

**Glossary**

**LS:** life skills

**LSE:** life skills education

**VBLS:** values based life skills

**ToT:** trainer of trainers

**SRH:** sexual and reproductive health

**1. Name of the approach/ tool/project**

**Values Based Life skills Education:** an educational tool enhancing participation, leadership and children's well being in the world.

**2. Description (methodology, techniques and strategies used)**

The target group is children 10-18 year old. The methodology proposed is a cascade training of youth peer educators, school teachers, religious leaders and parents trained in 10 LS originally created by the Jesuit Organization Faith and Happiness, from Colombia, who in turn replicate their learning with children 10-18 year old. These life skills are: getting to know myself, managing emotions and feelings, assertive communication, assertive relations, problem solving, making decisions, critical thinking, creative thinking, empathy and managing stress. Each LS is given through participatory learning workshops and follow up monitoring where participants learn by role play, dynamics, group reflections, debates and keeping a personal diary of the applications of each LS.

**3. Implementation methodologies**

The project is implemented at youth community gatherings, within public and private schools, churches and at households.

- First, we need a group of ToT trained in the methodology and the educational material.
- Second, these ToT train trainers who will then replicate workshops with children and other target groups such as parents, school teachers and religious leaders.
- Third, community conversations are held with different stakeholders on how to create a positive environment for children to thrive<sup>i</sup>.

**4. What is innovative about this approach/tool/project**

VBLS taught following the methodology proposed by World Vision and Faith & Happiness helps the child and adolescent grow with improved self esteem, a life project and the social skills and competencies necessary to make healthy decisions in his/her life<sup>ii</sup>. The innovation here is about multi stakeholder participation, e.g. the church, the school system, the community at large and the youth themselves. The methodology is innovative as it is based in social learning principles such as constructivism, risk behavior, multiple intelligence and others. (Life skills education for a healthy development of children and adolescents- Leena Mangrulkar, Cheryl Vince Whitman; OPS-2001)

Life skills education is related to social competencies: "Being competent is knowing what to do, how to act, understanding consequences and being responsible of our actions, while we work helping transform circumstances for the better good of humanity" (Ignacio Montenegro Aldana-Spanish educator)<sup>iii</sup>

## 5. Evidence of results and impact

This VBLS education model was implemented over a period of three years in Honduras and the Dominican Republic. The final evaluation involved a two stage random sample household survey of 1,229 adolescents. The instrument used has questions on VBLS and SRH.

**Table 2- Participants of the study by country-adolescents 12-18 years old**

Study type	No. of subjects	Total subjects at base line	Total subjects at evaluation
Honduras base line	448	874	1,229
Honduras final	600		
DR base line	426		
DR final	629		
<b>TOTAL</b>	<b>2,103</b>		

The multivariate analysis of the evaluation data shows a significant association of high score in the VBLS test with a 38% risk reduction of starting sexual activity (OR: 0.62; 95% IC: 0.4 – 0.9; P: 0.03), controlling for age, sex, working or not, country and alcohol abuse. Those individuals with high score on the VBLS test had twice the probability of having used condom at the first sexual intercourse compared to those with low score (OR: 1.9; 95%CI: 1.2-3.6; P: 0.04). Another two important findings of the research have been the reduction of risk in drug and alcohol abuse in those with high score on the VBLS test. Alcohol abused was reduced by 40% (OR: 0.60; 95%CI: 0.40-0.97; P: 0.03), and drug abused by 75% (OR: 0.25; 95%CI: 0.12-0.51; P: 0.006).

The qualitative evaluation shows these results:

Female adolescents: “We are now friendlier, more sympathetic; we learned to share, to relate to each other, to improve our behavior; we will keep practicing these skills because they are good to us”

Male adolescents: “I was a kid with bad habits but with the program I changed and now I respect other people. Before I thought I knew everything, but I learned that all of us can learn new things and change. I made the decision not to go back to my old ways.”

## 6- Costs associated with the development and implementation of the activity:

- Training of Trainers: \$5,000
- Training trainers: \$3,000
- Educational materials: \$1,500 (LS Manuals, paper, markers, masking tape, etc)
- Each workshop: \$700-1,000
- TOTAL: \$10,500-12,000 to begin rolling out the program in each country.

## 7. Contact information.

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<sup>i</sup> Community conversation model: a community behavior change approach implemented by World Vision in Africa in the field of HIV prevention.

<sup>ii</sup> Following adolescent’s development and risk behaviors theories, programs that teach emotional, cognitive and social skills have an impact on multiple unwanted behaviors such as violence, drug & alcohol abuse, school drop out and promote positive behavior such as good academic performance and positive family relationships. (Hawins, 1992).<sup>ii</sup>

<sup>iii</sup> ¿Are psychosocial competencies the new focus education requires?- Ignacio Abdón Montenegro Aldana, Revista Internacional de Magisterio, Educación y Pedagogía, PP-0045.1/E005 No. 6 2003.