Life Skills Education in Indonesia

Submitted to UNICEF

by
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Acknowledgements

This report give overviews of Life skills Education in Indonesia and Life- skills education for healthy living and HIV-AIDS prevention by Ministry of National Education (MONE) and UNICEF which is based on key document and materials reviews, interviews of key informants at the national level and field Visits and Interviews of Key Informants at selected Province, District, and School.

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List of Acronyms and Abbreviations

BBE	**Broad Based Education**
BPK	**Badan Pendidikan Kristen**
BKKBN	**Badan Koordinasi Keluarga Berencana Nasional /National Family Planning Coordination Board**
BNN	**Badan Narkotika Nasional**
CWS	**Church World Services**
IEN	**Indonesian Epidemiology Network**
IFPPD	**Indonesian Forum of Parliamentarians of Population and Development**
IMC	**International Medical Corps**
KWI	**Kantor Wali Gereja**
LSE	**Life Skills Education**
MA	**Madrasah Aliyah (Islamic Senior High School)**
MBS	**Manajemen Berbasis Sekolah/School Base Management**
Menko Kesra	**Coordinating Minister of People's Welfare**
MI	**Madrasah Ibtidaiyah (Islamic Elementary High School)**
MONE	**Ministry of National Education/Departemen Pendidikan Nasional**
MOH	**Ministry of Helath/Departemen Kesehatan**
MT	**Madrasah Tsanawiyah (Islamic Junior High School)**
NAC	**National AIDS Commission**
NGOs	**Non Government Organizations**
PKBI	**Perkumpulan Keluarga Berencana Indonesia**
PMR	**Palang Merah Remaja/Adolescent Red Cross**
SLB	**Selokah Luar Biasa (Special School for Disabled)**
SMA	**Sekolah Menengah Atas (Senior High School)**
SMK	**Sekolah Menengah Kejuruan (Vocational School)**
SMP	**Sekolah Menengah Pertama (Junior High School)**
Pramuka	**Praja Muda Karana/Scout Group**
PMI	**Palang Merah Indonesia/Indonesian Red Cross Society**
TOT	**Training of the Trainers**
UNICEF	**United Nations Children's Fund**
UNFPA	**United Nations Fund for Population Activities**
WHO	**World Health Organization**
YCAB	**Yayasan Cinta Anak Bangsa**
YPI	**Yayasan Pelita Ilmu**
YKB	**Yayasan Kusuma Buana**

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Mapping of Life Skills Education (LSE) in Indonesia

Charles Surjadi

1. Introduction

The World Health Organization (WHO) defines life skills as the ability of individuals to employ adaptive and positive behavior to deal effectively with the demands and challenges of everyday life (1997). The WHO lists those skills as: problem solving, critical thinking, communication skills, decision making, creative thinking, interpersonal relationship skills, negotiation skills, self-awareness building skills, empathy, and coping with stress and emotions. According to UNICEF, life skills-based education is a behavioral change or behavioral development approach designed to address a balance between three areas: knowledge, attitude, and skills (UNESCO, 2001).

Since 1997, UNICEF has supported the Ministry of National Education (MONE) in Indonesia in implementing Life Skills Education (LSE), with a specific focus on healthy living in a number of schools in several provinces such as West Java, Central Java, East Java, West Nusa Tenggara, and South Sulawesi. At the same time, the Indonesian Red Cross, supported by the International Red Cross, has implemented LSE for HIV/AIDS prevention in a program to develop peer group activities that promote healthy sexual practices (PMI, 1996). This activity was part of a series of intervention by international organizations promoting positive reproductive health practices. Owing to the high prevalence of HIV/AIDS in Papua, the LSE for HIV/AIDS prevention was implemented in 2003. A number of schools in several districts of Papua Province were selected for the program.

In response to the economic crisis in Indonesia, MONE has also developed a life-skill education program through a Broad-Based Education approach (BBE) in order to equip students with vocational and income-earning skills. Funded through a special government fund for a social safety net for education (MONE, 2002), the program was implemented by several organizations in Indonesia. Unfortunately, there is no exact information on who the implementers are, or on what types of LSE are being implemented. This document sets out to ascertain the current status of life skills education in Indonesia, by mapping LSE for healthy living, with specific attention given to the activities of LSE programs supported by UNICEF at the district and school levels.

2. Objectives

1. To critically review education policies and guidelines related to LSE formulated at the MONE, Ministry of Health (MOH), the National Family Planning Coordination Body (BKKBN), and other related government agencies;
2. To analyze objectives and contents related to LSE programs at the national, district, school, and community levels;

3. To identify, review, and analyze the actors or institutions carrying out LSE activities, the contents, and scope of materials used by these institutions for teaching and learning at the national, provincial and district levels;
4. To identify, review, and analyze factors influencing the implementation of LSF programs by these institutions;
5. To identify both the reinforcing factors and inhibiting factors in implementing LSE in line with the current decentralization policy at the national, provincial and district levels; and
6. To make recommendations on the possible role and actions that UNICEF and other stakeholders may play in facilitating the implementation of LSE at national, provincial, district, community, and school level.

3. Methods and Materials

3.1. Review of Key Document and Materials

Thirty-six institutions (see annex 1) are contacted to collect materials on policies related to the implementation of LSE for healthy living, HIV/AIDS prevention, and broad-based education. The institutions are selected using both the list of institutions which are currently active in reproductive health in Indonesia as provided by UNICEF and the mailing list provided by the secretariat of Indonesian Epidemiology Network/IEN (a national network of 27 research institutions in nine provinces that focus their interest in epidemiology, including reproductive health issues).

3.2. Interviews of Key Informants at the National Level

Key informants from the 36 selected institutions were interviewed about their understanding on the concept of LSE and their experiences in implementing this concept, including objectives, beneficiaries, activities, results, location (provinces and cities) and partners.

The selected institutions could be divided into seven types of agencies, which may fulfill important roles in making policies for the implementation, as follows:

1) Government agencies,
2) International agencies,
3) International NGOs,
4) National NGOs,
5) Local NGOs,
6) School foundations, and
7) Faculty and research institutions.

To ascertain that the LSE for healthy living is really implemented by the institutions, I interview those responsible for the training. In addition, I collected detailed information on the content of the training sessions, the manuals used for the training, and the time allocated for the training. With this information, I judged whether the institutions have implemented the LSE programs for healthy living correctly.

I classified an institution as implementing LSE if the institution has activities on

general life skills (personal and social skills), specifically life skills education for healthy living. The training focused on specific health issues pertinent to the target skills.

Furthermore, I include institutions offering life skills for peer group training in some areas, such as reproductive or other health issues, where the purpose is to produce peer groups that are capable to approach certain health issues, mainly issues on reproductive health or drug abuse.

3.3. Field Visits and Interviews of Key Informants at the Provincial, District and School Level

In consultation with UNICEF program officers in Papua, South Sulawesi, and Central Java, three districts that have implemented life skills education for healthy living on HIV/AIDS prevention are selected: Sorong in Papua province, Watampone in South SulaIsi, and Wonosobo in Central Java. In order to review the implementation of LSE there, I interviewed key informants from these three districts. The areas of life skills education implemented there included HIV/AIDS prevention and Broad-Based Education. In Wonosobo and Watampone I interviewed government officers in Semarang (Central Java Province) and Makassar (South Sulawesi Province) to acquire information at the provincial level.

Table 1 shows the institutions visited during the field visits and the range of key informants, from school children, teachers, head masters, to heads of ministries at district and provincial levels. As mentioned earlier, I focused our interviews on activities of LSE for healthy living, as well as HIV/AIDS prevention and life skills for broad-based education, implemented at the provinces and districts as well as at schools.

Table 1 List of Institutions and Informants

Places	Key Informant	Institutions	Level
Sorong	Liaison officer and 2 facilitators	UNICEF	District
	Chief of administration	MONE District	District
	Chief	MONE City	City
	Head master, teachers and students	7 Schools	School
Makassar	Program Officer	UNICEF	Provincial
	Head of Sections and Facilitators	MONE Provincial	Provincial
	Teachers, Headmasters, Facilitators	5 Schools	School
Watampone	Chief	MONE District	District
	Chief of School	MOH District	School
	Facilitator	MONE sub-district	Sub-district
	Medical Doctor	Public Health Centre	Sub-district
	Teacher and Head Master	2 Schools	School
Semarang	Program Officer	UNICEF	Provincial
	Chief of Section	MONE provincial	Provincial
	Members of Team	LSE Provincial Team	Provincial
Wonosobo	Chief of Section	MONE District	District
	Members	LSE District Team	District
	Teachers and Head Masters	4 Schools	School

The result of the activities Ire analyzed and grouped into the following categories:

1. Critical review of education policy and guidelines related to LSE.
2. Analysis of programs, objectives, and contents related to LSE.
3. Actors/institutions carrying out activities on LSE
4. Identification of reinforcing factors and inhibiting factors in implementing LSE

4. Result

4.1. Key Documents and Materials Reviewed

I used the following key documents and materials to review LSE implementation policies.

a. *Guidelines of LSE through Broad-Based Education,* (LSE Guidebook Vols. 1 to 4, MONE 2002);
b. *Law No. 20 of 2003 on National Education System, Article 26, Paragraph 3*.
c. *Instruction of the Ministry of National Education and Culture No. 9/U/1997* on HIV/AIDS prevention through education;
d. *Decree of the Ministry of National Education and Culture No. 303/1/1997,* on guidelines for HIV/AIDS prevention through education;
e. *National HIV/AIDS Strategy 2003-2007 ,* which outlines among other things HIV/AIDS prevention and the role of MONE;
f. *The Draft of Policy for Adolescent Health* from Ministry of Health; 2003
g. *Results of the National Workshop on School Health Services 2002*, and
h. *Guidelines* for teachers of various levels to implement LSE for healthy living (MONE,2000, MONE 2001)**.**

The result of these reviews was summarized into two points. First, no policy documents relate specifically to LSE for healthy living. There is, however, a policy that relates to broad-based education of life skills as well as a policy relating to HIV/AIDS prevention through education. Second, in the National HIV/AIDS Strategy 2003-2007, which is signed by the Coordinating Ministry of People's welfare (acting as chairperson of National AIDS Commission/NAC , National AIDS Commission,2003), LSE for HIV/AIDS prevention was not mentioned explicitly although there is interested to targeting young people. Detail analysis of the findings is presented below.

A. No policy documents relate to LSE for healthy living, although there are policies that relate to broad-based education, and to HIV/AIDS prevention through education.

The policy relating to LSE of Broad-Based Education, mentioned above, is found in *Law No. 20 of 2003 on National Education System Article 26 Paragraph 3.* In that

document, life skills education is classified as non-formal education and defined as a form of education providing personal, social, intellectual, and vocational skills for work or self-employment.

The Guidelines of LSE through Broad Based Education define and explain the concept and method of implementation of LSE and show how to submit a proposal to districts, municipalities and the central MONE (LSE Guidebook vols. 1 and 2 and Guidebook vols. 3 and 4, MONE 2002). In these guidelines, MONE proposes that life skills education consist of four components: 1) personal skills, 2) social skills, 3) academic skills, and 4) vocational skills. The first two are g*eneral life skills,* while the other two are *specific life-skills*, which is also referred to as *technical competence skills*.

Personal skills include self-awareness and rational thinking. The guidelines indicate that general life skills should be taught in elementary and junior high school levels, while academic skills should be taught in senior high school. Vocational skills should to be taught in vocational schools.

There is a decree on HIV/AIDS prevention through education. This is stated in the *Decree of the Ministry of National Education and Culture No. 9/U/1997**, which further elaborates on guidelines for HIV/AIDS prevention through education, referring to a letter of decision issued by the Ministry of National Education and Culture (No. 303/1/1997). Ministry of National Education has bound both documents as a single document.

The Decree of the Ministry of National Education and Culture No. 9/U/1997 on HIV/AIDS prevention through education states that all rectors of universities, directors of institutions, coordinators of private universities, and MONE at the provincial level do their utmost to increase awareness of the dangers of HIV/AIDS, and to improve awareness of the importance of healthy and responsible life practices. Supervision and monitoring of HIV/AIDS prevention activities in their institutions are encouraged. Guidelines are set out in the letter of decision of the Ministry of National Education and Culture No. 303/1/1997 on Guideline for HIV/AIDS prevention through education.

The guideline for HIV/AIDS prevention through education points out students from elementary schools to universities, students from non-formal education institutions, and educational and administrative staffs of the educational institutions as the target groups of the HIV/AIDS education program.

The HIV/AIDS prevention through education program will be achieved through the following ways:

1. Curricular and extra-curricular activities at elementary schools;
2. Curricular activities, extra-curricular activities, peer group education, guidance and counseling at senior high schools; and
3. Integration of HIV/AIDS knowledge to the relevant topics; the information should be reviewed before integrating it to the local curriculum.

*)Decree of MONE is used to formulated policy that is related to education, while a letter of decision by MONE is an elaboration of how to implement the policy

The policy document also emphasizes the role of school health services programs, student organizations (Organisasi Siswa Intra Sekolah or OSIS), Badan Pembantu Penyelenggaraan Pendidikan (BP3) and other committees that can collaborate with public health centers to conduct HIV/AIDS prevention education through extra-curricular activities. For high schools, alternative channels are also given, for example Adolescent Red Cross (Palang Merah Remaja or PMR), Scout Groups (PRAMUKA) and Pencinta Alam Groups.

The supervising and monitoring of HIV/AIDS prevention activities through the educational system at the national level is undertaken by a working group on overcoming AIDS led by the head of the Center for Physical Quality and Development at MONE. At the school and university level, it is undertaken by the school directors. At the city or district level, it is undertaken by the chief of the city/district MONE (MONE, 1997).

To facilitate the implementation of the policy at the level of basic and middle education, it is proposed that there should be a Decree (Surat keputusan) from the General Directorate of Basic and Middle Level Education advising on how preventative education can be planned, implemented, and evaluated. To date, such a decree has not been issued.

B. In the National HIV/AIDS Strategy 2003-2007 no explicitly mentioned life skills education.

Although HIV/AIDS prevention is one of seven priority areas of action, LSE is not explicitly mentioned in the strategy. The National HIV/AIDS Strategy 2003-2007 outlines the seven priority areas for action as follows:
1. HIV/AIDS prevention;
2. Care, treatment and support for persons living with HIV/AIDS (PLWH);
3. Surveillance of HIV/AIDS and sexually transmitted infections;
4. Research;
5. Supportive environment;
6. Multi-agency coordination; and
7. Sustainability of controlled infection.

The strategy indicates that in both formal and non-formal education, in general and religious educational contexts, better dispersal of knowledge can be accomplished through the integration of HIV/AIDS material to other learning materials.

4.2 LSE-related Guidelines

Of the several types of life-skills education implemented in Indonesia, the *Guidelines of LSE for Broad-Based Education* and *LSE Guidelines for Healthy Living* provide the most comprehensive and complete material. Therefore, the following section will focus mainly on those two guidelines. It also summarizes briefly an example of training guidelines using LSE for HIV/AIDS prevention or reproductive health as part of developing peer group activities.

4.2.1 Guidelines for LSE for Healthy Living

Centre for Physical Quality of Development MONE has issued a set of guidelines to assist in the implementation of LSE for healthy living, including HIV/AIDS prevention. UNICEF provided funding and technical assistance for this project. These guidelines, shown in Table 2, cover several modules: eight for elementary schools, five for junior high schools, and six for senior high schools.

The guidelines are divided into two sections, pertinent to each module. Section one describes life skills education for healthy living, while section two focuses on implementation.

In section one the Guideline looks at skills development, psychosocial competencies, and active participation of the student. The five life skills competencies covered are empathy, interpersonal communication, decision making and problem solving, critical thinking and coping with emotions and stress. .

Table 2. Content of Guidelines LSE for Healthy Living in Education

Elementary School	Junior High School	Senior High School
1 Nutrition awareness	1 Reproductive health	1 Gender and child rights
2 Healthy environment	2 Dangers of smoking to health	2 Reproductive health, preparation for marriage
3 Clean and healthy living	3 Narcotic, alcohol and psychoactive agents	3 Health as investment for work, forming healthy households
4 Active living	4 Consumptive behavior, planning for the future	4 Smoking and narcotics
5 Avoiding harmful practices	5 Social care - toward a caring society	5 Adolescent life style
6 Responsible young person		6 STD and HIV/AIDS
7 Dangers of smoking to health		
8 Drugs and other harmful agents		

Source : Guideline of LSE for Healthy Living MONE/UNICEF 2001, 2002)

While the *Guidelines for LSE for Healthy Living* are quite comprehensive, teachers encounter some difficulties in application. The material cannot easily be copied, and thus can only be delivered to students with difficulty. The teachers need some time to familiarize themselves with the context and to fully understand it. Thus the guidelines are not really of immediate use, as some considerable time is needed by the teachers to prepare lesson plans for delivery of the material as Ill as to develop action plans for the integration of the material into current teaching subjects.

4.2.2 Guideline for LSE for HIV/AIDS prevention

This Guideline, printed in 2003, consists of two sections. Section one contains guidelines on the implementation of LSE for HIV/AIDS prevention for high schools and section two comprises modules of LSE for HIV/AIDS prevention.

Section one is divided into four chapters. Chapter one describes background, objectives, meaning and target of LSE for HIV/AIDS prevention. Chapter two looks at the implementation of LSE for HIV/AIDS prevention. This chapter comprises seven sections that inform the teacher of the main principles used for implementing LSE for HIV/AIDS prevention for their students (see Table 3).

Table 3. Guidelines of LSE for HIV/AIDS Prevention, Chapter 2

Section	**Contents**
1. Teacher as facilitator	Sets out ten rules for teacher as facilitator of LSE
2. Role of students	Describes active role of students
3. Implementing LSE modules	Describes how LSE may be implemented through learning activities at school and working together with other parties through a) health and physical education b) extra-curricular activities c) partnership betIen teachers of religion or counseling and parents and the community
4. Methodology of teaching LSE	Describes the teaching method for LSE for healthy living, comprising lectures (15%), discussions (20%), role playing and simulation (60%), and other duties (5%)
5. Educational activities of LSE for HIV/AIDS prevention	Describes four main areas in implementing LSE for HIV/AIDS prevention: man poIr; visual aid; location /places; lay out for student in participating the activities
6. How to make training effective	Focuses on 10 issues that make the training more effective and five issues that should be avoided
7. Monitoring and evaluation	Describes the monitoring and evaluation of LSE through attitude , knowledge and skills of the students

Source : Guideline of LSE for HIV/Aids Prevention MONE/UNICEF 2003

Chapter three consists of two sections which set out the material and modules for effective LSE for HIV/AIDS prevention. Section one describes the material and activities to be undertaken for each module. Section Two looks at nine main points of the module. These are as follows: (1) basic ideas; (2) objectives of the activities; (3) skills that should be developed; (4) tools and materials needed; (5)number of participants; (6) time allocated; (7) place of training; (8) steps/ activities to be taken; and (9) main points to be learnt.

Chapter four describes the importance of life skills education for HIV/AIDS prevention and outlines a time table for implementing the module within 30 hours training. It also describes in detail the 6 modules and 28 activities that have to be undertaken in implementing LSE for HIV/AIDS prevention. (See also Table 4).

Table 4. Modules, activities, and time allocated on LSE for HIV/AIDS prevention

Module	Name of activity	Time (mins)
1. Group dynamics	1. Introduction and construction of friendly environment 2. First impressions 3. Acquainted candle 4. My stories	90 45 20 25
2. LSE for Healthy Living	5. Lecture and discussion on LSE for Healthy Living	90
3. Reproductive Health	6. Who am I? 7. Deviant sexual practices 8. Observation of fact/data 9. Arrangement of growth 10. Facing and dispersal 11. Whispering of mother	90 40 40 40 40 40
4. STD and HIV/AIDS	12. Matching card 13. Risk and non risk 14. Wild fire 15. Go to the upper course of the river and swim to the edge 16. Letter from Yolanda 17. To read pictures	40 40 80 80 40 40
5. Narcotics	18. Pleasure at young age and misery in old age 19. Dandy family 20. Benefit and loses 21. Non-harmonic family 22. Myth and fact about narcotics	40 40 40 40 45
6. Life style	23. Self conflict 24. Refusal from Aji and Dita 25. Selecting friends 26.The story of Betty Miranda 27. High risk and Low risk 28. Health card and non-health card	40 40 40 40 40 45
Total	28 activities	1330

Source : *Guideline of LSE for HIV/Aids Prevention MONE/UNICEF 2003*

Along with these guidelines, 30 questions are provided for pre- and post-testing on life skills education for HIV/AIDS prevention.

As Table 4 shows, more than 22 hours are needed to provide all activities set out in Chapter 4 to implement life skill education for HIV/AIDS prevention. Guideline on how to manage and deliver the material is unavailable.

4.2.3. Guideline for LSE of Broad-Based Education

To implement LSE of Broad Based Education, as mentioned at Section 4.1 above, there is *Guidelines of LSE through Broad-Based Education* (LSE Guidebook Vols. 1 to 4, MONE 2002), which looks at the implementation of life skills education through broad-based education, as the title suggests. There is also *Guidelines to the Implementation of Life skill Oriented Education Program through BBE approach in Out-of- School Education and Youth*,(MONE , 2002).

The Guidelines comprehensively describe the concept as Ill as framework of implementation of BBE (Vol.1). They also describe in detail how to implement LSE in play groups and at elementary schools, including MI (Madrasah Ibdityah) at SLTP and MT(Madrasah Tasanawiyah), at SMU(Sekolah Menengah Umum) and MA(Madrasah Aliyah), at SMK(Sekolah Menengah Khusus , at SLB(Sekolah Luar Biasa) and LSE for sports (Vol. 2). When implementing broad-based education, teachers are advised to analyze learning themes at school and use them to teach self-awareness, rational thinking skills, social skills, and pre-vocational skills, such as coordination of eye, arms, legs, psycho-motor skills, and non- psycho-motor skills.

The implementation of broad-based education by MONE has varying foci:

- a Implementation at kindergarten and elementary and junior high schools focuses on personal and social skills.
- b Implementation at high senior high schools focuses on academic skills.
- c Implementation at vocational schools focuses on vocational skills.
- d Implementation at specialized schools (such as schools for the mentally handicapped for example) focuses on specific skills for self-caring.
- e Implementation at sport curriculum concentrates on sports.

The implementation is divided into several steps:

a. Reorientation of learning processes where teachers are asked to analyze and integrate life skills into their teaching topics.
b. Establishment of school culture with activities for creating an environment conducive to supporting LSE among for teachers, school administrators and students.
c. Establishment of school management to facilitate open management and good working relationship that supports the development of life skills.
d. Establishment of synergy with the community, involving school committees, and community representatives in the implementation of life skills.
e. Establishment of a prevocational education program to prepare junior high school students for vocational training should they leave school.
f. Vocational training for junior high school students.

Book Three of the Guidelines shows how life-skills education element of broad-based education is implemented at various levels: central, provincial, district or city, and school. It contains procedures and mechanisms for submitting proposals for block grants to implement broad-based education. It is the intention of the central level to use the block grants to trigger funding, with the purpose of encouraging local government and the schools themselves to use their own resources to fund and implement sustainable activities. Table 5 shows the implementation of activities at various levels. In general, it describes how the activities are generated at the central level (preparation and socialization) and reach all the way to the school level (implementation of activities through school committees and student identification).

In Level 4, at school, Activity 5, some schools can submit proposals, indicating there is mechanism for local initiative.

Table 5. Activities undertaken at several levels in implementation of LSE for BBE

Level	Activities
1. National	1. Preparation 2. Socialization 3. Evaluation of proposal and clarification 4. Deployment of support to province, district/ city and school 5. Monitoring and evaluation 6. Reporting
2. Provincial	1. Preparation 2. Socialization 3. Final evaluation of proposal of district/city and clarification 4. Arrangement of province proposal 5. Monitoring and evaluation 6. Reporting
3. District/ City	1. Preparation 2. Socialization 3. Identification of poor sub-district 4. Identification of development school 5. Selection of school proposal 6. Arrangement and writing district./city proposal 7. Proposal presentation 8. Monitoring and evaluation 9. Reporting
4. School	1. Forming school committee 2. Identification of student 3. Arrangement of the program 4. Choosing learning material and vocational package 5. Arrangement and writing school proposal 6. Reporting

Source : Guidelines for LSE of BBE MONE, 2002 Vol. 3.

In 2002 a budget of Rp 349 million was allocated for life skills education of BBE. Book Four of the Guidelines contains specific material to guide the school, district and city personnel on how to write a proposal. It shows that the proposal should consist of at least 10 items: (1) rationale, (2) vision and mission of the school, (3) challenge, (4) target, both quantitative and qualitative, (5) implementation strategy, (6) planned budget, (7) monitoring and evaluation, (8) executive summary, (9) attachments, and (10) legalization (signature of relevant authority).

From the above description, the guidelines seem to cover the implementation of life skills education in all types of school (from play group, through standard schools, to vocational and special schools). The creation of a supportive environment is also addressed. There are guidelines on involving other stakeholders in school life skills education program, such as committees, parents, and community. In addition to these guidelines, there are also guidelines on program management and delivery at each level (national, provincial, district and school). A clear indication of who is responsible at each level (the head of MONE at the first three levels and the head master at the level of the school) is also given. I based on the interview with key informants at the national level (member of national team of BBE), indicates that the

Broad-Based Education team at the district, provincial, and national levels should consist of several directors of MONE.

4.2.4. Guideline for LSE for HIV/AIDS prevention as part of developing peer group activities

A number of institutions implementing life skills education for HIV/AIDS prevention as part of the development of peer group activities were visited and interviewed. However my enquiries were disadvantaged by the fact of many of my key informants not having any detailed knowledge of the implementation of the program. The implementer was the local organization relevant to the local city, while my key informants for this type of LSE are from the central level in Jakarta. From these key informants I ascertained that the manual used by the National Family Planning Coordination Board (BKKBN) in the training of peer groups includes topics of life skills education for reproductive health as part of developing peer groups. The following section will briefly summarize the guidelines used and published by BKKBN, which Ire developed by PKBI and supported by UNFPA. The guidelines provide further detailed information on what types of training activities have been undertaken in relation to life skills education.

BKKBN has published 10 books (modules) used for training of peer youth educators (BKKBN and PKBI 2000). The 10 books address issues on: (1) adolescent reproductive health, (2) sexual development of adolescent, (3) risks in adolescent sexuality, (4) STD and HIV/AIDS, (5) narcotics, (6) growth and adolescent development, (7) personal development, (8) development team work, (9) voluntarism, and (10) creating a supportive environment for active learning.

Module 5 provides specific material on skills for self control to overcome pressure from others. This material has some analogy to material for psycho-social competence. The time allocated for its delivery is 90 minutes, including role playing, reading, story telling, activities, reflection, and discussion. Another 60 minutes is allocated to look at the skills needed to manage stress.

Module 7 addresses personal development and focuses on areas such as (1) knowing and accepting one's personal condition, (2) setting up relationships with others, (3) talking about personal feelings, (4) inter-personal communication and sharing, (5) active listening, (5) conflict resolution, (6) strategies for problem solving, and (7) planning for the future.

All of the modules should be delivered or implemented in sixty minutes, except module 1 which needs 120 minutes. Beside module 5 and 7, module 1, 8, and 9 also linked to the development of psycho-social competency. Module 10, which focuses on creating a supportive environment for active learning, is expected to be implemented in each session.

Based on my review on the materials and the interviews with key informants, I considered the training activity set out in these guidelines as life-skills education training. The main objectives of the books are to train participants in the seven WHO-listed life skills mentioned in the introduction to this report. These books aim to improve knowledge, attitude, and skills in line with the definition of LSE provided by

UNICEF.

The guidelines on life skills education for HIV/AIDS prevention as part of developing peer group activities concentrate on how to manage and train participants within several days during the training. This is in line with the purpose of the guidelines which target NGOs or institutions, enabling them to train their peer educators, an activity undertaken out of school.

4.3. Objectives, program, and activities related to LSE for Healthy Living

When examining life skills education for healthy living at the national level, I did not find any documents that describe strategy, objectives, or plans of activities. There are no indicators for monitoring and evaluating any activities and outputs as Ill. I got difficulty to collect documents about schools and districts that have implemented LSE for healthy living.

At Bone I found a document that describes the objective, output, activities, and indicators of a plan of action of LSE for healthy living for the year 2003- 2004. (See Table 6)

Table 6. An example of a plan of action of LSE for healthy living, from MONE at Bone.

	Plan	**Indicator**	**Source of verification**
Objectives	Introducing LSE for healthy living to elementary school	Number of school that successfully implement LSE	Project report
Output	School children have knowledge and skills as intended by LSE	1. Number of teacher trained at LSE 2.Number of students receiving LSE training	
Activity 1	Training of teachers	Not available	Not available
Activity 2	Giving block grant	Not available	Not available
Activity 3	Working group of head master and teacher	Not available	Not available
Activity 4	TOT for trainers	Not available	Not available
Activity 5	Supervision and regular meetings	Not available	Not available

Source: Plan of Action of LSE for healthy living produced by MONE at Bone 2003.

The document of the plan of action of LSE at the district level is quite systematic. It presents objective indicators and the source of verification. The process indicator, or indicator of the activities, can be formulated as percentage of teachers and trainers who have been trained to the total teachers in the district. This can also be applied to the activities of working groups of the head masters and teachers, and may be related to the number of learning plans implementing the eight topics of life skills education for healthy living which is mentioned at table 2 column one.

A number of teams are currently implementing LSE activities. There is an LSE team at the provincial level in Central Java, an LSE team at the district level, and an LSE team at the sub-district level in Bone and Wonosobo**.** The LSE team at Wonosobo conducts training and planning as well as monitoring and evaluation of the implementation of LSE.

Except a report on the implementation of training of trainers and training of teachers at the kecamatan level in Bone, I did not receive reports on the activities implemented in LSE for healthy living in the districts where I visited (Bone, Sorong, and Wonosobo). Nevertheless, I could summarize the activities facilitated by UNICEF in these areas in the following sequence:
(1): training of the trainers at kabupaten level; (2) training of the teachers, headmasters etc. at kecamatan level (with the allocated time shorter than TOT at kabupaten); and (3) implementation of the LSE in schools.

Table 7 below shows the implementation of several activities and the output in the three districts where I visited. I saw that in general life skills education for healthy living was implemented quite Ill, for example the modules on nutrition, and clean and healthy environment at Bone and Wonosobo. Only two of eight modules were implemented in both districts (Bone and Wonosobo). Although there is no supervision for monitoring and evaluation from central MONE, our data shows that the monitoring in Wonosobo was done by the LSE team at the district level. In Sorong, the implementation was not very well. Facilitators did monitoring.

Table 7. Implementation, monitoring & evaluation, and output of LSE for healthy living including HIV/AIDS prevention by MONE at three districts

District	Implementation	Monitoring and evaluation	Output
Bone	Training of trainers Training of teachers LSE team at kecamatan level Working group of teacher and head masters Module on hygiene, sanitation and nutrition	Done by working group of teacher and head master by oral report facilitated by LSE team at kecamatan level	Visual aids for nutrition and clean and healthy environment. Majority of schools implemented the modules on nutrition and clean and healthy living. Teaching plan to implement LSE for healthy living on nutrition
Sorong	Training of teachers and facilitator. Facilitators for supervising school	Monitoring is done by facilitators through school visit and by distributing questionnaire to be filled in by head master and students	Some teacher give lecture on HIV/AIDS during new student orientation
Wonosobo	Training of trainers Training of teachers LSE team at district and at province facilitate schools to implement LSE	Monitoring is done by LSE team at district level through distribution of a questionnaire to be filled in by head master	Some schools implement LSE for healthy living especially on nutrition and clean and healthy environment. Some schools developed their own visual aids.

Table 7 also shows that, although some variation in the achievement of the schools of the three districts visited, the patterns of implementation Ire the same. Activities are started by doing training, but then there are variations on who initiates the implementation in school. In Bone this is done by a group of schools through a working group of teachers and head master. In Wonosobo and Sorong it depends on the local school initiative. When I considered monitoring of activities**,** I saw that each district has its own pattern: in Bone monitoring was done by a working group of teachers and head master, in Wonosobo by an LSE team at the district level, and in Sorong by facilitators. However, in each of these three districts the I noted the active participation of a head master or teacher in the evaluation of their school. When looking at the result of the activities, I saw the same outcome: not all modules of LSE for healthy living Ire being implemented. In Bone and Wonosobo, only the modules on nutrition and clean and healthy environment are being implemented.

I shall elaborate further on the assessment and I encounter in Wonosobo. It was conducted through the distribution of two types of questionnaire: one questionnaire was on the implementation of the LSE in the school and was to be filled by the head master, and the other questionnaire was to be filled by the students. This assessment is planned, designed, and analyzed by the LSE team at the district level. The head master was asked to give comment on the following areas: as a shown below:

A. General condition of the implementation of LSE for healthy living.

a) How the school implemented the LSE for healthy living, which activities Ire undertaken, and which activities overcome obstacles
b) Benefits of the LSE for healthy living
c) Cooperation with other concerned parties
d) Perception of the head master on improving the LSE for healthy living

B. Specific information related to LSE for healthy living

1. Whether the LSE for healthy living is implemented in school
2. How the LSE was implemented (integrated with curriculum or not)
3. Whether the LSE supports the growth of discipline among students, and creates a happy environment during the learning process
4. The availability of visual/teaching aids
5. Who provides the visual/teaching aid? Are visual/teaching aids prepared by the school? If so, which types and with what degree of difficulty.
6. The availability and funding resource for implementation.
7. Of the teachers, students, and education officers, who are mostly constrain the implementation
8. The mastering of the LSE concept among teachers
9. Whether related agencies are supportive or not
10. Supporting and constraining factors
11. In what subjects was the LSE for healthy living mainly implemented
12. Impact on the students attitude
13. Of the materials provided by central level, which were easier to implement and which Ire more difficult.

Source: Questionnaire of Evaluation (LSE Team Wonosobo, 2003).

In Sorong, the assessment was conducted by facilitators, who collect information on the implementation of LSE by distributing questionnaires that have to be filled by the head masters and the students, as shown below.

The head masters provide information on:

1. The number of teachers trained in LSE;
2. When they participated the training;
3. The number of teachers in the school;
4. The number of students, total male and female students;
5. Supports provided by the teachers in implementing LSE for HIV/AIDS prevention in the school;
6. What kinds of LSE have been developed in the school;
7. Any books on LSE available to teachers and students;
8. Explanations by teachers to school managers after training on implementation of LSE;
9. Challenges and constraints in implementing LSE at this school;
10. Participation of school committee, health facilities and community for HIV/AIDS prevention in this school;
11. Participation of the students in LSE activities;
12. The output of the implementation of LSE for children;
13. Active participation of the school in the learning process; and
14. Any suggestions from the school.

Ten questions to be answered by the students:

1. Have the student received any information on HIV/AIDS?
2. Can HIV/AIDS patients be identified through their external experiences?
3. Is HIV/AIDS an inherited disease?
4. Can HIV/AIDS be cured?
5. Can HIV/AIDS be spread through swimming together?
6. Can Syphilis be transferred through sexual intercourse?
7. Can HIV/AIDS be spread through needle syringe?
8. Can physicians be infected by HIV/AIDS?
9. Can HIV/AIDS be spread through mosquito bites?
10. Should HIV/AIDS students be expelled from the school?

Although some questions and methods for collecting data need to be improved, the initiatives show the spirit and the capability of the LSE team in Wonosobo and of the facilitator in Sorong to monitor and evaluate the implementation of the LSE for healthy living in their districts. This shown a need to support these initiatives and to facilitate the other districts in learning from them to monitor and evaluate the implementation of LSE for healthy living all over Indonesia. Furthermore, it also points to an opportunity to develop mechanisms for monitoring and evaluating LSE for healthy living, emphasizing the role of the facilitator and LSE team when distributing questionnaires. In addition, it points to the need for analyzing and discussing the results for further improvement and development plan. With this approach, the I was convinced that the current procedure for monitoring and evaluating LSE for healthy living could be improved and implemented effectively all over Indonesia with the full participation of the LSE team and facilitators, and without high dependence on resources from the central and provincial level.

Based on information from our key informants given during our field visits, I encountered some constraints and reinforcing factors:

a) The content of LSE for healthy living is abundant while time available for training is too short.
b) No visual aids and not enough guidebooks are provided to teachers for implementation in their school.
c) No clear guidance on what should be done after the training; the only expectation was that the participants should plan and implement LSE for healthy living.
d) Some schools in Bone received block grants of Rp 500,000 per year for the implementation.
e) No clear guidelines for the facilitators on supervising activities at the school level. There Ire also some complaints of the low transport fee received for the supervision of the LSE at school level.
f) No clear requirement of the conditions under which the school implements LSE for healthy living. In Bone it seems there are criteria but these are more to do with the target area indicators (such as participation level of children in the school).
g) When the school environmental standard is very bad, with no sanitation facilities and no clear status of the land of the school, it seems the LSE is not implemented well.

There is variation of the implementation found at the school level. Successful implementation can be attributed to the following indicators:

a) The motivation of the head master, reflecting the belief that LSE for healthy living is not only conducive to healthy living but can improve the quality of the learning process in school
b) The involvement of the school committee in implementing LSE for healthy living, thereby supporting the teachers. This involvement is possible because the school has implemented School Base Management (MBS) successfully, as evidenced by a high participation of school committee and community leaders and parents in the management of school. This should be replicated in all LSE interventions in Indonesia.
c) Despite the lack of a manual of LSE and of visual aids, some schools are able to produce guidelines for teachers through the creation of working groups of teachers and of head masters, (teaching scenario of LSE for healthy living in several topics).
d) Efforts on the part of the facilitators to evaluate the implementation of LSE for healthy living by distributing the evaluation forms and analyzing the result.

Unsuccessful implementation can be attributed to the following:

a) There is no motivation on the part of the head masters or the teachers. Those who took LSE training received no insight into the benefits of implementing LSE for healthy living.
b) If the environmental standards of the school are very bad (no sanitation facilities, no clear status of the land of the school), LSE seems not being implemented Ill.
c) If school based management is not implemented Ill, it shows a lack of involvement on the part of the school committee and parents.

In Sorong, trained teachers only gave lectures or speeches to their new students in a big hall. The reasons most often given by the teachers and supported by our observations are:

a) The limited time available between the training of the teachers and the implementation of LSE in schools.
b) The lack of guidelines on how to implement LSE for HIV/AIDS prevention in their schools, such as the guidelines produced at Bone.
c) No visual aids to support teachers.
d) No teachers working groups, restricting the planning of implementation.
e) Lack of knowledge of LSE in school due to lack of training manuals or counselors.

Based on the supporting and constraining factors described above, the I summarizes the challenges to the implementation of LSE for healthy living, including HIV/AIDS prevention, in terms of content, available tools and guides, as follows.

A. Content or subject to be delivered
Considering how the teacher can best integrate the material into their current subjects and teach it to the students, it is obvious that the task becomes almost impossible if the material is to be integrated and delivered by only one teacher in only one subject. Consequently, several teachers should work together to integrate the LSE materials in their teaching subjects. Other questions arise on how the trained teacher best explain life skills education to other teachers, and what is the best way to manage the subject matter and to work together. This is quite a challenging and time-consuming activity, especially if I consider the broad scope of the subject and the time needed for the teacher to absorb and digest LSE guidelines. I can appreciate the difficulty of the teacher who undertakes this without having participated in LSE training, a situation which has occurred in almost all the schools that the I visited at Bone, Wonosobo and Papua.

B. Tools to be used by teachers
To deliver the LSE material, teachers have to prepare a great deal of the material themselves, as well as having to devise learning plans for students. In Bone, this is achieved by groups of teachers working together, so at school the teacher only needs to concentrate on learning and preparing her/himself to supervise and teach the student. Teachers in other districts have to struggle alone. Consequently it is understandable that many of the teachers only give lectures. In some cases in Bone and Wonosobo, only the nutrition and clean and healthy environment modules were implemented because these modules address everyday topics, making them easier to deliver than other topics in the LSE for healthy living.

C. Guide for planning and implementing the LSE for healthy living, including HIV/AIDS prevention at school and district level
At present there are no guides for planning and implementing LSE for healthy living, including HIV/AIDS prevention, at the school and district level. I met several agencies who prepare guides under their own initiative, for example at Bone through the MONE district office, at Wonosobo by LSE team district, while in Papua the teacher prepares guides alone.

4.4. Types of LSE in Indonesia, their Actors and Institutions

As mentioned earlier, several types of life skills education are implemented by a variety of agencies. These are grouped as follows:

1. Life skills education in general, implemented under broad-based education by the Ministry of National Education (MONE)
2. Life skills education for healthy living and LSE for HIV/AIDS prevention implemented by MONE and supported by UNICEF and local government funding.
3. Life skills education programs implemented by other agencies such as BKKBN, Indonesian Red Cross, which may be grouped as:
    3.1. Life-skills education, with an emphasis on personal character building;
    3.2. Life-skills education as an integration of personal, social and intellectual skills together with vocational skills to be implemented in the school or to the group of adolescent who is drop out of the school. This is analogous to the broad-based education program implemented by MONE.
    3.3. Life skill education for HIV/AIDS prevention, as well as drug abuse prevention as part of developing peer group counselors, facilitators and volunteers.

In earlier sections of this report, the description concentrated mainly on the three types of LSE listed under 1, 2 and 3 above. To facilitate an understanding of the variety of life skills education in the field, I listed the subheadings under 3 as well since life skills education that integrates personal skills with social, intellectual, and vocational skills is also being implemented in schools, or among groups of adolescents who have since left school.

In the field visits, I found that of the nine schools only one implemented life skills education as part of a broad-based education program described in the guideline. This was Ill implemented at Wonosobo. Two other schools concentrated either on vocational skills or improving sport activities. The implementation of other skills is achieved through extra-curricular activities. At the school in Wonosobo, life skills as part of BBE are implemented very well by facilitating students to incorporate the four skills mentioned in the manual on broad-based education.

However, there was no link between broad-based education activities and life skills education for healthy living on the field visits. Because of this, some key informants working as facilitators and members of LSE for healthy living at the provincial level (Central Java) and members of LSE for healthy living programs at the district level (Wonosobo) recommended the socialization program of the BBE team at the district and provincial level. This is with a view to establish synergy between the two approaches and to avoid any misunderstanding between the implementers of the two approaches, or between teachers and head masters.

Since 1999, LSE for healthy living executed by MONE and supported by UNICEF has been implemented in 6 provinces: South Sulawesi, East Java, West Java, Central Java, West Nusa Tenggara, East Nusa Tenggara. Furthermore, it has been implemented in some districts such as Wonosobo, Sukabumi, Bone, Mataram, and recently (2003) Papua as LSE for HIV/AIDS prevention. As mentioned in Section 4.3 above, it seems only the module on nutrition and clean and healthy environment is implemented at the school level in Bone and Wonosobo.

An analysis of the interviews of institutions conducting LSE activities shows that out of 36 institutions interviewed only 20 institutions implemented LSE. Of these 20 institutions, six implement LSE for character building, another six implement LSE for healthy living, and eight institutions implement LSE as part of a peer group training for reproductive health.

As already mentioned in Section Three on methods and materials, our key informants are grouped into seven categories. Detailed descriptions of these institutions, their LSE activities, and program names can be found in the Annex 2.

Based on the LSE implementations of these organizations, the data shows:

a. Institutions that implement LSE for character building are mostly school foundations (Al Izhar, BPK Penabur, Global School and Labschool). There is also an international NGO (Plan International), and a local NGO (Yayasan Pelita Ilmu).

b. Institutions that implement LSE for healthy living comprise of three national agencies (MONE, MOH, and BKNN), two international agencies (UNICEF and WHO), and one international NGO (International Medical Corps)

c. Institutions that implement LSE as part of peer group training for reproductive health consist of two national NGOs (Indonesian Red Cross and PKBI), three local NGOs (YCAB, PKBI Jakarta and YKB), one international agencies (UNFPA), and one national agency (BKKBN)

   Table 8 summarizes the distribution of agencies based on the types of life skills education programs being implemented.

Table 8. Distribution of Agencies according to the LSE implemented

Agency	LSE Implemented				
	Character Building	Healthy Living	As part of Peer Educators of Health Issues	Not implemented	Total
National Government agencies		2	2	2	6
International Agencies		2	1	3	6
International NGOs	1	1	1	4	7
National NGOs		1	1	3	5
Local NGOs	1	0	3	0	4
School Foundations	4				4
Faculty / Research Institutes				4	4
Total	6	6	8	16	36

Further analysis shows that the National Aids Commission and the Indonesian Forum of Parliamentarian on Population Development do not have policy related to LSE for HIV/AIDS and drug abuse prevention. It is worth noting it, since the scope of activities of these organizations includes HIV/AIDS prevention. The analysis indicates the need for socialization and advocacy programs to alert the two organizations to the importance of LSE for HIV/AIDS and drug abuse prevention.

Further investigation of the interview reveals that of 17 implementing institutions, seven apply school-based LSE, nine implement non-school based LSE, and one implements both school based and non-school based LSE. The details of these institutions are as follows:

a) School-based LSE implementers: the four school foundations (global school, BPK Penabur, Al Izhar and Labschool), YCAB and Indonesian Red Cross. Three of these institutions implement intra-curricular LSE (global school, BPK Penabur and Al Izhar)
b) Non-school-based LSE implementers: Plan International, YPI, IMC, YKB, PKBI Jakarta, PKBI and Save The Children, MOH and BKNN
c) Both school-based and non-school-based LSE implementer: BKKBN

The data indicates that other than the school foundations and BKKBN, the majority of the institutions implement non-school based LSE. (See Table 9)

Table 9: Distribution of LSE-implementing Agencies According to Their Implementation Methods

Institutions	School-based (SB) or Non School-based (NSB)	Intra-curricular (IC) or Extra-curricular (EC)
1.Global School	SB	IC
2.Al Izhar	SB	IC
3.BPK Penabur	SB	IC
4. MONE	SB	IC
5.Labschool	SB	EC
6.YCAB	SB	EC
7.Indonesian Red Cross	SB	EC
8..Plan International	NSB	EC
9.YPI	NSB	EC
10.IMC	NSB	EC
11.YKB	NSB	EC
12.PKBI Jakarta	NSB	EC
13..PKBI	NSB	EC
14.Save The Children	NSB	EC
15.MOH	NSB	Not Available
16.BNN	NSB	EC
17.BKKBN	Both SB and NSB	EC

* WHO, UNFPA, and UNICEF are excluded since their program is implemented by government agencies (MOH, MONE) and by BKKBN

In order to analyze the implementation of LSE successfully, it is important to consider the scale of the LSE implementation. To capture such information, I have collected data on the number of target groups and cities covered by each LSE implementation. However not all institutions (for example BKKBN) have data on total targets covered, nor do I have data on the coverage of cities by MONE. Consequently, our analysis on the scope of programs is mainly based on number of cities covered. Table 10 shows that BKKBN, Indonesia Red Cross, PKBI and MOH achieve the largest number of cities covered (more than 10) while modest coverage (6 cities) is achieved by Al Izhar, and small coverage (less than 5 cities) is achieved by International Medical Corps and Save the Children. All other institutions active in only one city (mainly Jakarta), with the exception of Plan International, which implements its LSE in both Jakarta and Tangerang. Table 10 also shows the Indonesian Red Cross as having the biggest number of LSE programs implemented, reaching over 90,000 adolescents.

Table 10. Distribution of LSE-implementing Agencies According to their coverage

Institutions	Coverage in Target Groups		Coverage in Number of Cities	Name of Cities or Provinces
	Group Size	Group Description		
1.Global School	170	Senior High School Teachers	1	Tanggerang
3.Lab School	320	Students and Teachers	1	Jakarta
5.YPI	1000	Adolescents and Staff	1	Jakarta
6.BPK Penabur	1500	Students and Teachers	1	Jakarta
9.YKB	200	CWS	1	Jakarta
10.PKBI Jakarta	350	children in prison	1	Jakarta /Kwitang Tanggerang Bogor
12.YCAB	4000	Children 15-18 yrs	1	Jakarta
4.Plan International	350	Prisoners 18 yrs or less	2	Jakarta, Bekasi Tangerang
8.IMC	No data	IDP	4	North SulaIsi, Maluku, East Kalimantan/Sampit
13.Save The Children	6000	10-16 yrs street children	4	Medan , Jakarta Bandung Surabaya
2.Al Izhar	200	Teachers, Administrators Workers	6	40 member of Al Izhar schools all over Indonesia
7.MOH	30	Health workers	11	Bogor , Bandung, Central Java and East Java (training health workers) Bali ,West Sumatra, South Sumatra, East Kalimantan, Jogyakarta, Ist Java, Jakarta, (socialization of LSE)
11.PKBI	2000	children 10-14 yrs and 15-19 yrs	11	Palembang, Singkawang, Kupang, Cirebon, Tasikmalaya, Bandung, Semarang, Surabaya, Medan, Pontianak and Manado
14.Indonesian Red Cross	90000	adolescents	20	Java, NTB and Bali (about 20 cities but do not have detail name of cities)
15.BKKBN	No data	children 10-14 yrs	21	Pemalang, Cilacap, Jepara, Rembang, Ngawi, Trenggalek, Jombang, Sampang, Pamekasan, Palembang, Singkawang, Tasikmalaya, Cirebon, Kupang, Medan, Pontianak, Manado, Bandung, Semarang, Surabaya
16.BNN	314	adolescents	1 ?*	Jakarta and representative of 33 provinces

17. MONE	No data 521 schools	School children, elementary and high school and the teachers	14 provinces	West Java, Central Java, East Java, West Nusa Tenggara, East Nusa Tenggara,South Sulawesi, Papua, Jogyakarta, Jakarta, East Kalimantan, Ist Kalimantan, Bali, West Sumatra, North Sulawesi

* in our perception to date the institute only trains in Jakarta while the key informants perceived that training is undertaken in 33 provinces, since they also invited representative of other provinces in their training in Jakarta

4.5. Constraints or Limitation of the study

Difficulties encountered during data collection on Mapping of LSE in Indonesia can be attributed to the following:

1. Some health workers found the definition of LSE ambiguous. They considered LSE as general skills required for improving mental health. For example problem solving, critical thinking, communication skills, decision making, creative thinking, interpersonal relationship skills, negotiation skills, self-awareness building skills, empathy, and coping with stress and emotions.

2. Some key informants perceived that LSE was taught to students as basic skills in vocational schools. Some respondents admitted to having taught such skills.

3. LSE for healthy living is a new concept for many. Unfortunately there was confusion as to what the concept truly means. For example, some considered vocational training as part of the concept because such training may help prevent high-risk behaviors. Others have no concept of what LSE is. They are more familiar with peer educators and facilitators trainings.

4. Contact persons Ire not implementers of the LSE; they were either supervisors or providers of funds at the central level. Therefore, they were unable to provide detailed information on modules and training contents. Fortunately when interviewing representatives of institutes that implement LSE, I managed to collect the information needed. However, the data on the details of the modules and documents used in the trainings should be verified by the implementer in the local city is beyond the scope of the study.

5. Discussion and recommendation

Based on the desk review of policy documents, interviews with key informants and field visits, I discusses the current state of the implementation of LSE in Indonesia and the result of mapping of LSE in Indonesia in the following sections.

5.1 Current State of Policies and Guidelines of LSE for Healthy Living in Indonesia

There is no policy document in Indonesia relating to life skills education for healthy living. There is, however, a policy relating to broad-based education of life skills as Ill as to HIV/AIDS prevention through education. In the National HIV/AIDS Strategy 2003-2007, signed by the Coordinating Ministry of People Welfare (acting as chairperson of National AIDS Commission), life skill education for HIV/AIDS prevention was not explicitly mentioned as one of the approaches for preventing HIV/AIDS among young people.

The policy most relevant to LSE for HIV/AIDS prevention is stated in *Decree No. 303/U/1997* issued by MONE on implementing HIV/AIDS prevention through education, which formulates the method that should be applied when implementing HIV/AIDS prevention methods through education. The decree is to be further explained in detail in a guidelines letter from Directorate General for Basic and Middle Education. To our knowledge, no guideline letters have been issued. This indicates an opportunity to advocate that the Directorate Generals issue letters explaining the need and importance of life skills education for healthy living. These letters should guide MONE district offices in implementing life skills education with aid of the manual produced by National Centre for Physical Quality of Development on LSE for healthy living.

A MONE policy relating to broad-based education does exist. It is quite extensive in covering concepts, implementation, and management methods at different levels (national, provinces, district/city and school). Different management concepts for a variety of schools (ordinary, special schools such as schools for the mentally handicapped, vocational schools) are also presented, as well as a guide on implementing out-of-school broad-based education.

The four life skills components conceptualized by MONE, (as set out in Section 4.1) present an opportunity to introduce the idea of life skills education for healthy living including HIV/AIDS and drug abuse prevention, with the expectation that LSE of BBE and LSE for healthy living may be merged. This may be achieved by explaining the concept of life skills education to broad-based education teams at the national level and by conducting meetings and workshops to highlight LSE for healthy living as a necessary skill to improve the life and health of students. These skills may be seen as holding the same position as life skills for vocational trainings while concentrating more on healthy life skills. In the process of socialization and meetings, it is worthwhile taking note of BKKBN and BKNN. These two institutions have implemented LSE for drug abuse and active participation of LSE for HIV/AIDS prevention should be invited.

It is important to allocate a clear position to the application of LSE for healthy living, including HIV/AIDS prevention, within the concept of LSE of BBE, which has been included in the national education system. Failing this, there is a danger for policy makers in Indonesia, especially those working in the education system, will assume LSE for healthy living is a part of their program of LSE of BBE, with the consequence that activities initiated by UNICEF and implemented by Centre for Physical Quality of Development are redundant or duplicate to the current LSE activities by simply placing more emphasis on teacher participation.

LSE for healthy living has the aim of creating healthy life practices, and is closely related to reproductive health issues. Therefore there is a need for policy documents in the MOH and BKKBN**.** From my interviews, I concluded that such documents do not exist. A guideline manual for health centre workers responsible for managing and providing support for adolescents is being prepared by the Directorate of Family Health at MOH. In BKKBN, these activities are part of the peer educator training of the program for the development of youth-friendly services and activities in the community.

Another government institution which may be expected to participate in life skills education for healthy living, especially for HIV/AIDS prevention, is the National AIDS Commission. It seems that our key informants have not heard of such an initiative. The National Strategy for Controlling AIDS 2003-2007 does not mention LSE for HIV/AIDS prevention, although the UNAIDS guideline on the construction of core indicators for monitoring the declaration of commitment on HIV/AIDS clearly states that the implementation of life-skills based HIV/AIDS education in schools is an indicator. This is measured by the percentage of schools with teachers trained in life-skills on HIV/AIDS education who have actively taught the life-skills material during the last academic year.

Obviously when no clear national policy on LSE for HIV/AIDS prevention for the use of government agencies responsible for HIV/AIDS prevention, reproductive health and drug abuse prevention exists, a situation arises that could create difficulties for promoting the implementation of LSE drug abuse prevention and HIV/AIDS prevention for children. It can also create less opportunity for good results in the prevention program in the school setting.

5.2. Programs, Contents, and Strategies related to LSE for Healthy Living

At present, schools are not required to involve LSE for healthy living. Based on our field visits, the implementation of LSE for healthy living is best served if parents and other stakeholders are involved, the I recommend that LSE is best applied when schools have already implemented school-based management. For this group of schools, the school committees are involved in the training of teachers.

The involvement of parents and other stakeholders in implementing LSE for healthy living is important in ensuring the success of the LSE for healthy living activities in schools as well as their sustainability. In fact, the involvement may be the main factor responsible for the unsuccessful implementation of LSE for healthy living in some schools, even though training and supervision from MONE at the central level has been intensively undertaken. For other schools, the involvement of the parents through the school committee is one of the contributing factors for their success in implementing LSE, for example in Bone. In my field visits, the involvement of parents and community leaders in school is mentioned by facilitators and key informants in several schools as key factors for success.

One weakness of the training is that there is no clear guideline on what steps have to be taken to plan and implement LSE at the school and district levels. Furthermore there are no clear guidelines on who should take the initiative aside from the teacher or the school head master. It seems that the training only concentrates on enabling the participants to deliver life skills education as part of the school curriculum, with few guidelines on how to manage the training in the school.

For this reason, I have recommends that a school-health guidance team, which already exists at the district level, invited to be involved in LSE for healthy living. The team should be involved in the preparation of the training. The team also facilitates and plans a follow-up session.

In case the school health guidance team does not function well, the district LSE team should invite several stakeholders to conduct a meeting and to stimulate the guidance team to function better, as well as producing a plan of action for the implementation of the LSE at school level. With this approach, it is expected that the lack of visual aids and other problems can be overcome, and the working groups of head masters and of teachers can concentrate on smoother implementation.

The school-health guidance team, consisting of members that represent various health, religious, local government and education sections, should adapt an LSE implementation objective. The objective can be prepared by the person responsible for the implementation of LSE for healthy living at the district level. Taking into consideration the result of mapping of life skills, which showed that there are many agencies such as PKBI, BNN and NGOs implementing LSE for reproductive health, the activities outlined should consider links with peer groups, such as Adolescent Red Cross and others, that have implemented life skills education.

The lack of clear guidelines on the implementation of LSE after training may contribute to the fact that only some provinces and districts have successfully implemented LSE for healthy living, since a successful implementation depends so much on the interest taken by teachers or personnel from MONE at the district level in following up after the training. This situation influences life skills education at the school level all over Indonesia, resulting in its slow implementation in some areas, while in others it is not being implemented at all.

I have mentioned the monitoring and evaluation system of LSE in the discussion with key informants at national and province level. At present only the training of teachers and facilitators is being monitored and evaluated, not the actual implementation in schools. In some areas, for example Wonosobo and Sorong, the facilitators distributed questionnaires to assess schools in implementing LSE and the exposure of students to life skills education. For the former, teachers or the person responsible for filling the questionnaires must be signed by the headmaster. For the latter, the students fill in the questionnaires. This method provides no detailed or systematic data on the implementation of the LSE for healthy living at school and district level. Taking consideration to the current decentralization, which creates a need for local data to be discussed with all local stakeholders, it seems that little support has been given to local governments in the implementation of LSE for healthy living in many provinces and districts in Indonesia.

Based on these initiatives, the I recommends the following be designed:

A. School-level Evaluation Forms

- A form, to be used by head masters/teachers responsible for implementing LSE, to collect information on the number of teachers exposed to LSE for healthy living, the number of teachers that have learning plans for integrating LSE at their courses, the number of teachers implementing the scenarios and the number of students exposed to LSE.
- Another form, also to be used by head masters/teachers, to evaluate the skills of their students. This form is to be filled by students. The form is used to collect information on student life skills, their experiences and behavior in rejecting bad habits, and the observation their peers who practice healthy living and those who follow unhealthy life styles. The form can also be designed to collect information on whether their peer groups (e.g. Red Cross, Pramuka) also implement LSE.

B. District-level Evaluation Forms:

- A form for collecting information on the implementation of LSE that summarizes the school evaluation forms.
- Another form for monitoring the activities of teacher working groups and head masters every three months, showing topics discussed in each meetings, frequency of meetings and the production of guidelines for learning scenarios, the number of modules have been translated into learning scenarios, and a summary of teaching subjects involved.

At the district level, a program of socialization of LSE for healthy living for head masters and school committees needs to be undertaken and supported by local decrees on how to implement life skills education. These decrees may include decisions on whether LSE should be integrated into the curriculum or only implemented by certain teachers, for example only by the counseling teachers with the support from extracurricular activities, or as part of the local topic curriculum. In Papua, traditional sports, local arts, and music are part of the local curriculum, some of our key informants suggested putting in guidelines or policy documents on LSE for HIV/AIDS prevention as part of the local curriculum content. Without the understanding of the head master, the school committee, and the MONE district officers, it is hard for the teachers and facilitators to implement LSE in school.

At present, due to a poor understanding of the usefulness of LSE for healthy living, in some schools only the teachers who have participated in life skills education training have promoted the implementation of LSE (for example in Sorong). Those without training have not been interested. This may lead to the opinion that only those participants who have received training can be responsible for promoting life skills education for healthy living.

The Guidelines on LSE for Healthy Living issued by MONE cover a wide range of topics, although in the modules some specific behavior, including risk behavior, is addressed. Nevertheless, the experiences gathered in implementing LSE for health issues show that there are still some materials should be more focused. The LSE for health practices should be related to those behavioral risks most likely to occur and focus on key behaviors and conditions. In our opinion, there should be a focus on certain specific health behaviors, such as smoking, drug abstinence, hygiene, sexual health, nutrition, diet, etc. These topics should be selected by the school community (teacher, school committee and parents), which would then be very supportive of LSE for healthy living and ensure its focus on healthy practices and implementation in those schools that have successfully implemented school based management (MBS). Furthermore, there is a need for other guidelines to be produced, such as guidelines on the managing the implementation of LSE and on integrating LSE for healthy living into teaching subject.

The guidelines produced by Centre for Physical Quality and Development are quite comprehensive. However, some weaknesses were found:

a. Too many subjects; these subjects are designed to be delivered in specific sessions, for example, the elementary school materials consist of 8 modules with 34 subjects to be delivered and on average one subject is to be delivered in 45 minutes or more;
b. Some pictures are difficult to copy for use by students; and
c. Few materials from books can be used as visual aids.

It is understood that teachers and head masters have to allocate time to prepare and plan the integration of the modules into the current subject course. Although it seems that a lot of effort has to be put in, in the field visits, I found that the motivation of some teachers was such that some schools Ire able to successfully implement LSE for healthy living for certain subjects.

There is a need to produce guidelines or amend some sections in the current guidelines:

a. Guidelines on the management (planning, implementation, monitoring and evaluation) of LSE at school and district level, including time and resources needed.

   This section should inform the head masters and teachers on how to manage LSE. In the interests of synergy, it should also guide the teachers and head masters on how to best link up with other approaches in the school, such as contextual teaching, BBE and School Based Management. Also on other LSE for reproductive health and drug abuse in the community, such as the programs being implemented by BKKBN and BNN.

b. For the teachers.

   Teachers need guidance on how to integrate LSE into the subjects they teach, such as biology, health, sport education, population, and language.

   The guidelines for teachers can use patterns provided by the current guidelines for School Based Management (MBS), which advises the teacher on how he/she can best deliver his/her course content to the pupils while integrating material from LSE. Integration of this kind is called learning scenario. It also includes a monitoring form which is known as KBS (Student learning card). The guidelines can be produced by a group of teachers who normally perform activities as a working group (KKG). There should be support for facilitating the regular meetings of the teacher working groups. The meetings can be planned as a follow-up of the LSE training for teachers.

Based the above outline of ways to speed up the implementation of LSE for healthy living, the I recommends that there should be written plans of actions, consisting of program objectives, activities, resources, and source of resources at the national provincial and district levels.

These plans of actions should be incorporated into national, provincial, and district education and health plans. To achieve this purpose, some activities should be outlined at the national, provincial and district level.

As part of the preparation of the activities, the I have recommends socialization activities involving donor agencies, national government agencies as Ill as research institutions and NGOs showing the evidence of LSE for healthy living. It is expected from these activities that there is awareness and a plan of action to synergize all training and prevention activities for improving healthy living practices, including drug abuse prevention and HIV/AIDS prevention, undertaken or initiated in several program areas that are supported by many donor agencies or implemented by many government agencies and NGOs.

5.3. Result of Mapping

Our interviews with institutions in Jakarta revealed the existence of several types of

LSE in Indonesia:

1. LSE for healthy living as implemented by MONE and supported by UNICEF and local government funding.
2. Life skills education as implemented under broad-based education by MONE. In this category, I also include life skills education that integrates personal, social, intellectual, and vocational skills to be implemented by the school or by the group of adolescent who have dropped out of the school. It can also be implemented by some NGOs.
3. Life skill education for HIV/AIDS and drug abuse prevention as part of developing peer group counselors, facilitators and volunteers.

Among these three types of LSE, the last is the closest to the UNICEF/WHO concept of life skills education. The different concepts of LSE have to be reconciled into a common understanding of LSE and its purpose in order for LSE implementation to be more effective. This can be done by producing case studies of success stories of the implementation of LSE for healthy living. The case studies should include an explanation of the concepts and can be used to set up a networking medium for school representatives, teachers, and experts interested in implementing LSE for healthy living including drug abuse and HIV/AIDS prevention.

During the field visits, I had an opportunity to look at the implementation of LSE of BBE. I found that the concentration of schools, which implement LSE, was mainly in vocational training. There is still the challenge of the concept being understood by teachers and implemented according to the intention in the guidelines.

The analysis of the interviews of institutions conducting LSE activities shows that 20 of the 36 institutions implemented LSE. Of these institutions, six implemented LSE for character building, another six implemented LSE for healthy living, and the last eight implemented LSE as part of a peer group training for reproductive health.

I can group the implementing institutions in the following way:

a. Institutions that implement LSE for character building are mostly school foundations. The rest consist of an international NGO (Plan International) and a local NGO (Yayasan Pelita Ilmu);
b. Institutions that implement LSE for healthy living comprise three national agencies (MONE, MOH, and BKNN), two international donors (UNICEF and WHO) and one international agency (International Medical Corps); and
c. Institutions that implement LSE as part of peer group trainings for reproductive health consist of two national NGOs (Indonesian Red Cross and PKBI), three local NGOs (YCAB, PKBI Jakarta, and YKB), two international donors (UNFPA and WHO) and one national agency (BKKBN).

Further analysis shows that the National Aids Committee and the Indonesian Parliament Forum of Population do not have activities related to LSE for HIV/AIDS and drug abuse prevention. The analysis indicates the need for socialization and advocacy of the two organizations on the importance of LSE for HIV/AIDS and drug abuse prevention.

The interview results also show that six out of twenty institutions implementing school-based LSE, nine implemented non-school based LSE, one implemented both, and only two institutions other than MONE implemented intra-curricular LSE. The data indicates that other than the school foundations and BKKBN, the majority of the institutions implemented non-school based LSE.

To analyze the scale of the LSE implementation I collected data on the number of target groups and cities covered by each LSE implementation. The data (see Table10) shows that coverage of a large number of cities (more than 10 cities) is done by BKKBN, Indonesia Red Cross, PKBI and MOH, modest coverage (6 cities) is done by Al Izhar, while small coverage (less than 5 cities) is done by International Medical Corps and Save the Children. All others are only active in one city, mainly Jakarta, except Plan International which implements its LSE in Jakarta and Tangerang. When I considers the total coverage of the target group, I find that that Indonesian Red Cross covers 90000 adolescents, clearly the largest target group.

5.4. Recommendations

In brief, based on our desk reviews, interviews and field visits the I recommends the following actions:

1. Immediately:

a. Improvement of the current guidelines of LSE for healthy living to focus more on specific behaviors;
b. Production of guidelines to manage the implementation of LSE and to enable teachers to integrate LSE for healthy living into their work;
c. Implementation of MBS as a prerequisite for implementation of LSE for healthy living;
d. Production of guidelines for teachers to manage LSE in their respective schools and to develop teaching scenarios that integrates LSE in course subjects;
e. Production of case studies of success stories of the implementation of LSE for healthy living. The case studies will include an explanation of the concepts, and can be used to setup a networking medium for school representatives, teachers and experts interested in implementing LSE for healthy living including drug abuse and HIV/AIDS prevention; and
f. Setting up networking and communication channels to facilitate communication among teachers and schools head masters who are implementing LSE so they can share their experiences in achieving their objectives.

2. Medium term:

a. Advocacy to the National AIDS Commission to include the implementation of LSE for HIV/AIDS prevention as a national program;
b. Advocacy to the directorate of elementary and middle education of MONE that a letter be issued to explain the need and importance of LSE for healthy living and guide MONE district offices in its implementation;
c. Activities such as workshops and meetings that advocate LSE for healthy living as one of the skills in broad-based education; and
d. Socialization of LSE for healthy living (including HIV/AIDS and drug abuse prevention) at the district level in collaboration with MONE district offices for all head masters in their province.
e. Coordinate linkage betIen existing LSE approaches to avoid duplication and overlap.

3. Long term:

a. Advocacy of the implementation of LSE in special schools such as nursing and vocational schools; and
b. Advocacy of the topic of LSE for healthy living becoming one of subjects to be studied and taught in faculties of public health, faculties of medicine, faculties of education as Ill as faculties of psychology.

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Annex 1. Distribution of institutions according to LSE implemented

Institutions	**Implemented LSE but not related to health issues**	**Implemented LSE for healthy living including drug abuse and HIV/AIDS prevention**	**Implemented LSE as part of peer groups training of Reproductive health**	**Brand Name of the program/ training**
1.MOH	No	Yes as part of training health workers for providing youth friendly health services	No	Youth Friendly Health Services
2.BKKBN	No	No	Yes as part of peer group training for RH	Adolescent Reproductive health
3.MONE	No	Yes, is supported by UNICEF	No	LSE for Healthy Living
4.BNN	No	Yes as part of drug abuse prevention training	No	Ennhancing Life Skills in preventing drug education
5. National AIDS Commission	No	No	No	No
6.Indonesian Forum of Parliamentarians on Population and development	No	No	No	No
7. UNFPA	No	No	Yes as part of peer educator training for Reproductive Health	Adolescent RH sixth country program
8.WHO	No	Yes as part of youth friendly health services	No	Youth Friendly Health services
9. UNICEF	No	Yes	No	LSE for Healthy Living
10. UNESCO	No	No	No	No
11. ILO	No	No	No	No
12. The World Bank	No	No	No	No
15.Save The Children	No	No	Yes as part of Reproductive Health empowerment	Street Children
14.Plan International	Yes as part of character building	No	No	?
15. FHI/USAID	No	No	No	No
16. Aus Aid	No	No	No	No
17. Ford Foundation	No	No	No	No
18. John Hopkins/ STARH	No	No	No	No
19. IMC	No	**Yes as part of peace and conflict** Reconciliation	No	Training IDP on psychosocial trauma

20.Indonesian Red cross	No	No	Yes as part of peer group training of HIV/AIDS prevention	Training for peer groups of adolescent (PERAYA/pelatihan remaja sebaya) and training peer women/ pelatihan Wanita Sebaya

Institutions	**Implemented LSE but not related to health issues**	**Implemented LSE for healthy living**	**Implemented LSE as part of peer groups training of Reproductive health**	**Brand Name of the program/ training**
21.PKBI	No		Yes as part of empowerment of adolescent on RH	Improving access to Adolescent Reproductive Health program on IEC and counseling
22. Aids Foundation	No	No	no	Peer group IEC
23. Pramuka	No	No	No	No
24. KWI	No	No	No	No
25.YCAB	no	No	Yes as part of Drug abuse prevention	Training drug prevention for school
26.PKBI Jakarta	No	No	Yes as part of training for Children at prisons	Empowerment of children of prisons
27. YKB	No		Yes as part of CSW counseling	Empowerment of CWS
28. YPI	Yes as part of vocational training for out of school adolescent	No	No	Life skills education from school drop out
29.Al izhar	Yes as part of character building	No	No	Character building
30.BPK Penabur	Yes as part of character building	No	No	Personal character building
31.Global School	Yes as part of character building	no	No	Bina Pribadi (personality guidance), no specific name
32.Lab School	Yes as part of character building	No	No	Character Building
33..PKPM AJ	no	no	No	No
34 Faculty of education AJ	No	No	No	No
35. LD UI	No	No	No	No
36.. Puslitkes UI	No	No	No	No

Annex. 2: Detail of activities of the institution related to LSE

Institutions		Context of trainings			Scope of program/ training			Weakness
	Brand Name of the program/ training	**Objectives**	**Target Clients have been trained**	**Context of training**	**Modality**	**Curricular or extra curricular**	**Places**	
1.MOH	Youth Friendly Health Services	To train health workers to have capability to implement LSE for healthy living to school childrn 7 – 21 years of age	30 health worker from health centre	As part of training for health workers for providing youth friendly health services And socialization of LSE	Training for about five days for preparing health Socialization to health workers from 9 provinces Non school based	n.a.	Bogor , Bandung, Central Java and East Java (training health workers) Bali , West Sumatra, South sumatra, East Kalimantan, Jigya Karta, West Java, Jakarta, (socialization of LSE)	Shortage fund and few central personal office at MOH knew about LSE for healthy living including HIV/AIDS prevention
2.MONE	See descriptions of LSE for healthy living by MONE							
3.BKKBN	Adolescent Reproductive health	To empower adolescent to become responsible person and provide adolescent services	Adolescent who is member of adolescent groups (numbers ??) 10- 14 years and 15-19 years	Extracurricular training to adolescent	Implemented by PKBI , aids foundation School based And non school based	Extracurricular	Brebes, Pemalang,Cilacap Jepara, Rembang Ngawi, Trenggalek, Jombang, Sampang Pamekasan, Palembangm, Singkawang, Tasikmalaya, Cirebon, Kupang, Medan, Pontianak,Manado, Bandung, Semarang, Surabaya	Lack of menpower at central level who understand life skills education for health
4.BNN	Enhancing Life Skills in preventing drug educeducation	To build capacity to say no to drugs for adolesecent	137 Adoles cent and youth 147 teachers 50 Activitis of NGOs 30 journailst	Training of the trainers is done for three days	Non school based		Jakarta and representative of BNN province from Java and Sumatra	Schedule of training have to be adjusted do to other activities and only cover Java and Sumatra
5. Indonesian Parliament forum	No activities on LSE							
6. National Aids Committee	No activities on LSE							
7.UNFPA	Implemented by BKKBN and PKBI							
8.WHO	Implemented by MOH							
9.UNICEF	Implemented by MONE							
10.UNESCO	No activities on LSE							
11. ILO	No activities on LSE							

Institutions	Brand Name of the program/ training	Objectives	Target Clients have been trained	Context of training	Modality	Curricular or extra curricular	Places	Weakness
12 World Bank	No activities on LSE							
13.Save The Children	Street Children	To empower street children to get vocational skills as well as skills for good health practices	6000 street Children in the age 10- 16 years old	Out school	Implemented by 38 NGOs Non school based	Extra curricular	Medan (6 NGOs) Jakarta(17 NGOs) Bandung (7 NGOs Surabaya(8 NGOs	Skills of trainers Non compliances the target groups to complete the training sessions
14.Plan International	Support for Children	To Empower children to have critical thinking, self confidence	350 Child prisoners (below 18 years of age) 130 Child workers	Out of School	Implemented by Ngos Non school based		Jakarta (Cilincing, Tanah Abang, Rawa Malang), Bekasi (Bantar Gebang), Child prisoners at Tangerang	Monitoring and evaluation have to be improved.
15.IMC	Training t IDP on psychosocial trauma	To support IDP who has overcome their psychosocial trauma	IDPs	Extracurricular to equipped participants to have skills for peace and reconcilit ionsn	Training is done as part of peace and reconciliation training Non school based	Based camp training	North Sulawesi, Maluku East Kalimantan/ Sampit	Facilitator get used with the IEC method no to LSE for healthy living
16.FHI/ USAID	No activities on LSE							
17.AUS aid	No activities on LSE							
18. Fiord Foundation	No activities on LSE							
19. John Hopkins Starh	No activities on LSE							
20.Indonesian red cross	Training for peer groups of adolescent (PERAYA/pelatihan remaja sebaya) and training peer women/ pelatihan Wanita Sebaya	To empower participant for HIV/AIDS prevention which followed by forming peer groups activities	Adolescent And women 369 core trainers 1227 facilitators 9289 peer trainers about 90 000 school adolescents	Extra curri cullar	Implemented by branch office School based	Extra curricular	Java, NTB and Bali (do not have detail cities) Estimated done by 133 branches (out of 339 branches)	Need support and motivation of Red cross branch committee
21.PKBI Pusat	Improving access to Adolescent Reproductive Health program on IEC and counseling	To improve awareness abd knowledge and skills for counselling of STI and HIV/AIDS information and improving access of the adolescents	Children 10-14 years of age Adolescent 15-24 years of age From 20 to 80 schools per city Adolescent workers	As part of training of counsellor and peer groups	10 moduls are delievry through group counselling non school based	Extra curricullar with NGOs	Palembang, Singkawang, Kupang, Cirebon, Tasikmalaya, Bandung, Semarang, Surabaya, Medan, Pontianak and Manado	Shortage of fund, and populat materials as well as teacher who implement two ways of counselling
22. KWi	No activities on LSE							
23. Pramuka	No activities on LSE							

Institutions	Brand Name of the program/ training	Objectives	Target Clients have been trained	Context of training	Modality	Curricular or extra curricular	Places	Weakness
24. YCAB	Training drug prevention for school	npower school pupils to prevent the drug use	More than 4000 school children (age 15- 18 years of age) from 40 schools	Extra Curri cular	Implemented in collaboration with the school based	Extracurricular	Jakarta (20 schools) Tanggerang (20 schools)	Active participation of the schools and parents
25.PKBI Jakarta	Empowerment of children of prisons	To empower children at prisons to become mature person and do responsible health practices	350 Children of prisons 12- 17 year of age and 15 worker at prisons	At prisons	Implemented in training by NGO Non school based	Extra curricullar	Jakaeta?Kwitang Tanggerang Bogir	Shortage of trainers and visual aid
26.Yayasan Aids	HIV/AIDS information to SLTP and SMU and members of adolescent groups	To empower adolescent to avoid risk behaviour					Jakarta, Depok, Tanggerang Bekasi, Bogor	Majority of the implementer are volunteer from schools, so during student examination at university the activities is decreasing.
27.YKB	Empowerment of CWS	To train CWS to understand of their heath need and practice healthy living	200 CWS	Extracurricular to equipped participants to have skills for negotiation for using condom Non school based.	Training is done as part or peer education training, \\	Extra curriculat	Jakarta	Recording and reporting as well as monitoring and evaluation should be improved
28.YPI	Life skills education from school drop out		1000 volunteer 80 staf 200 adolescent	Extracurricular to equipped participants to have skills for personal, social and vocational skills non school based	Training is done for five days for a total 40 hours	extracurricullar	Jakarta	Fund depend on donor and program funder
29.Al izhar	Character building	To build skills to teach and to understand to form child character with positive attitude and skills	200 Teachers at play groups, elementary, junior and senior high school and 150 adminstrative workers	Start extracurricullar and followed up intracurricullar School based	Implemented by trainers	extracurricular	40 schools member of alizhar groups allover Indonesia	Shortage of fund to organize and training the teachers.

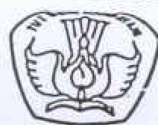
Instituti ons	Brand Name of the program/ training	Objectives	Target Clients have been trained	Context of training	Modality	Curricu lar or extra curricul ar	Places	Weakness
30.BPK Penabur	Personal character building	Improve mental capacity of the students through character building trainings	1500 students and 1000 teacher at elementary, senior and junior high school	Implemen t intracurric ullar by adding the character building as new subject School based	Intra curricular as new teaching subject , every week supervised by at teacher team	Intra Curri cullar	37 schools of BPK Penabur Jakarta	Too many new initiative have to be implemented at school in the same period
31.Globa l School	Bina Pribadi (personality guidance), no specific name	To empower participant to have good and excellent personality	About 170 senior high school children with 100 teacher	Intra curricullar , school based	through working group of teacher	Intracur ricullar	Tanggerang	Need a lot s of time and student participation
32.Lab School	Character Building	To build personal, social, academic and vocational skills of the student	50 teachers, 275 student, 45 student activist ns	Extra curricullar mainly through field trip stay in village for five days School base	Implemented through field trip	Extra Curri cullar	At lab school in Jakarta	Monitoring and evaluation system have to be improved
33Facult y of Educatio n AJ	No activities on LSE							
34.PKM Aj	No activities on LSE							
35. Puslitkes UI	No activities on LSE							
36. LDUI	No activities on LSE							

Annex 3: List of institutions and key informants

No	Institution	Contact person
1	KWI	Bruder Heribertus Sumarjo Sekretaris Eksekutif Komisi Pendidikan KWI / MNP Katolik, Gedung KWI, Jl: Cut Meutia no.10.Jakarta Pusat 10340 lt.3,Telp : 021-337 558, Fax : 021-319 07 220, Email : komdik@kawali.org.
2	Al-Izhar	Anggani Soedono.MA Perguruan Islam Al-Izhar Pondok Labu, Jl: RS Fatmawati Kav. 49 Jak-Sel Telp : (021) 769 0992,750 6128, Fax: (021) 750 3662, Email: alizhar@cbn.net.id
3	IMC	International Medical Corps Dr. Rudi Nuriadi, Principal Medical Advisor, Plaza Sentral 10 th floor, Jl.Jend.Sudirman no.47, Jakarta 12930 Indonesia, Telp : +62 21 570 2529, Fax :+62 21 571 1769 HP : + 0812 921 1388, Imc-tte3@attglobal.net
4	Pramuka	Prijo Judiono SH Deputy Secretary General, National Headquarters, Kwartir Nasional (Indonesia Scout Movement), Jl.Medan Merdeka Timur no.6, Jakarta 10110,Indonesia,Telp: 3507642 , 3507645 EXT.2212, Fax: 3507647, Email:kwarnas@Jakarta.wasantara.net.id Desi Ampriani, Sekretaris III,staf Kwarnas gerakan Pramuka, Telp: 350 7645 ext.2208 Email: uni_eci@yahoo.com
5	PKBI Pusat	Adrianus Tanjung Kepala divisi IEM dan Advokasi, Wisma PKBI, Jl:Hang Jebat III/F3 Kebayoran Baru Jakarta 12120, Telp: 7207372,7394123,7206413,7205804, Fax:739 4088, email:kespro@indo.net.id
6	Depkes (subdirektorat usia sekolah)	Dr.Liwina Tasman, Kasie Bimbingan dan Evaluasi IVA, Depkes RI, Jl.H.R. Rasuna Said Blok X,Kav 4-9 lt.8,Telp: 522 1227, Fax: 520 3884, Hp: 0816 704013
7	BKKBN Pusat	Eddy N.Hasmi, Director for Adolescent and Reproductive Rights Advocacy, National Family Planning Coordinating Board, Jl.Permata no 1, Halim Perdana Kusuma Jakarta Indonesia Telp: 8008548 (direct), 8009045/53 ext.480, Fax: 8008548, Email: edi@bkkbn.go.id atau palangka@yahoo.com
8	Yayasan Aids	Diah Anggraini, Program Officer, Yayasan Aids Indonesia,Hotel Menara Peninsula Level 3, Jl: Let Jend S Parman, Kav.78 Slipi, Jakarta 11410, Indonesia, Telp: 549 5313, 5303951, 530 3952, Fax: 5359 759, Email: yaids@cbn.net.id

9	FKIP	Geraldine K.Wanei (ketua jurusan Bimbingan Konseling FKIP ATMAJAYA) Ingridwati Kurnia(dosen Bimbingan Konseling), Anny Widjaja(dosen Bimbingan Konseling), Ivan Stevanus(dosen PGSD) FKIP UNIKA ATMAJAYA Gedung G lt.2, Jl: Jenderal Sudirman 51 Jakarta Selatan Telp/Fax: 570 8821,Email :fkip@atmajaya.ac.id
10	Labschool	Drs.H.M.Fakhruddin, Waka Bidang Akademis,SMU Labschool Jakarta Jl.Pemuda Kompleks Universitas Negeri Jakarta,Rawamangun, Jakarta Timur, 13220 Telp: 4753313, Fax: 4753313. Homepage: www.labschool-unj.org . Email: labschool-unj@labschool-unj.org
11	BNN	Prof.Paulina (staf ahli BNN), Retno Sukesti,SH,MBA, Badan Narkotika Nasional Gedung Graha Pemuda, Jl:Gerbang Pemuda no.3 Senayan Telp : 5733 546, 5733 935, 5733 949, 5733 583, 5733 172,] Fax: 5733 201, 5733 258, 5733 273, Email : bknn@indosat.net.id
12	Ausaid	Bpk Remi Rohadian, Jl. HR Rasuna Said Kav. C, No: 15 – 16 Kuningan Jakarta Selatan, Telp: 25505580
13	ILO	Bpk. Taufik, Jl. MH. Thamrin No. 14, Jakarta Pusat,Telp. 3141308 ext 505
14	Global School	Bapak Agus(kepsek TK-SD), Jl. Raya Jombang, Pondok Aren, Bintaro Jaya sektor IX, Tanggerang, telp 021-745 7562
15	PKPM	Ibu Clara, jl. Jend. Sudirman 51, Jakarta 12930, Telp. 5703306
16	IFPPD	Bapak Samidjo(Project Coordinator INS/01/P11), Jend. Gatot Subroto, Senayan – Jakarta 10272,telp. 021 575 6366
17	Yayasan Pelita Ilmu	Bapak Husein Hasbyi(Wakil ketua YPI), jl. Kebon baru IV no.16. telp. 837 05780
18	Yayasan Kusuma Buana	Bapak Jerry (manager program), jl. Asem baris A3,telp. 0816 1466 573
19	Yayasan Cinta Anak Bangsa	Antonius Riva S.,ST(Campaign Manager), Green Ville MAisonette FC/5, 56962345
20	PKBI DKI	Bapak Edi Sugiarto(Direktur PKBI DKI), Jl. Pisangan baru timur 2A, telp. (021) 859 09 885, 859 11 009, 0813 1072 3349
21	PMI	dr.Lita Sarana(Head of Community health and social service division), Jl. Jl.Gatot Subroto kav.96, Jakarta.telp. 7992325 ext 204
22	BPK Penabur	Bpk. Budyanto Lestyana(Curriculum Chief), Tanjung Duren Raya No. 4 Jakarta 11470. telp. 5666965ext.122

23	Komisi Aids Nasional	Ibu Gelora Manurung, Jl.Permata no 1, Halim Perdana Kusuma Jakarta Indonesia telp. 8009045/53
24	Plan Indonesia	Ibu Naning (Program unit manager), jl.Pancoran Timur IX/5, telp7988601
25	UNFPA	Brigitte Brunn, (Coordinator HIV/AIDS Programme) UN Building Lt 3, Jl. MH. Thamrin no 14, PO Box 2338 Jakarta 10240, Telp: 021-3907121
26	MONE	Dr. Widaninggar/ Drs. Purnomo,Centre for Quality Physical Development Telp: 5731849, 5732469, 5731449, Mr Shasha Suandan Broad Based Education team
27	WHO	Dr. Hanny Telp : 5204349,
28	UNICEF	Rachelle and Percy, Telp: 5705816, 5711326
29	FHI/USAID	**Hendra Widjaya, (Kantor ASA kompleks Ditjen PPM&PL Depkes RI, Jl. Percetakan Negara 29 Jakarta 10560** Telp: (021) 4223463, E-mail: program-asa@fhi.or.id
30	Ford Foundation	Dr. Meiwita Budhiharsana, PhD, Gedung Widjojo Center lt 1 Jl. Jend. Sudirman no 71 Jakarta Selatan,Telp: 2524073, Fax: 2524078
31	Indonesian Forum of Parliamentarians on Population and Development	Ermalena, MHS (Executive secretary) DPR-RI Nusantara I lt 23 rm. 2327 Jl. Jend. Gatot Subroto Jakarta 10270, Telp: 5756366,Fax: 5766366 Hp (Ermalena) : 0811820331, 0817434342, e-mail: ifppd@dpr.go.id, e-mail: ermalena@dpr.go.id
32.	World Bank	Susiana Iskandar (Educational Officer) Jakarta Stoakc Exchange Building tower2, 12th floor Jl Jend Sudirman Kav 52-53 tel 021-52993000
33	UNESCO	Yoshiya Nisibata , Jl Galuh II no 5 Jakarta,739818
34	John Hopkins/STARH	Dr Bimo Johns Hopkins University, Centre for Communication Programs – Indonesia, TIFA Building, 5th Floor, Suite 501, Jl. Kuningan Barat 26, Jakarta 12710, Indonesia, Tel: + 62 (21) 525-2174, 525-2183, Fax: + 62 (21) 525-1548 bimo@jhpiego.or.id,
35	UNAIDS	Jane Wilson, UNAIDS MH Thamrin
36	Save the Children	Wilson Sitorus, Jl Wijaya II/36 Kebayoran Baru Phone 72799570



INSTRUKSI
MENTERI PENDIDIKAN DAN KEBUDAYAAN
REPUBLIK INDONESIA

NOMOR : 9/U/1997

TANGGAL : 24 - 11 - 1997

TENTANG

PENCEGAHAN HIV/AIDS MELALUI PENDIDIKAN

DAN

KEPUTUSAN
MENTERI PENDIDIKAN DAN KEBUDAYAAN
REPUBLIK INDONESIA

NOMOR : 303/U/1997

TANGGAL : 24 - 11 - 1997

TENTANG

PEDOMAN PENCEGAHAN HIV/AIDS MELALUI PENDIDIKAN

JAKARTA 1997

Pendidikan pencegahan HIV/AIDS pada dasarnya merupakan salah satu upaya efektif dalam melaksanakan pencegahan penyakit, khususnya melalui pembudayaan hidup sehat dengan pendekatan kegiatan komunikasi, informasi dan edukasi yang resmi telah diadopsi sebagai upaya global.

Buku kecil ini menghimpun landasan hukum yang merupakan kegiatan agar pelaksanaannya dapat dilakukan diseluruh jajaran pendidikan di Indonesia sebagai Jabaran Keppres No. 36/1994 dan Keputusan Menko Kesra No. 8/ KEP/MENKO/KESRA/VI/1994,. maka Keputusan Menteri Pendidikan dan Kebudayaan No. 303/U/1997 tentang Pedoman Pencegahan HIV/AIDS dan Instruksi Menteri Pendidikan dan Kebudayaan No. 9/U/1997 tentang pencegahan HIV/AIDS melalui pendidikan, secara autentik disampaikan untuk dimasyarakatkan.

Semoga buku ini dapat bermanfaat dan dapat menjadi acuan khususnya bagi para pengambil keputusan dan para pendidik dalam melaksanakan perencanaan, pelaksanaan, monitoring dan evaluasi pencegahan penanggulangan HIV/AIDS khususnya melalui jalur pendidikan.

Jakarta, Desember 1997
Kepala Pusat Kesegaran Jasmani dan Rekreasi
Selaku
Sekretaris POKJA AIDS Depdikbud

Dr. Suharto, Sp. KO. DPH
NIP. 140051638

PENGANTAR i

DAFTAR ISI ii

INSTRUKSI MENDIKBUD

SALINAN INSTRUKSI MENTERI PENDIDIKAN DAN KEBUDAYAAN REPUBLIK INDONESIA NOMOR 9/U/1997 TENTANG PENCEGAHAN HIV/AIDS MELALUI PENDIDIKAN 1

KEPUTUSAN MENDIKBUD

SALINAN KEPUTUSAN MENTERI PENDIDIKAN DAN KEBUDAYAAN REPUBLIK INDONESIA NOMOR 303/U/1997 TENTANG PEDOMAN PENCEGAHAN HUMAN IMMUNO-DEFICIENCY VIRUS/ACQUIRED IMMUNE DEFICIENCY SYNDROME (HIV/AIDS) MELALUI PENDIDIKAN 5

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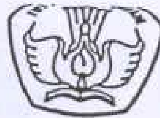

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JAKARTA 1997

INSTRUKSI
MENTERI PENDIDIKAN DAN KEBUDAYAAN
REPUBLIK INDONESIA

NOMOR 9 / U / 1997

TENTANG

PENCEGAHAN HIV/AIDS MELALUI PENDIDIKAN

MENTERI PENDIDIKAN DAN KEBUDAYAAN

Menimbang : a. bahwa dengan Keputusan Menteri Pendidikan dan Kebudayaan Nomor 303 / U / 1997 telah ditetapkan Pedoman Pencegahan Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS) melalui pendidikan;

b. bahwa agar pencegahan HIV/AIDS dikalangan peserta didik dapat dilaksanakan secara intensif maka dipandang perlu menginstruksikan mengenai pencegahan HIV/AIDS melalui pendidikan;

Mengingat : 1. Undang-undang :
a. Nomor 4 Tahun 1984;
b. Nomor 2 Tahun 1989;
c. Nomor 23 Tahun 1992;

2. Peraturan Pemerintah Republik Indonesia :
a. Nomor 28 Tahun 1990;
b. Nomor 29 Tahun 1990;
c. Nomor 30 Tahun 1990;
d. Nomor 72 Tahun 1991;
e. Nomor 73 Tahun 1991;
f. Nomor 38 Tahun 1992;

b. Nomor 15 Tahun 1984 sebagaimana telah beberapa kali diubah, terakhir dengan Keputusan Presiden Republik Indonesia Nomor 48 Tahun 1997;
c. Nomor 96/M Tahun 1993;
d. Nomor 36 Tahun 1994;

4. Keputusan Menteri Pendidikan dan Kebudayaan Nomor 303/U/1997;

5. Keputusan Menteri Koordinator Bidang Kesejahteraan Rakyat/Ketua Komisi Penanggulangan AIDS :
a. Nomor 8/Kep/Menko/Kesra/VI/1994;
b. Nomor 9/Kep/Menko/Kesra/VI/1994;
c. Nomor 16/Kep/Menko/Kesra/VI/1994;

MENGINSTRUKSIKAN:

Kepada : 1. Rektor universitas/institut;
2. Ketua sekolah tinggi;
3. Direktur politeknik/akademi;
4. Koordinator koordinasi perguruan tinggi swasta;
5. Kepala kantor wilayah di propinsi,

di lingkungan Departemen Pendidikan dan Kebudayaan.

Untuk : Melaksanakan :

1. peningkatan pengetahuan mengenai bahaya HIV/AIDS;

2. peningkatan kesadaran mengenai pentingnya perilaku hidup sehat dan bertanggungjawab;

3. pencegahan penyakit HIV/AIDS di kalangan peserta didik, guru, dosen, dan tenaga kependidikan lainnya, serta tenaga administrasi dan penyelenggara satuan pendidikan, baik di jalur pendidikan sekolah maupun jalur pendidikan luar sekolah;

pencegahan penyakit HIV/AIDS di lingkungan masing masing;

dengan berpedoman pada Keputusan Menteri Pendidikan dan Kebudayaan Nomor 303/U/1997.

Instruksi ini mulai berlaku pada tanggal dikeluarkan.

Dikeluarkan di Jakarta
pada tanggal 24 November 1997

MENTERI PENDIDIKAN DAN KEBUDAYAAN,

ttd.

Prof. Dr. -Ing. Wardiman Djojonegoro

SALINAN Instruksi ini disampaikan kepada . . . .

... dan Kebudayaan.

2. Inspektur Jenderal Departemen Pendidikan dan Kebudayaan,
3. Semua Direktur Jenderal, Kepala Badan Penelitian dan Pengembangan Pendidikan dan Kebudayaan di lingkungan Departemen Pendidikan dan Kebudayaan,
4. Semua Sekretaris Direktorat Jenderal, Inspektorat Jenderal, dan Badan Penelitian dan Pengembangan Pendidikan dan Kebudayaan Departemen Pendidikan dan Kebudayaan,
5. Semua Kepala Biro, Direktur, Kepala Pusat, Inspektur di lingkungan Departemen Pendidikan dan Kebudayaan,
6. Semua Kepala Kantor Wilayah Departemen Pendidikan dan Kebudayaan di Propinsi,
7. Semua Rektor Universitas/Institut, Ketua Sekolah Tinggi, Direktur Politeknik/Akademi di lingkungan Departemen Pendidikan dan Kebudayaan,
8. Gubernur Kepala Daerah Tingkat I setempat,
9. Semua Koordinator Koordinasi Perguruan Tinggi Swasta,
10. Badan Pemeriksa Keuangan,
11. Kantor Perbendaharaan dan Kas Negara setempat,
12. Komisi VII DPR-RI.

Salinan sesuai dengan aslinya.
Biro Hukum dan Hubungan Masyarakat
...partemen Pendidikan dan Kebudayaan,
K...a Bagian Penyusunan Rancangan
P...n Perundang-undangan,

Mus...kh, S.H.
N... 131479478

KEPUTUSAN
MENTERI PENDIDIKAN DAN KEBUDAYAAN
REPUBLIK INDONESIA

NOMOR : 303/U/1997

TANGGAL : 24 - 11 - 1997

TENTANG

PEDOMAN PENCEGAHAN HIV/AIDS MELALUI PENDIDIKAN

JAKARTA 1997

KEPUTUSAN
MENTERI PENDIDIKAN DAN KEBUDAYAAN
REPUBLIK INDONESIA

NOMOR 303 / U / 1997

TENTANG

PEDOMAN PENCEGAHAN HUMAN IMMUNODEFICIENCY VIRUS/
ACQUIRED IMMUNE DEFICIENCY SYNDROME (HIV/AIDS)
MELALUI PENDIDIKAN

MENTERI PENDIDIKAN DAN KEBUDAYAAN,

Menimbang : a. bahwa penyakit Acquired Immune Deficiency Syndrome (AIDS) yang disebabkan oleh Human Immunodeficiency Virus (HIV) sampai saat ini belum ditemukan vaksin untuk mencegah atau obat untuk menyembuhkan;

b. bahwa penyebaran virus penyebab AIDS tersebut pada umumnya terjadi akibat perilaku yang menyimpang dari perilaku hidup sehat dan bertanggung jawab;

c. bahwa untuk menyelamatkan peserta didik dari bahaya penyakit AIDS maka perlu adanya pencegahan HIV/AIDS melalui semua jalur, jenis, dan jenjang pendidikan;

d. bahwa sehubungan dengan itu dipandang perlu menetapkan pedoman pencegahan HIV/AIDS melalui pendidikan;

Mengingat : 1. Undang-undang :
a. Nomor 4 tahun 1984;
b. Nomor 2 tahun 1989;
c. Nomor 23 tahun 1992;

b. Nomor 29 Tahun 1990;
c. Nomor 30 Tahun 1990;
d. Nomor 72 Tahun 1991;
e. Nomor 73 Tahun 1991;
f. Nomor 38 Tahun 1992;

3. Keputusan Presiden Republik Indonesia :
   a. Nomor 44 Tahun 1974;
   b. Nomor 15 Tahun 1984 sebagaimana telah beberapa kali diubah terakhir dengan Keputusan Presiden Republik Indonesia Nomor 48 Tahun 1997;
   c. Nomor 96/M Tahun 1993;
   d. Nomor 36 Tahun 1994;

4. Keputusan Menteri Koordinator Bidang Kesejahteraan Rakyat/Ketua Komisi Penanggulangan AIDS:
   a. Nomor 8/Kep/Menko/Kesra/VI/1994;
   b. Nomor 9/Kep/Menko/Kesra/VI/1994;
   c. Nomor 16/Kep/Menko/Kesra/VII/1996;

MEMUTUSKAN :

Menetapkan : KEPUTUSAN MENTERI PENDIDIKAN DAN KEBUDAYAAN TENTANG PEDOMAN PENCEGAHAN HIV/AIDS MELALUI PENDIDIKAN.

BAB I
KETENTUAN UMUM

Pasal 1

Dalam Keputusan ini yang dimaksud dengan :

1. Pencegahan Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS) adalah usaha sadar yang dilakukan secara terus

menanggulangi penyebaran HIV/AIDS.

2. HIV (Human Immunodeficiency Virus) adalah virus yang merusak sistem kekebalan tubuh manusia.

3. AIDS (Acquired Immune Deficiency Syndrome) adalah suatu kumpulan gejala penyakit yang disebabkan oleh virus yang disebut HIV.

4. Pimpinan unit utama adalah Sekretaris Jenderal, Direktur Jenderal Pendidikan Dasar dan Menengah, Direktur Jenderal Pendidikan Tinggi, Direktur Jenderal Pendidikan Luar Sekolah, Pemuda dan Olahraga, Direktur Jenderal Kebudayaan, Kepala Badan Penelitian dan Pengembangan Pendidikan dan Kebudayaan, dan Inspektur Jenderal.

5. Pendidikan sebaya adalah suatu proses komunikasi, informasi dan edukasi yang dilakukan oleh dan untuk kelompok pelajar, mahasiswa, warga belajar, dan/atau yang sebaya.

BAB II
TUJUAN

Pasal 2

Pencegahan HIV/AIDS melalui pendidikan bertujuan:

1. meningkatkan pengetahuan dan pengembangan kemampuan penyampaian informasi mengenai HIV/AIDS dan bahayanya;

2. menumbuhkan dan meningkatkan kesadaran pentingnya perilaku hidup sehat dan bertanggungjawab;

3. meningkatkan dan membentuk perilaku hidup sehat dan bertanggungjawab.

BAB III
SASARAN

Pasal 3

Sasaran pencegahan HIV/AIDS melalui pendidikan meliputi :

2. warga belajar pada jalur pendidikan luar sekolah;

3. tenaga kependidikan yang mencakup pengelola satuan pendidikan, guru, dosen, pembimbing, pelatih, pamong belajar, penilik, pengawas, peneliti, dan pengembang di bidang pendidikan, laboran, teknisi sumber belajar, pustakawan; dan

4. penyelenggara dan tenaga administrasi satuan pendidikan.

BAB IV
TATA CARA PENCEGAHAN HIV/AIDS

Pasal 4

(1) Pencegahan HIV/AIDS bagi siswa pada jenjang pendidikan dasar dilaksanakan melalui kegiatan kurikuler dan ekstra kurikuler.

(2) Pencegahan HIV/AIDS bagi siswa pada sekolah lanjutan tingkat atas (SLTA) selain dilaksanakan melalui kegiatan kurikuler dan ekstra kurikuler juga dilakukan melalui pendidikan sebaya, dan pelayanan bimbingan dan konseling.

(3) Pencegahan HIV/AIDS melalui kegiatan kurikuler pada sekolah dasar (SD), sekolah lanjutan tingkat pertama (SLTP), dan sekolah lanjutan tingkat atas (SLTA) dilaksanakan dengan mengintegrasikan pengetahuan HIV/AIDS ke dalam mata pelajaran yang relevan dan/atau menjadikannya sebagai bahan kajian dalam kurikulum muatan lokal.

(4) Pencegahan melalui kegiatan ekstra kurikuler pada SD dan SLTP dilaksanakan oleh tim pelaksana usaha kesehatan sekolah (UKS), organisasi siswa intra sekolah (OSIS), badan pembantu penyelenggara pendidikan (BP3) atau wadah lain yang ada di sekolah, dan dapat bekerjasama dengan Puskesmas.

(5) Pencegahan HIV/AIDS melalui kegiatan ekstra kurikuler pada siswa SLTA selain dilaksanakan melalui usaha kesehatan sekolah (UKS), organisasi

(5) dilaksanakan juga melalui kegiatan pramuka, palang merah remaja (PMR), dan pecinta alam.

(6) Pelaksanaan ketentuan sebagaimana dimaksud dalam ayat (1), ayat (2), ayat (3), ayat (4), dan ayat (5) ditetapkan oleh Direktur Jenderal Pendidikan Dasar dan Menengah.

Pasal 5

(1) Pencegahan HIV/AIDS bagi mahasiswa di lingkungan perguruan tinggi dilaksanakan melalui pendekatan pendidikan sebaya, orientasi studi pengenalan kampus (OSPEK), dan unit kegiatan mahasiswa yang relevan.

(2) Pada perguruan tinggi yang memiliki fakultas/jurusan/program studi yang berkaitan dengan ilmu kesehatan, pencegahan HIV/AIDS dilaksanakan melalui kegiatan kurikuler.

(3) Pelaksanaan ketentuan sebagaimana dimaksud dalam ayat (1) dan ayat (2) ditetapkan oleh Direktur Jenderal Pendidikan Tinggi.

Pasal 6

(1) Pencegahan HIV/AIDS bagi warga belajar pada Program Paket A, dan Paket B, kursus-kursus dan satuan pendidikan luar sekolah lainnya dilaksanakan melalui kegiatan proses belajar mengajar dan pendekatan pendidikan sebaya.

(2) Pelaksanaan ketentuan sebagaimana dimaksud dalam ayat (1) ditetapkan oleh Direktur Jenderal Pendidikan Luar Sekolah, Pemuda, dan Olahraga.

Pasal 7

(1) Pencegahan HIV/AIDS bagi tenaga kependidikan, penyelenggara dan tenaga administrasi satuan pendidikan dilaksanakan melalui pelatihan, penataran, dan sejenisnya.

(2) Pelatihan, penataran, dan sejenis sebagaimana dimaksud dalam ayat (1) meliputi manajemen, metodologi, pengorganisasian dan sistem evaluasi pencegahan HIV/AIDS.

BAB V
PROGRAM PENCEGAHAN HIV/AIDS

Pasal 8

(1) Pencegahan HIV/AIDS dilaksanakan secara terintegrasi ke dalam pelaksanaan sistem pendidikan nasional dengan menggunakan program yang dilaksanakan secara terkoordinasi atau bekerja sama antar departemen, lembaga pemerintah non departemen, lembaga swadaya/ organisasi kemasyarakatan dalam negeri dan luar negeri serta antar negara dan lembaga internasional.

(2) Program sebagaimana dimaksud dalam ayat (1) meliputi penyebarluasan informasi, pengadaan dan pengembangan materi, pengembangan ketenagaan, penyelenggaraan lomba karya tulis, pembuatan poster, pengintegrasian pendidikan pencegahan HIV/AIDS ke dalam kurikulum dan materi pelatihan, pelaksanaan seminar, diskusi ilmiah, lokakarya, dan supervisi, serta monitoring dan evaluasi.

BAB VI
PEMBINAAN DAN PENGAWASAN

Pasal 9

(1) Pembinaan dan pengawasan dalam pencegahan HIV/AIDS melalui pendidikan, secara nasional menjadi tanggung jawab Menteri Pendidikan dan Kebudayaan.

(2) Pembinaan dan pengawasan teknis penyelenggaraan kegiatan pencegahan HIV/AIDS menjadi tanggung jawab Ketua Kelompok Kerja Penanggulangan AIDS Departemen Pendidikan dan Kebudayaan bersama dengan pimpinan unit utama yang relevan di lingkungan Departemen Pendidikan dan Kebudayaan.

(1) Pembinaan dan pengawasan pelaksanaan kegiatan pencegahan HIV/AIDS dilaksanakan melalui pembinaan dan pengawasan tingkat nasional dan daerah

(2) Pembinaan dan pengawasan sebagaimana dimaksud dalam ayat (1), dilaksanakan sebagai berikut.

a. pembinaan dan pengawasan tingkat nasional dilakukan oleh Ketua Kelompok Kerja Penanggulangan AIDS Departemen Pendidikan dan Kebudayaan melalui Kepala Pusat Kesegaran Jasmani dan Rekreasi.

b. pembinaan dan pengawasan tingkat daerah :

1) di lingkungan perguruan tinggi negeri dilakukan oleh pimpinan perguruan tinggi negeri;

2) di lingkungan perguruan tinggi swasta dilakukan oleh pimpinan perguruan tinggi swasta dan Koordinator koordinasi perguruan tinggi swasta;

3) di lingkungan kantor wilayah dilakukan oleh Kepala kantor wilayah Departemen Pendidikan dan Kebudayaan.

(3) Pengawasan dilakukan terhadap materi dan teknis pelaksanaan pendidikan yang diberikan kepada sasaran sebagaimana dimaksud dalam Pasal 3.

BAB VII
KETENTUAN PENUTUP

Pasal 11

Keputusan ini mulai berlaku pada tanggal ditetapkan.

Ditetapkan di Jakarta
pada tanggal 24 November 1997

MENTERI PENDIDIKAN DAN KEBUDAYAAN,
ttd.
Prof. Dr. -Ing. Wardiman Djojonegoro

SALINAN Keputusan ini disampaikan kepada

... Sekretaris Jenderal Departemen Pendidikan dan Kebudayaan,

2. Inspektur Jenderal Departemen Pendidikan dan Kebudayaan,
3. Semua Direktur Jenderal, Kepala Badan Penelitian dan Pengembangan Pendidikan dan Kebudayaan di lingkungan Departemen Pendidikan dan Kebudayaan,
4. Semua Sekretaris Direktorat Jenderal, Inspektorat Jenderal, dan Badan Penelitian dan Pengembangan Pendidikan dan Kebudayaan Departemen Pendidikan dan Kebudayaan.
5. Semua Kepala Biro, Direktur, Kepala Pusat, Inspektur di lingkungan Departemen Pendidikan dan Kebudayaan.
6. Semua Kepala Kantor Wilayah Departemen Pendidikan dan Kebudayaan di Propinsi,
7. Semua Rektor Universitas/Institut, Ketua Sekolah Tinggi, Direktur Akademi/Politeknik di lingkungan Departemen Pendidikan dan Kebudayaan,
8. Semua Gubernur Kepala Daerah Tingkat I setempat,
9. Semua Koordinator Koordinasi Perguruan Tinggi Swasta,
10. Badan Pemeriksa Keuangan,
11. Kantor Perbendaharaan dan Kas Negara setempat,
12. Komisi VII DPR-RI.

Salinan sesuai dengan aslinya.
Biro Hukum dan Hubungan Masyarakat
Departemen Pendidikan dan Kebudayaan,
Kepala Bagian Penyusunan Rancangan
Peraturan Perundang-undangan,

Musfikh, S.H.
NIP 131479478