Skills-based HIV/AIDS/STD Prevention in Schools in Viet Nam

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Abstract

Viet Nam has undergone rapid social, political and economic change in the last decade. To date, despite the economic slowdown that followed Southeast Asia's financial crises, considerable progress was made in the area of child-care and child protection. The national health service is addressing public health issues such as controlling the spread of water and mosquito-borne diseases, malnutrition, TB, Hepatitis B, cancer and cardiovascular diseases. However, the health sector is facing significant challenges including the quality of health care provided, the limited access to health services, particularly at the community level, and the increasing cost of programmes.

An emerging threat is HIV/AIDS.

The project described here aimed at children and adolescents, was the main component of the UNICEF-assisted HIV/AIDS prevention project of the Vietnam Ministry of Education and Training (MOET). The project began in 1997.

The project trained teachers in skills-based health education (also called 'life skills') for HIV/AIDS and other STD prevention, and supported them to implement the new approach in the classroom. Skills-based HIV/AIDS/STD related lessons were developed for grades 1-12 and integrated into the existing curriculum. New teachers' guidebooks and student worksheets were developed by those trained. In the initial implementation year, a total of 300 teachers implemented, and 15,000 students studied life skills and HIV/AIDS prevention. Another 5,000 youth studied life skills and other topics with 140 Viet Nam Red Cross trainers supported by UNICEF. By early 2000, the approach had been implemented in all primary schools, and continues to expand across secondary schools with full support from the Ministry of Education and Training.

HIV/AIDS in Viet Nam

A report on the Global HIV/AIDS epidemic (1998) **UPDATE THIS** identified that although levels of HIV/AIDS infection remain relatively low in Vietnam (0.22% infection rate in the adult population compared to 2.23% in Thailand and 12.91% in South Africa), the rate of infection is increasing.

The number of HIV infected individuals in Viet Nam has doubled since 1996 and the National Aids Committee has estimated that a total of 350,000 people will be infected with HIV by the year 2000.

In responding to the HIV/AIDS epidemic Viet Nam is drawing on the lessons of her neighbouring countries and Africa. In noting the rapidly increasing rates of HIV infection in Thailand and Cambodia, the Vietnamese leadership has considered various ways of responding. In an effort to avoid the human suffering and the drain on resources associated with HIV/AIDS, government officials in Viet Nam have stepped up prevention efforts.

Initiated in 1997, "the life skills-based approach to HIV/AIDS prevention in schools project" was initiated as a major component of the UNICEF-assisted HIV/AIDS prevention project of the Vietnam Ministry of Education and Training (MOET).

Project Objectives

The primary goal of this project was work with schools to equip young people with the information and skills required for promoting healthy behaviour, and avoiding risky situations, especially related to HIV/AIDS. The major focus was on student knowledge, attitudes and values, and behaviour. An anticipated secondary outcome was a similar impact on teaching staff.

Table 1- Objectives

MAJOR TARGET GROUP STUDENTS	Secondary Target Group Teachers
• understand the basic knowledge of HIV/AIDS in order to know how to avoid infection and to help others to avoid infection • develop positive attitudes and values especially in related to the prevention of HIV/AIDS and other sexually transmitted diseases • develop interpersonal and psychosocial skills to successfully manage personal health and daily life challenges	• master the basic information on the prevention of HIV/AIDS and other sexually transmitted diseases • master the basic contents of the life skills education approach that were selected for use in this HIV/AIDS prevention project • be able to implement the teaching methods central in the life skills approach to HIV/AIDS prevention

The project consisted of five phases, with specific outcomes.

Phase 1. Preparation
Phase 2. Training of Master Trainers
Phase 3. Design of Workshops for Training of Teachers
Phase 4. Training of Teachers & Implementation
Phase 5. Expansion & support

Phase 1 - Preparation

1.1 Partnership Liaison

The early liaison between UNICEF and the Ministry of Education and Training (MOET), and other local agencies was critical in laying the foundation for a successful and sustainable initiative. This liaison allowed for the project to be formulated from the very beginning with the intention of nation wide implementation. Key individuals were also instrumental in advocating for the project and in maintaining organisational momentum and relationships. Keen attention to follow up on all decisions was critical.

1.2 Background Research

From the early stages of the project, the team recognised that the project needed to be responsive to the issues facing both teachers and students in relation to HIV/AIDS/STD risk. They also recognised that to be most effective, the project needed to take account of the social conditions in the local communities that shaped young people's needs, and those that would influence the ultimate effectiveness of the programme. To this end, innovative participatory research was conducted with young people, teachers, parents and the broader community. The findings of this research were instrumental in being able to advocate effectively for HIV/AIDS/STD prevention, and also for programming appropriately.

This research produced powerful evidence of the emergence of risk factors for HIV and STDs in Vietnam. This objective evidence was difficult for officials to ignore and therefore extremely useful in convincing key decision makers of the need to go beyond traditional approaches and to address the risks. As such this needs assessment not only produced data to help describe the nature of the problem in Vietnam and to guide the development of the program response, but also provided invaluable data for advocating for action, and ultimately for monitoring changes over time.

Preliminary study of Vietnamese Youth issues related to HIV/AIDS prevention
MOE, UNICEF Viet Nam, Population Council. January-April 1997.

A three phase study was conducted using (i) narrative techniques, (ii) in-depth focus group interviews and (iii) participatory research which involved 120 young people in Kien Giang and

Quang Ninh Provinces. Parents, teachers and community leaders were also involved. Teams of in and out of school youth researchers aged 10-18 years conducted the data collection.

The research found that typically, 10-12 year olds were disinterested in the opposite sex and spent most of their time with same sex peers. From 13-15 years, girls or boys may initiate contact with an opposite sex school friend through letters or by spending time together after school. Some may kiss or lie side by side. By 16-18 years, young people report having opposite sex relationships which may include foreplay and sometimes sex, often unprotected. Young people reported learning about sex through their peers, a more experienced boyfriend, foreign films, newspapers, youth publications, and television.

Young people at school seemed to spend the majority of hteir time at school and studying, whereas those not at school spent their time at home, at work or looking for work, and in household labour. Some older youth reported going to karaoke bars, restaurants or hotels. In particular, out of school Khmer youth reported little free time or social interaction outside their immediate neighbourhood.

Parents tended to say that they do not teach their children about sex and reproductive health, that their children are too young, or that they are themselves too embarrassed, or that they lack the knowledge and skills to discuss these issues. Some parents say they want to learn more about sexuality, contraception and HIV/AIDS so they can better educate their children, and parents also say that sexuality and reproductive health should be addressed in schools. Teachers, however, seem reluctant to teach these issues, quoting the already overcrowded curriculum and their lack of training in the issues. Teachers also say that these issues should be the responsibility of the community.

Key findings of the preliminary research with young people

Source of information	Findings
Students	- want to have accurate information on the issues - don't understand the risks related to HIV/AIDS - more are sexually active than adults think
Teachers	- do not feel confident teaching about these issues - think that their culture cannot talk about these sensitive issues - feel it is the parents' responsibility to discuss these issues with their own children - are worried that teaching about these issues will increase sexual activity - are worried that students will ask difficult questions - don't think that their students are capable or want to discuss these sensitive issues
Parents & community	- do not think that young people are sexually active - think that their culture cannot talk about these sensitive issues - are worried that talking/teaching about these issues will increase sexual activity - think that teachers could address these issues at school, especially with a strong values/ethical approach

From "A study of Vietnamese youth's decision making for health and HIV/AIDS prevention in Kien Giang and Quang Ninh Provinces." Report prepared by The Population Council Viet Nam, submitted to UNAIDS/UNICEF and the Ministry of Education and Training, 30 June 1997.

Key Outcomes of Phase 1.

- Stakeholders & partners identified
- Genuine partnership

- Preparation of action plans
- Situation analysis completed – including an evidence-based foundation for development of the program

Key Issues for Phase 1

- liaison need to begin early, and needs to be focused on potential for "going to scale"
- key individuals were vital prime movers throughout the process
- competent project management is critical to follow up on all decisions
- background research from the situation analysis provided objective evidence upon which informed decision could be made and clear advocacy messages developed

Phase 2. Master Training

The major task of this phase was to train a group of 20 potential Master Trainers in the content and processes for (life) skills-based HIV/AIDS prevention, including preparing draft lessons for Grades 5 and 8 only.

2.1 Initial Workshop

With the support of an external consultant an initial training workshop was held with a group of 25 potential Master Trainers. The participants included classroom teachers from both primary and secondary schools, curriculum developers, technical officers from middle management from MOET, and UNICEF technical officers. This two week workshop provided the participants with new knowledge and skills in three areas: a) the life skills-based approach b) specific technical background on HIV/AIDS prevention, care and support, and c) interactive and participatory teaching and learning methodologies for implementation.

Table 2. Summary of workshop content

1.	background information on HIV/AIDS/STDs
2.	orientation - through personal experience - to five (life) skills categories identified as central to HIV/AIDS/STD prevention: communication and self-awareness; decision making; values clarification; assertion; and goal setting
3.	opportunities to try the interactive teaching approach, and give and receive feedback
4.	opportunities to discuss problems and brainstorm solutions for problems which might arise during the process of teaching sensitive issues such as gender, sexuality, sex and HIV/AIDS
5.	development of draft lesson examples for lower and upper Primary grades, and lower and upper Secondary grades
6.	identification of a 'carrier subject' or curriculum area/discipline to place the HIV/AIDS/STD prevention lessons into: General Health Education for Primary grades, and Civic Education for Secondary grades.
7.	identification of integration subjects, to place supplementary HIV/AIDS/STD lessons or concepts into, which would reinforce the foundations layed in the carrier subject (eg. Science, Biology, Social Studies)
4.	how to evaluate the pilot teaching methods, activities, and impact on students
5.	identification of roles and development of action plans for the implementation of the project
6.	Develop the overall life skills curriculum outline for expansion of the approach across all grades in future.

The workshop itself modelled the key principles of the (life) skills-based HIV/AIDS prevention, for example by being highly interactive, by learning from each other ("student" to "teacher" as well as "teacher" to "student"), by building on the experience of the participants themselves, by focusing on a balance of knowledge, attitudes (and values) and skills, and using sequence and progression in the introduction of concepts and skills. Throughout the training workshop, teachers learned to apply interactive teaching and learning methods. Teachers gained experience in guiding group participation, educational games, role-play and individual thinking.

Table 3. Some key principles of (life) skills-based HIV/AIDS prevention

- designed for "prevention" of HIV, which utilises behavioural science research & practice whereby a balance of **K**nowledge, **A**ttitudes and **S**kills (**KAS**) is the focus, rather than over-emphasising knowledge or only focusing on knowledge
- modeling of the Lifeskills approach by the facilitators
- modeling of a recommended standardised lesson plan framework
- sequencing and progression in learning activities appropriate to the audience, including building on participant KAS - making links between existing KAS and new KAS; moving from the known to the unknown
- participants are encouraged to make links on a personal and professional level, and also within the community context
- ideally, HIV/AIDS should be taught in the context of sexuality and health education
- providing a variety of individual, small group, large group and community orientated approaches
- where integrated approaches to HIV/AIDS education are attempted, substantial coordination across subjects is required
- participants are encouraged to evaluate resources/materials and teaching methods and to consider adopting, adapting, or creating anew the necessary approaches for their context
- participatory and exploratory (action) learning approaches: "I hear and I forget, I see and I remember, I do and I understand"
- fun as a component of effective teaching and learning
- providing supportive environments and opportunities for participants to practice their new KAS

The workshop began with a focus on the upper primary and secondary grades, and once the key concepts were clear, moved into lower primary grades. The variations in age which commonly occur within grades were acknowledged throughout. The initial focus on older ages was important for understanding the approach in fairly concrete ways. With older age groups it is possible and more appropriate to discuss risks and issues related to HIV/AIDS/STD prevention (relationships, peer pressure, HIV/STD transmission through sex) more directly than in the younger age groups where the focus is on more general concepts such as 'stranger danger' or 'knowing my body' and general health and self esteem concepts. Once the workshop participants understood how to teach these more concrete concepts in the older grades, it was easier for them to understand how to teach younger children the more abstract concepts which build towards more specific HIV/AIDS/STD related issues later in the curriculum. As such, this is an example of how the principles of sequence and progression, and also moving from what is concrete to abstract, were modelled in theworkshop.

In addition to the central objective of becoming familiar with the skills-based teaching approach, participants were then asked to develop draft lessons appropriate to the Viet Nam context. Even though the focus was on preparing detailed lessons for Grades 5 and 8 only as the first step, the participants drafted a curriculum outline across all grades. To do this, the participants were divided into four groups loosely based on their experience, representing early and late Primary grades, and early and late Secondary grades. Each group then drafted the core knowledge, attitudes and skills they thought were necessary for their focus grades and compared this across each of the groups to check for appropriateness, sequence and progression, duplication or omissions. Once all four groups had harmonise the overall curriculum outline, detailed work begain on developing a package of lessons for Grade 5 and Grade 8 only. The lessons were based on the concepts drafted in the overall curriculum outline with individual lesson activities being selected to match and elaborate on these. The groups used their new experiences and resources gained in the workshop and also existing teaching and learning resources from elsewhere to identify which activities to include in their lessons.

It was considered that probably not more than five core lessons could be included in the 'carrier' subject in practice, however two or more optional lessons wre also drafted for cases where more lessons may be accommodated, for example, through after-school programs, non-formal program, clubs or through coordinated non-school/community programs. The lessons that resulted from this process became the draft lessons which were informally piloted in the next phase and eventually refined into the final lessons teachers were trained to implement for Grades 5 and 8. The other grade levels were developed in subsequent phases.

Table 4. Guiding questions for developing the draft lessons.

For each Grade level…

1. What is the essential knowledge for the core lessons?
2. What are the essential attitudes and values for the core lesson?
3. What are the essential skills or aspects of the skills for the core lessons?
4. Which lesson activities are best suited to addressing the essential knowledge, attitudes and values, and skills? (core lessons)

5. What is the optional knowledge, attitudes and values, and skills and what lesson acitivies are best suited for addressing these? (optional lessons)
6. Has a balance of knowledge, attitudes and values, and skills been achieved across all the lesson activities? (Is there too much emphasis on passive information and not enough on attitudes and values, and skills?)
7. Is the sequence and progression appropriate within each lesson, and across the lessons package for each Grade? (Is there duplication of content or activities?)
8. Is anything missing?
9. Does it make sense? (Are regional, cultural, language or other differences taken into account?)

Key Outcomes of Phase 2.

- A group of Master trainers who have a sound understanding of the approach and are able to train other trainers/teachers (Instrument: Attachment A)
- draft lessons for grades 5 and 8
- definition of roles for each trainer/training group
- plan of action for each training group

Key Issues in Phase 2.

At the beginning, participants were concerned about adding more content into the already overloaded curriculum - for both teachers and students. To meet this concern, participants identified 'where' the issues were already placed in the curriculum and then focussed on improving the quality of "how" these issues were addressed using the life skills-based approach. In the primary grades, the compulsory health education subject was the obvious choice. For the secondary grades, the 'carrier' subject was identified by analysing the total curriculum and identifying which existing subject would be the most conducive to the issues that needed to be addressed in terms of HIV/AIDS, other sexually transmitted disease, related discrimination, relationships, and so on. Other ways of integrating the issues into other subjects which would support and reinforce the 'carrier subject' were also identified, however the primary concern at this stage was to implement HIV/AIDS/STI prevention in the selected 'carrier' subject.

Time demands remain an enduring challenge in the initiation of any project. Despite formal commitments from Ministries to release the participants for the workshop, some participants felt the pressures of existing work commitments just in attempting to be present in the workshop for the entire time…

> "I have too many commitments in my work, and I feel great regret if I miss only one minute of the workshop. I hurry back."

Consequently there was a need to remain flexible, and occasionally to back-track, repeat or set an alternative time for participants who had missed elements due to competing demands. Very often this logistical hitch was treated as an opportunity for other participants to 'peer-teach', rather than the facilitator doing the catch-up in each case.

At the beginning of the workshop, many participants expressed doubts about the need for HIV/AIDS/STD prevention, and doubts about the need for the skills-based approach. By the end of this workshop, the Master

Trainers were keen advocates, and feedback indicated that most felt confident in using the new teaching methods but also wanted more opportunities to practice their new skills, including in classroom situations. However not all of the group chose to go on to be Master Trainers in practice, but rather some self-selected or were encouraged into other necessary (and logical) project roles and areas of expertise such as curriculum and lesson design, or evaluation.

The interactive nature of the workshop was central to the success in conveying the concepts and also in facilitating opportunities for participants to make sense of what was presented. Lectures on the theory do not seem to be adequate, and tend to contradict the philosophy of the effectiveness of 'interactive' methods.

> "I have attended many 'workshops' but this is the first time I understand what Lifeskills is and how to use it – *doing it* makes a difference"

Independent observations of the progress of the participants certainly concurred with their self-reported higher confidence, however some elements of the program were clearly more difficult than others to grasp. In terms of the (life) skills areas, the participants seemed to have greater difficulty grasping the values clarification teaching concepts and methodologies, indicating a need for more exposure to these methods and more actual lesson examples. On the other hand, the traditional propensity to over-emphasise information in lessons persisted, although to a much lesser degree. Again, on-going reinforcement and mechanisms to monitor this specific aspect are necessary.

Participants also acknowledged practical challenges in implementing the approach, such as limited availability of teaching resources, limited access to reference materials, the initial time required for preparation, over-crowded classrooms, furniture being fixed to the floor making groupwork difficult, and possible resistance or lack of support from colleagues and supervisors. A range of possible strategies for dealing with these challenges were also identified in the workshop. The formal commitment of the Ministry of Education was vital to overcoming most of these challenges, especially the need for support from colleagues and supervisors.

The value of the initial (situation analysis) research was highlighted by the participants, who indicated the importance of having objective 'evidence-based' arguments for responding to questions from professionals, parents and the broader community. Participants acknowledged the complexity of developing parent and community approaches to link with the curriculum approaches. The comments suggested more research with parents, consultation with parent associations, and more time was needed to address this issue effectively. The reality of economic pressures on families and the impact on available time to be involved in the school activities was also acknowledged. These comments suggest a need for local clarification of the role of parents and realistic expectations of their contribution to school- based activities.

The next phase involved informal piloting of the draft lessons in actual classrooms, and preparing for training of teachers to implement the lessons.

Phase 3. Finalisation of lessons & Preparation of TOT workshop

The key activities of this phase were to finalise the lessons drafted in the Master Trainer workshop, and to prepare the first workshop for training of classroom teachers for the next phase.

Not all of the Master Trainers were located in the same place, so after the workshop some geographically convenient subgroups were formed and the work divided among the groups. The subgroups met regularly, (each week or every two weeks), to put the finishing touches on the lessons they had drafted during the training, and the overall outcome was supported by a small central group. The subgroups worked hard to complete the draft lessons so that they could quickly move into school situations and try them out, refine them and re-try the lesson.

A 'mini-pilot' was facilitated by each subgroup working with a small number of 'friendly' teachers and schools where the Master Trainers were allowed to work in classrooms to teach a set of lessons. During this process a qualitative evaluation of the lessons was conducted, with a focus on a range of basic domains such as length of lessons, appropriateness of level, involvement of girls and boys, conduciveness to the natural classroom setting and resources available. Table 6 outlines the types of basic trigger questions used in the mini-pilot. Additional issues

were triggered by asking each of these questions and adaptations to the lessons were sought in each case. Although the group was very dedicated and expected to move much faster, this phase took about four months.

Table 5. Qualitative evaluation of draft lessons

1. Did the lesson have an appropriate beginning, middle and end? (sequence & progression)
2. Did the lesson fit into the time allowed?
3. Was the pitch or level of the lesson appropriate to the learners? (Did learning occur?)
4. Were the learners (all) involved?
5. Were the girls as involved as the boys in the lesson?
6. Was it possible to conduct the lesson with the classroom resources available?

The second major task of this phase was to prepare the workshop for the first training of classroom teachers. Not only did the lessons need to be finalised, but the program for the workshop which would teach the teachers how to deliver the defined set of lessons for each grade. In addition, the participants needed to be identified and the necessary administrative work done to release them for training.

One province (Quang Ninh) was identified to begin the teacher training phase, with other provinces being included in subsequent waves of training workshops. Specific schools needed to be invited to participate in the project and approvals obtained for specific teachers of Grade 5 or 8 to participate in the one week training.

Much of the preparation work needed to be done well before the teacher training workshop, however a one week preparation meeting was held just prior to the teacher training workshop to bring all the Master Trainers together and to finalise the details. The program was the main focus of this meeting. Each of the Master Trainers assumed specific roles in the training workshop program, most were up-front facilitators/trainers, however some took charge of feedback and evaluation, and others organised logistics. The Master Trainers were also matched to either primary (Grade 5) or secondary (grade 8) focus.

Key Outcomes of Phase 3.

- A curriculum matrix outlining the sequence and progression of lessons from year 1 to year 12 for HIV/AIDS prevention and related issues, including discrimination.
- A defined set of 5 core lessons (with additional optional lessons) for grades 5 and 8 related to HIV/AIDS prevention, including knowledge, attitudes and psychosocial (life) skills development
- A teacher training workshop program
- A draft evaluation framework

Key Issues in Phase 3.

During this phase these most enthusiastic and committed Master Trainer groups were constantly challenged by the competing demands of their everyday work in addition to the intensity of the specific demands of the HIV/AIDS/STD prevention project. Ensuring the commitment of their respective supervisors, including specific release time, was critical to allowing the Master Trainers to adhere to their timelines.

This phase was critical for the Master Trainers to truly ‘master’ the new content and processes and test them out in actual classrooms through the mini-pilot. The experience highlighted the limitations of their former lessons planning practices which seldom included opportunities to test the lessons in natural classroom situations. This testing phase quickly brought to their attention lessons that were too full, too brief, or simply didn’t make sense to the learners. Being able to consult the learners on what would work better was an advantage. Although the classroom piloting was conducted by the Master Trainers and not the regular classroom teacher, the regular teacher was also able to provide input. It was also important to ensure that all of the lessons worked well together for a

particular level or group of students, and that all the levels together made sense in terms of sequence and progression, with no unnecessary repetition nor omissions.

Evaluation of the lessons at the classroom level was also considered during this phase. The outline of the evaluation framework and how it was used is discussed in the next section.

Phase 4. Training of Teachers & implementation

The key activities of this phase were to train the first group of teachers to implement the defined set of lessons in their own classroom. The teachers also needed to know about the broader plan to implement in a number of schools and evaluate the impact on students, as the teachers themselves were also asked to collect the evaluation data.

A total of 40 teachers were trained in the first workshop, with approximately half being Grade 5 and half being Grade 8 teachers. Because it was the first teacher training workshop and the first experience for the Master Trainers to actually conduct the training, the participant numbers were limited. Even though more Master Trainers were available at this first workshop than would be usual, the emphasis was on testing out what would become the standard procedures for all other workshops where there would be only one or two Master Trainers and 35-40 participants. The Master Trainers were involved in feedback and debriefing sessions each day with the support of the external consultant to reflect on the logistics, the content, and processes of the training.

The teachers also needed to understand how the lessons would be evaluated and how the evaluation data was to be collected. The evaluation of the lessons had both a qualitative element and a quantitative element. The qualitative element was similar to Table 6 above. The teachers were asked to complete brief written feedback sheets after teaching each lesson, which focused mainly on the appropriateness of the level of the lessons, the length of lessons, student involvement (especially girls), and teacher confidence in facilitating the lesson. Open-ended comments were also encouraged.

The quantitative element included items on the knowledge, attitudes and skills of students before and after the lessons were taught, which the teachers were asked to administer. The knowledge items were mainly closed questions. The attitudinal and skill items were self reported about mainly hypothetical situations asking the students to identify their most likely response in a given scenario. (**Instrument Attachment B)**

Key Outcomes of Phase 4.

- From December 1997 to March 1998, 9 teacher training workshops (with 35-40 teachers in each) were conducted across 12 districts in 5 pilot Provinces including 360 primary and secondary schools
- 270 trained classroom teachers implementing skills-based HIV/AIDS prevention lessons in their schools, with 15,000 students from Grades 5 and 8.
- Master trainers supporting classroom implementation
- Evaluation data collected (for teachers and students)
- Planned implementation with a further 200 Primary and Secondary teachers

Evaluation Outcomes

Three types of evaluation data were collected during this phase: (i) immediate feedback on the teacher training workshop, (ii) self-reports from teachers on their implementation of the lessons, and (iii) student learning outcomes for knowledge, attitudes and skills.

(i) The immediate feedback on the teacher training workshop showed:

- ➢ Teachers believed the objectives of the overall program were clearly established and suitable to the students' ability.
- ➢ The teachers found the training course was very useful. Teachers indicated an improved knowledge level, they learnt new background information on HIV/AIDS and new, effective teaching methods.

- Generally the methods were found to be enjoyable and easy to learn and understand. Prior to the training course, little was known about the active methods or HIV prevention, post-training teachers felt greater comfort in both areas.

(ii) Teacher self reports of implementation showed:

Teacher confidence: 94% of teachers were confident, 5% reported more moderate levels of comfort. Teachers reported newly found confidence and enthusiasm for even more interactive classroom activities than those provided (even though time was also identified as a constraint).

> "Before training and teaching with life skills, I feel very difficult in teaching of transmission of HIV through sex. I feel shy when students asked me about sexuality or sex related issues. I feel that I did not have confidence and ability to answer the difficult questions of students. If I rank my confidence in teaching life skill and HIV/AIDS from 1 to 10 mark, I would estimate that my confidence in teaching HIV/AIDS and related issues including sex before training and teaching was 1 mark and after two years of teaching, it is now 5 or 6 mark."

Teacher learning and acceptance of the methods: Enthusiasm for the program seemed high with many open-ended comments being very supportive. Teachers indicated that the training was valuable on a personal level as well as professionally:

> "I also learn life skills for myself. For example I learn a lot of skills in communication with my students, my awareness on HIV/AIDS and the risk behaviour is increasing."

The teachers recognised that the approach could be applied across other topics and subjects, with one teacher suggesting that the approach provided "a solution for teaching moral education which is often difficult to impart." Some teachers explained how they had modified the approach to local needs and that they felt they had contributed to new innovations in classroom instruction.

> "Life skills teaching approach is an innovative teaching methods. Before training, I teach my students about HIV/AIDS only knowledge and information through lecturing. After training, I teach HIV/AIDS through role-play, games and student worksheets."

Student participation: Teachers reported high student interest in the learning activities. Initially students were a little reluctant to participate however soon became fully engaged in theactivities. Teachers recognised that the creative and participatory ways of organizing activities encouraged student participation and that success of these methods is dependent on student participation. Teachers recognised and supported the fact that the activities addressed real-life situations – and that students were given the opportunity to practice and apply newly-learned skills through the interactive methods.

> "At the beginning, students did not participate actively, they were acting shy; afterwards, they were acting more confident, more active and participatory in the lesson and more cohesive as a group. Students can speak out about themselves, they have the courage to talk about issues, even when they are difficult."

Student learning: Teachers reported observations of students demonstrating negotiation and decision making skills in various situations, including potentially dangerous situations. Teachers noted an increase in student participation which seemed to contribute to changes in students' attitudes and behaviours.

> "At the beginning of the pilot, students were shy and hesitant, but the communication skills of students has been increasing greatly throughout the course. Students feel that the methods make it easier to remember the lessons and actively practice attitudes and behaviours."

Challenges to implementation included:

- A need for more practice of the new methods, and to adapt the lessons to local situations, some enduring anxiety over teaching unfamiliar and sensitive topics, dealing with overcrowded classrooms and rearranging classrooms for the interactive methods.

  > "We need assistance from the Education Department for school management and teaching to improve the life skills teaching approach. We need more training in development of life skills lessons so that we can select the situations that are relevant to our city and our commune."

  > "the classroom is small and the number of students is big, [it is] difficult to rearrange desks and chairs…"

- A need for greater attention to student skills and attitudes, in the pursuit of a balance in the amount of time spent on students' knowledge, attitudes, and skills.
- A recognition that the new interactive methods need for more time for initial preparation, and also in implementationto truly focus on skills development and ensure students acquire the knowledge, attitudes and skills needed to negotiate potentially harmful situations and promote health lifestyles.

  > "Initially, I had many difficulties teaching the life skills approach. I needed to prepare the lesson more carefully than usual, and I needed to discuss with my colleagues appropriate situations for teaching of sensitive issues"

  > "Teachers feel more comfortable in teaching about drug abuse and smoking prevention [with the new methods], however, teachers need to prepare more "

- A need for more worksheets and exercises to support the classroom activities as - it was difficult to provide all students with copies of class material.

(iii) Student learning outcomes were evaluated according to changes in their:
(Further data appears in See Attachment B)

Participation: 95% of teachers reported active student participation in life skills activities, 4.7% reported only moderate levels of student participation

Basic knowledge of HIV/AIDS: before and after responses showed improvements in students' basic knowledge of HIV/AIDS and in their knowledge of how the virus is and is not transmitted.

Awareness of self-responsibility: students showed increased knowledge of how to avoid becoming infected with the virus.

Changes in attitudes and behaviour: students showed improvements in their decision making, and more positive attitudes towards people who use drugs, and people who are infected with HIV.

Key Issues of Phase 4: Lessons from the pilot program

The limitations of assessment must be acknowledged but also the value of these assessments. Changes in students' knowledge and attitudes and skills were assessed in hypothetical situations. In future programmes greater effort should be taken to instruct and ultimately evaluate changes in a wider range of student skills and behaviours related to the programme goal related to reducing HIV infection, including issues such as reducing drug use, and preventing child sexual abuse.

Although the teachers increased their basic knowledge of HIV/AIDS and the life skills approach, the teaching methods were still very new to them. Both teachers and students would benefit from more intensive training and ongoing support in the participatory methods and more opportunities to practice these methods.

The introduction of interactive teaching methods may require changes in class scheduling. During the pilot program it was sometimes difficult to complete the life skills lessons in the allotted time. While it is possible that some lessons may still need to be adjusted, there is also a need to acknowledge that the life skills approach to HIV/AIDS education may require more time for processing.

An essential part of teacher training is the opportunity to practice a variety of techniques before introducing them to the classroom setting. They should have an opportunity to discuss their views on appropriate classroom behaviour and teacher-student relationships. As a part of their training in the life skills approach, teachers should not only receive information about instructional methods, but also about the value of these methods and the types of changes they bring to classroom interactions. Teachers may need to adjust to different classroom dynamics and student behaviours that accompany participatory teaching methods, such as more or different student expression or activity than usual.

Teacher training needs to include emphasis on both content and processes or instructional methods to implement the life skills approach. Teachers must be comfortable with the subject matter or context as well as the teaching methods. Since both the content and process may be quite new this process can take time and requires ongoing support for sustainable change.

More time and energy may also be required in preparation than the traditional teaching methods, and a general scarcity of the most basic resources can make implementation difficult for teachers. Teachers should not have to supplement the life skills approach from their own salaries. Pilot projects need to provide all the teaching and learning materials required to support implementation, as school resources are usually very limited. For longer term sustainability, education planners and administrators should be made aware that new approaches may require adjustments in how classroom funds are allocated. Efforts should be made to provide teachers with the resources they need to implement these approaches, particularly if they are found to be more effective than traditional approaches.

Phase 5. Expansion & support

From December 1997 to March 1998, nine core teacher training courses were delivered in 12 districts in 5 provinces resulting in 270 trained teachers implementing the (life) skills-based HIV prevention education to 15,000 grade five and grade eight students. There were 35 - 40 teachers participating in each course, consisting of equal numbers of grade five and grade eight teachers. Each training course lasted five days.

The lessons also needed to be expanded beyond grades 5 and 8 to include all grade levels. In 2000, the process of expansion was continued (but not completed) for primary grades through the compulsory Health Education subject towards national implementation. Within the subject of "Healthy Living", the life-skills based approach to HIV/AIDS prevention is included in the Vietnam Country program 2001-2005 for both primary and lower secondary school nationally.

HIV/AIDS prevention is also being included in pre-service primary teacher-training in 61 provinces of Vietnam. By the end of 1999, about 500 grade eight teachers and 450 grade nine teachers received training in using the life skills approach to teach children about sexuality, safe sex and HIV/AIDS prevention. These teachers reach 27,500 grade eight and grade nine students.

Throughout Viet Nam, the life skills-based education has been adapted for use in a variety of settings where young people are experiencing quite unique challenges in and out of school. It has been applied to sexuality education, sexual abuse prevention and HIV/AIDS prevention education and incorporated into sexual abuse and drug abuse prevention in schools and for street children and adolescents. The MOET Master Trainers from the HIV prevention program expanded their skills into the school-based drug abuse prevention program, with the support of the United Nations Drug Control Program (UNDCP) and the Reproductive Health Education division of the United Nations Population Fund (UNFPA).

Key Outcomes of Phase 5.

- Master trainers and key trainers expand training of classroom teachers across more grades and towards national scale
- Successive waves of ongoing support are provided by Master trainers to classroom teachers
- Secondary outcomes: expansion into other issues such as drug abuse prevention

Key Issues of Phase 5.

The inclusion of a solid evaluation framework was helpful in monitoring processes as well as learning outcomes. The data yielded was useful for furthering advocacy efforts and also for contributing to the growing body of existing research around emerging issues in Viet Nam.

The establishment of a formal agreement by government at the beginning of the project was critical to the ongoing support for and expansion of the project. Such a formal understanding meant that national coverage was on the agenda from the very beginning. The level of stability in government also contributed to the success in that key people could be relied upon over time and once established, agreements and structures tended to respected. This presence of key people who were committed and competent in various ways and open to new approaches was important but ultimately unlikely to have been enough to sustain the project and expand it. The overall goal of sustainability kept the focus on structural integration and long term institutionalisation.

Although Trainers and teachers participated actively in the process, education supervisors, particularly at the provincial and district levels, still had very little involvement. Strengthening the active involvement of these levels is very important to supporting teachers to implement at the classroom level, for improvement of the general quality teaching and for long term sustainability.

In Summary

The project rollout had several phases, marked by important milestones and outputs, such as training workshops, development of plans and lessons. While the time frame will vary according to local context and also budgetary constraints, some estimates are provided for each Project Phase in Table 7 below.

Table 6. Summary of Project Phases and Key Outcomes

Project Phase	*Key Outcomes*	*Time Frame*
Phase 1. Preparation	• Stakeholders & partners identified • Genuine partnership • Preparation of action plans • Situation analysis completed – including an evidence-based foundation for development of the program	Several months lead in
Phase 2. Initial training	• A group of Master trainers who have a sound understanding of the approach and are able to train other trainers/teachers • draft lessons • definition of roles for each trainer/training group • plan of action for each training group	2-3 weeks
Phase 3. Finalisation of lessons & Preparation of TOT workshop	• confirmed teaching and learning package for schools • workshop plan for training of other teachers/trainers	4 months or more
Phase 4. Training of other Teachers	• Trained classroom teachers (or other	- 1 week

or Trainers (TOT)	trainers) ready to implement skills-based HIV/AIDS prevention lessons in their schools • Master trainers support classroom implementation	preparation workshop - Up to 1 week training workshop
Phase 5. Expansion & support	• Master trainers and key trainers expand training of classroom teachers toward national scale • Expand lesson development and resources for teaching and learning • Successive waves of ongoing support are provided by Master trainers to classroom teachers	ongoing

Lessons learned

1. **The overwhelming challenge is high quality implementation.** Learning from the experience of others, and also here, the training of teachers and facilitators is only the first step. Too many programs provide only a single training and do not link this training to well supported implementation. Many participants reported having similar training before, but few were able to use their training because of this lack of attention to support. This project anticipated this challenge and used the direct strategy of linking opportunities to practice and implement as well as linking a series of training, and also by providing ongoing support to successive waves of trainees - from the Master Trainers to Trainers to teachers at the classroom level. Peer support is also helpful in this regard and could be utilised to a greater extent.

2. **The challenges were outweighed by the benefits and enthusiasm of the teachers**. The teachers who participated in this pilot project felt that it was a worthwhile effort. Not only did the project improve knowledge and confidence levels among teachers, but improvements were also noted among students. One teacher reported:

   > "Despite the challenges, I am strongly confident that life skills teaching approach is very effective in teaching attitudes and behaviours."

3. **The life skills approach was accepted as effective for HIV/AIDS prevention and for other contexts.** It is valued highly by educational managers, teachers, and students. The integration of the life skills approach into the school curriculum is both feasible and effective. Nevertheless the life skills approach, is not only effective for HIV/AIDS prevention education, and the teachers recognised the it can be applied effectively in many other fields.

4. **Teacher training must cover two different areas: (a) instructional techniques typically used in life skills approaches, and (b) the context of the particular life skills programme (HIV/AIDS** in this case**).** Teachers must be comfortable with both the life skills methods and the subject matter of the programme, HIV/AIDS. The training received by teachers, and their success with the life skills approach appears to have raised their confidence level. This likely will have a positive impact on their teaching and interaction with students beyond this HIV prevention programme, and the participating teachers endorsed the training for others.

5. **Teachers should be prepared for the change in classroom dynamics when introducing the life skills approach.** Teachers should not only receive information about instructional methods, but also about the value of these methods and the types of changes they bring to classroom interactions. An essential part of teacher training in life skills-based methods is the opportunity to practice a variety of techniques before attempting to transfer them to the classroom setting. Teachers need ongoing support and opportunities to discuss their views on appropriate classroom behaviour and teacher-student relationships.

6. **New approaches and training need to be appropriately resourced at all levels.** Teachers need to be provided with the resources they need to implement these approaches, both initialy for piloting and for long term sustainability, particularly where they are found to be more effective than traditional approaches.

7. **Teachers should be encouraged to work together.** This innovation, like any change, imposes new demands on teachers, in terms of time and effort such as in preparation of new lessons. Working in groups may lessen the burden on individual teachers and build collegiality, allowing teachers to learn new techniques they might like to bring to the classroom, to practice some of their planned activities with others, and to receive feedback from their colleagues about their performance.

8. **Evaluation should be limited to the essentials**. A great deal of evidence exists to suggest that high quality prevention education that addresses knowledge, attitudes and skills can be effective if implemented properly, and certainly it makes sense intuitively and ethically; Therefore it is probably not necessary for extensive evaluation at every step, but rather strategic monitoring should suffice to guide future decisions on possible improvements.

Attachment A

Master Trainer Workshop Feedback

At the beginning of the workshop, the following expected outcomes were prepared as targets:

Expected Outcomes

1. Orientation to Lifeskills
2. Development of Curriculum Overview Grades 1-12
3. Development of detailed curriculum overview Grade 5 and Grade 8
4. Development of lessons Grade 5 and Grade 8
5. Development of parent strategies
6. Integration of research into curriculum planning

1. In general, how confident do you now feel about your professional ability in each of the Lifeskills (below)

	very low						very high
a. Communication (self awareness, empathy)	1	2	3	4	5	6	7
b. Decision making	1	2	3	4	5	6	7
c. Values Clarification	1	2	3	4	5	6	7
d. Assertion	1	2	3	4	5	6	7
e. Goal setting	1	2	3	4	5	6	7

2a. How confident do you now feel about using the Lifeskills approach to develop this curriculum?	1	2	3	4	5	6	7
2b. What more do you need in this regard?							
3a. How confident do you now feel about using the Lifeskills approach to write the Grade 5/Grade 8 lessons for this curriculum?	1	2	3	4	5	6	7
3b. What more do you need in this regard?							

4a. How confident do you now feel about developing approaches to involving parents in your project?	1	2	3	4	5	6	7
4b. What more do you need in this regard?							
5a. To what extent do you believe that the research has been integrated into the development of the curriculum ?	1	2	3	4	5	6	7
5b. What more do you need in this regard?							
6a. To what extent were you satisfied with the consultant/s for this project?	1	2	3	4	5	6	7
6b. Please comment on strengths or weaknesses...							
7a. To what extent were you satisfied with the time allocated for this workshop?	1	2	3	4	5	6	7
7b. Please comment/give suggestions....							
	No, Probably not			not sure		Yes, definitely	
8. Would you recommend this workshop to others?	1	2	3	4	5	6	7
9. Please provide your comments or suggestions on any other aspect of the workshop or the project as a whole...							

Attachment B
Student assessment tool:

The items below are useful examples, however they have limitations in that few items were used to represent complex issues, translation from Vietnamese into English may distort the original meaning, and the items were intended to be locally relevant and directly relevant to what was included in the intervention lessons.

Pre and Post-test questionnaire for Students of Grade 5 (n=615)

Grade 5 (n=615)	Pre-test	Post-test
Knowledge:	%	%
Correctly identify AIDS as an infectious disease	51.6	96.07
Attitude:		
I would sit next to someone with HIV	80.0	96.0
Skills:		
If offered a cigarette by a friend,		
a. I would advise to give up smoking	64.6	81.6
b. I would go away	13.3	2.4
c. I would try the cigarette	22.6	13.9
If my best friend started smoking,		
a. I would try it too	54.1	14.0
b. I would refuse to smoke	36.9	80.1
c. I would pretend not to know	9.3	5.4
If I was worried about something		
a. I would keep it to myself	7.8	1.2
b. I would tell a person I trust	31.7	50.1
If my neighbour got HIV		
a. I would not to talk to them	24.1	3.4
b. I would be afraid of catching HIV	9.6	1.0
c. I would treat them like any other person who is sick	66.6	95.6

Grade 8 (n-615)	**Pre-test** %			Post-test %		
	Right	**Dont know**	**Wrong**	**Right**	**Dont know**	**Wrong**

Knowledge						
• HIV is a virus which causes AIDS	59.0	**12.0**	**17.0**	**79.0**	**6.0**	**15.0**
• Able to identify HIV transmission routes	83.0	6.2	9.2	94.0	2.2	2.4
• Able to identify ways HIV is NOT transmitted	55.7	8.8	35.0	63.5	3.5	32.2
Attitude						
• I feel confident that I can protect myself from getting HIV	61	**34**	**5**	**71**	**11**	**5**

Skills	**Pre-test**	**Post-test**
• Scenario: friend at school offers you a (illegal) drug. What do you do?		
a. I just try it once to see what it is like	1.2	.7
b. I ignore them and go away	6.9	1.7
c. I refuse firmly	47.7	31.9
d. I inform the school through anonymous mail	30.7	60.0
• Scenario: knowing someone who is HIV positive		
a. I criticise the person	3.2	1.2
b. I am afraid of getting AIDS	6.4	1.2
c. I keep away from them	9.3	5.4
d. I want to take case of them [be compassionate]	81.2	92.2
• What do you think about people your age who use drugs?	4.9	2.4
a. I think they are criminals	12.2	2.4
b. I think they are victims not criminals	7.3	2.0
c. I think they are bad people	69.0	71.2
d. I think they need help		