part is too UN-centered. There are also other agencies working towards the same goals.
<b>Learning Activity 4</b>	78	Increase the timing to 90 minutes: there 4 role-plays to organize

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### Review of the TOT Manual: Detailed comments per module (Con't)

Modules / Learning activities / Resource Material	Page	Comments & Suggestions
<b>Module 4</b>		The title is not really corresponding to the activities of this module. In addition, the learning activities of his module should be integrated into the module 2 renamed HIV/AIDS facts. I would suggest to replace this module by a new one explaining and giving example of core lifeskills
<b>Protecting oneself from HIV/AIDS</b>	84	Delete the objective 1 and 2 related to the "chain of infection": Consequently LA1 and LA 2 are not necessary.
<b>Learning activity 3</b>	88	Increase the timing to 60 minutes In materials the RM needed for this LA are RM 4.4 and RM 4.5
<b>Resource material 4.4</b>	92	No suggestion

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Modules / Learning activities / Resource Material	Page	Comments & Suggestions
<b>Module 5</b>		This module could be kept as it explains the different links and responsibility of the members of a community: networking
<b>Working Together in the community</b>	95 to 101	No suggestion

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## Review of the TOT Manual: Detailed comments per module (Con't)

Modules / Learning activities / Resource Material	Page	Comments & Suggestions
<b>Module 6</b>		This module is relevant because it can explain and deliver skills on effective integration of skills-based health education components into curriculum. However, it should be completed.
<b>The integration of HIV/AIDS preventive education in curriculum</b>		
<b>Learning Activity 1</b>	104	Increase timing. In material add the RM 6.1; 6.1.a and 6.1.b
<b>Resource Material 6.1</b>	108	Complete the RM. There are several options to include HIV/AIDS in the curriculum: Reference: <u>Planning for Education in the context of HIV/AIDS (2000)</u> Michael J. Kelly; UNESCO International Institute for Educational Planning: page 70-71 and <u>Skills for Health</u> , information series in school health (document 9) WHO, page 41-46 Reorganize the RM according to this new section
<b>Resource Material 6.1. a</b>	111	No suggestion
<b>Resource Material 6.1. b</b>	111	No suggestion
<b>Learning Activity 2</b>	106	Increase the timing to at least 90 minutes Add "materials", and RM 6.2 that is in the annex D page 26 (?), and 6.2.a In procedure: this activity will be more productive if small groups are used, instead pairs. In addition, the opportunity to present and discuss their lesson should be given to the participants
<b>Resource Material 6.2</b>	26-30	No suggestion

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## Review of the TOT Manual: Detailed comments per module (Con't)

Modules / Learning activities / Resource Material	Page	Comments & Suggestions
<p><b>Module 7</b></p> <p><b>Use of Learner-centered strategies, lifeskills techniques et media in HIV/AIDS prevention education</b></p> <p style="text-align: right;"><b>Appendix A</b></p> <p style="text-align: right;"><b>Appendix B</b></p> <p style="text-align: right;"><b>Learning Activity 1</b></p> <p style="text-align: right;"><b>Resource Material 7.1.</b></p> <p style="text-align: right;"><b>Learning Activity 2</b></p> <p style="text-align: right;"><b>Resource Material 7.2 A &amp; 7.2. B</b></p>	<p></p> <p>115</p> <p>116</p> <p>117 119</p> <p>125 129</p> <p>123 124</p> <p>130 131</p>	<p>This is a relevant module as it responds to one of the main purposes of this TOT manual. However, I would suggest adding further examples or links to existing referral materials particularly on lifeskills. See also note for the module 4.</p> <p>UNICEF is currently developing a manual on core lifeskills. At the present time the manual is not available, but per recent discussion with UNICEF (Bangkok), this manual will help to develop this module. In addition, you can refer to manual <u>Friends Tell Friends on the Street. The Thai Red Cross AIDS Research Centre</u>; the advantage of this manual is that it gives appropriate learning activities for a range of health problems, sexuality and reproductive health through lifeskills. Good examples could be found. Another reference that could be use, but more technical, is <u>Skills for Health</u>, information series in school health (document 9) WHO.</p> <p>This appendix is not used during this module: it is not mentioned when to use this appendix.</p> <p>No suggestion</p> <p>Timing is underestimated. Only 10 minutes is planned for the preparation of the presentation. Increase the total timing to at least 120 minutes</p> <p>The material is relevant because it focuses on the different methods used in learner-centered strategy. I would suggest to add, however, a component on the different phases of a session when using participatory methods – structuring a session (see appendix 1, in this document)</p> <p>No suggestion</p> <p>No suggestion</p>

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## Review of the TOT Manual: Detailed comments per module (Con't)

Modules / Learning activities / Resource Material	Page	Comments & Suggestions
<b>Module 8</b>		This module could be completed by the information on "Planning and evaluating skills-based health education in <u>Skills for Health</u> , information series in school health (document 9) WHO, page 54-66
<b>Assessment tools for use in HIV/AIDS preventive education</b>		
<b>Learning Activity 1</b>	135 136	Only 40 minutes in panel discussion is allowed in this LA. It limits seriously the number of questions and the discussion. The timing should be increased. Clarify also in which step and how the RM of this module are going to be used
<b>Learning Activity 2</b>	137 138	It is mentioned that the all the RMs related to this module is used in LA1 but it is not mentioned in which step of the procedure these RMs as used. It should be clarified for LA 1 and LA 2. The learning outcome #3 of this LA does not fit with the session objectives and also to the module objectives. Since it is expected that the "teacher" collect all the resource materials that could help in the development of HIV/AIDS prevention education in school setting, I would suggest having a specific LA for this purpose in the conclusion of the training
<b>Resource material 8.1 (Including 8.1 A, B and C)</b>	139 149	No suggestion
<b>Resource material 8.2</b>	150	See comment on learning outcome #3.

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## **Appendix 1:**

***(Extracted from Training The Trainer; 1997; Diploma in Adult Education. St Francis Xavier University p 4.15 – 4.16)***

# **Structuring your Session**

## **Orientation**

This phase of the learning activity introduces the topic, and explains how the topic relates to previously learned topics or learning brought to the session. It should build expectations and motivate the learner by focusing on relevance and usefulness of what is to be learned

## **Clarification**

This phase of the design is intended to establish and/or validate the learning objectives, and to ensure complete and correct understanding of what is expected during the activity. It is important that all participants know how achievement of the objective will be evaluated

## **Experience**

This phase of the lesson should provide an “experience” for the learner to stimulate his or her curiosity, to stimulate a real-world problem or issues. A film, a role-play or a case study all involve the learner directly in the experience. A lecture does not constitute an experience but may be appropriate for some topics.

## **Reflection**

Having experienced an activity or a discussion, the next phase of the lesson should cause the learner to reflect on the experience. Questions, used effectively, will facilitate, such reflection. Essentially this segment focuses on what happened. Small group discussions are commonly used for reflection

## **Generalization**

Participants draw generalizations and state conclusions resulting from the reflection phase. These might include do's and don'ts for carrying out a task. This segment asks. “What can we learn from the experience? What new or revised skill, knowledge or attitude is being acquired (learned)?



## **Application**

In this phase of the session, participants are asked to suggest ways they might apply their new skills and knowledge. In addition, the instructor should devise ways of having participants use what they have learned by way of a case study, a role-play, an exercise, and practice... This portion asks, "how can we use what we have learned?"

## **Evaluation**

This session relates to the lesson objectives and provides a test of whether or not each participant has satisfactorily achieved them. As much as possible, this test should simulate real world conditions and should provide measurable and observable evidence that skills have been developed, knowledge has been gained and attitudes have changed