

July 2, 2010

REPORT

**MAIN OUTCOMES OF THE PILOTING PHASE
OF THE CURRICULUM FOR THE OPTIONAL
COURSE**

**“DECISIONS FOR A HEALTHY LIFE STYLE”
PERIOD MARCH 22-MAY 31, 2010**

STEPS FORWARD ...

Report by Veronica Cretu, ATL, “CMB” Training Center



- **GENERAL INFORMATION ON THE PILOTING PHASE OF THE CURRIULUM FOR THE OPTIONAL COURSE “Decisions for a Healthy Life Style”**

Title of the project	HIV/AIDS Prevention in Eastern Europe, Moldova Component
Stage of the project	Implementation Phase
Organizations Responsible for the piloting of the curriculum	GFA Consulting Group GmbH, Germany – implementing agency SPI Research, Germany - “CMB” Training Center, Moldova – local partner for implementation
Main Objectives of the Implementation Phase	<ul style="list-style-type: none"> • To train 8 teachers from the four selected vocational schools in teaching the curriculum for the optional course “Decisions for a Healthy Life Style”; • To pilot the curriculum for the optional course “Decisions for a Healthy Life Style”; • To consult teaching staff, school administration and key community stakeholders in each pilot location on the content of the Teacher’s Guide and Students’ Notebook and identify areas for improvement; • To monitor the piloting of the curriculum and identify areas for curriculum improvement; • To identify sustainable solutions for the future implementation of the curriculum for the optional course “Decisions for a Healthy Life Style”
Main activities organized during the Implementation Phase	<ul style="list-style-type: none"> - Teacher Training (Module 1) – January 11-14, 2010; - Teacher Training (Module 2) – February 28 - March 3, 2010; - Finalization of the Curriculum Document, Teacher’s Guide and Students’ Notebook for piloting; - Piloting of the curriculum in 4 vocational schools; - Workshop on Supporting environment with participation of teaching staff and key community stakeholders on the curriculum (in Cahul, Floresti, Alexandreni, Stefan Voda); - Monitoring visits during the piloting of the curriculum to each pilot school; - Implementation of Survey 1 (Pre and Post curriculum piloting with intervention groups and control groups); - Implementation of Survey 2 (with all students /intervention groups; teachers who piloted the curriculum and school administration).
Duration of the piloting phase of the curriculum for the optional course “Decisions for a Healthy Life Style”	March 22 – May 31, 2010
Order for piloting	Order nr. 113 from March 5, 2010 signed by Minister of Education, Mr. Leonid Bujor, Coordinated with Loretta Handrabura – Vice Minister, and Octavian Vasilachi – Chief of the VET Department
Vocational schools involved in the in the piloting phase	Vocational School nr. 1 from Cahul Vocational School from Floresti

	Vocational School from Alexandreni, Singerei Vocational School from Stefan Voda
Number of students involved directly in piloting phase (intervention group) – first years students	Vocational School nr. 1 from Cahul – 24 students (12 boys and 12 girls) Vocational School from Floresti – 22 students (girls) Vocational School from Alexandreni, Singerei – 33 students (boys) Vocational School from Stefan Voda – 20 students (girls)
Main area of specialization of the intervention groups	Vocational School nr. 1 from Cahul – Calculator operator Vocational School from Floresti – Tailors Vocational School from Alexandreni, Singerei – Electro-montage Vocational School from Stefan Voda – Tailors
Number of teachers involved in piloting of the curriculum	8 teachers (2 from each school)
Number of Session Reports completed by the teachers during the piloting phase	There were a total of 64 Session Reports received from the teachers involved in the piloting of the Curriculum for the optional course “Decisions for a Healthy Life Style”.
Number of teaching staff and community stakeholders consulted during the piloting phase	100 teaching staff and community stakeholders were involved in the review of the Students’ Notebook, Teachers’ Guidebook during the piloting phase.
Number of monitoring visits conducted by the project team during the piloting phase	There were a total of 18 visits conducted to the pilot schools in the period of March 22 – June 4, 2010
Sessions piloted during the piloting phase as part of the curriculum for the optional course “Decisions for a Healthy Life Style”	<ol style="list-style-type: none"> 1) Introductory Session – building the community of learners; 2) Gender stereotypes and Decision; 3) Role of Values in Decision Making; 4) Violence and Decisions; 5) Sexual Abuse; 6) Puberty and Adolescence –Age of Changes; 7) Sexual and Reproductive Health; 8) STI; 9) Hygiene –Types of Personal Hygiene; 10) HIV/AIDS Prevention –Ways of Transmission, Risks and Methods of Prevention; 11) Informed Decisions regarding HIV/AIDS Prevention; 12) HIV/AIDS - Stigma and Discrimination; 13) Stress and Decisions; 14) Healthy Lifestyles without Alcohol, Drugs and Tobacco; 15) Nutrition; 16) Planning for a Healthy Lifestyle; 17) Referral system.

1. AIM AND RATIONALE OF THE PILOTING PHASE OF THE CURRICULUM FOR THE OPTIONAL COURSE “Decisions for a Healthy Life Style”

The aim of this part of the “HIV/AIDS Prevention in Eastern Europe, Moldova Component” project was to pilot the curriculum for the optional course “Decisions for a Healthy Life Style” with the first year vocational school students, as well as to identify solutions for future implementation of this curriculum into the vocational schools of Moldova.

The strength of the curriculum for this optional course lies in its competence oriented approach. The current course aims at adolescents who have graduated from the gymnasium/secondary school and are in the process of professional training.

The overall goal of the course is developing the decision making skills on the healthy lifestyle through acquiring of new knowledge, evaluation of one’s own attitudes and exercising of different healthy behavior models.

The innovative aspect of this curriculum lies in its holistic approach, thus, the priority objectives of the project – amongst which along the others, HIV prevention – are ensured through the development of competences for informed decision making as well as through assuming a constructive behavior by the vocational school students. The selection of the curriculum contents has moved beyond the scholastic approach on HIV/AIDS phenomena and other negative influences. It provides significant opportunities for the trainee/student to go through learning processes based on the intrinsic motivation. The expected impact of this curriculum is creating opportunities for transfer of decision-making competences in all aspects of a healthy life style. Graduates of this course will have developed their self-management skills as well as will be able to influence the behavior of the peers (social management) in order to promote a healthy life style.

The course on "Decisions for a healthy life style" is structured in 35 hours of 40 minutes, integrated into 17 sessions of 80 minutes each, and a session of 40 minutes.

As a result of intense work on the curriculum both Teachers’ Guide and Students’ Notebook were elaborated for the purpose of the piloting phase.

It is important to mention that the most important document for the Ministry of Education is the Curriculum Document, while the Teacher’s Guide and Students’ Notebook are just one of the alternative sources for the teachers. But for the purpose of final elaboration of the curriculum document, it was important to pilot/test the materials elaborated on its basis.

Curriculum was piloted in 2 main phases.

First phase, piloting of the curriculum was done with the teachers of the vocational schools who were delegated to pilot this course in their respective schools. Two series of teacher trainings were conducted, and this gave the opportunity to test the sessions with the teachers, and identify sensitive issues, difficult aspects or areas which require improvement. Links to the Reports on both Teacher Training Modules are available in the References rubrics of this report.

Second phase, piloting of the curriculum was done with the students of the vocational schools in the period of March 22-May 31, 2010. As this curriculum is designed for the first year vocational school students, enrolled for a 3 years period of time, each school has appointed one intervention group.

2. INTERNAL CURRICULUM EVALUATION

The draft of the Curriculum Document has been elaborated back in November 2009 by “CMB” Training Center (authors: Lia Sclifos, Nicu Cretu, Serghei Lisenco and Veronica Cretu) with significant experience in curriculum elaboration/review both at national and international level. Later, contributions from International experts (GFA Consulting Group) was integrated into it and submitted for external review.

Both Content and Session Plans elaboration was done accordingly:

1. **Introductory Session** – building the community of learners – by Nicu Cretu, CMB
2. **Gender stereotypes and Decision** – Lia Sclifos, CMB
3. **Role of Values in Decision Making** – Serghei Lisenco, CMB
4. **Violence and Decisions** – Lia Sclifos, CMB
5. **Sexual Abuse** – Lia Sclifos, CMB
6. **Puberty and Adolescence** –Age of Changes – Galina Lesco, Neovita
7. **Sexual and Reproductive Health**- Galina Lesco, Neovita
8. **STIs** – Elfriede Steffan, SPI Research/GFA
9. **Hygiene** –Types of Personal Hygiene – Veronica Cretu, CMB
10. **HIV/AIDS Prevention** –Ways of Transmission, Risks and Methods of Prevention- Tzvetina Arsova Netzelmann, SPI Research/GFA
11. **Informed Decisions regarding HIV/AIDS Prevention** - Tzvetina Arsova Netzelmann, SPI Research/GFA
12. **HIV/AIDS** - Stigma and Discrimination - Tzvetina Arsova Netzelmann, SPI Research/GFA
13. **Stress and Decisions** - Lia Sclifos, CMB
14. **Healthy Lifestyles without Alcohol, Drugs and Tobacco** – Kathrin Schmitz, GFA
15. **Nutrition** - Kathrin Schmitz, GFA
16. **Planning for a Healthy Lifestyle** – Nicu Cretu, CMB
17. **Referral system**- Nicu Cretu, Serghei Lisenco, CMB

In order to improve the quality of the above materials, several internal curriculum evaluation instruments have been utilized during the elaboration, piloting and post-piloting stages.

During the piloting phase, the following instruments were applied:

- **Debriefing sessions** with the teachers during the Teacher Training Modules 1&2;
- **Written feedback** collected from the teachers on each tested session during the Teacher Training Modules 1&2;
- **Session Reports** completed by the teachers for each session piloted during the period March 22 - May 31, 2010 with the intervention groups;
- **Session Observation Reports** completed by local and international project team members during monitoring visits in the period of March 22 – May 31, 2010 ;
- **Survey (1)** for the Evaluation of the effectiveness of the course “Decisions for a Healthy Life Style” completed by all intervention groups in all 4 pilot schools at the beginning and at the end of the course;

- **Survey (2)** measuring the satisfaction degree of the participating students, teachers and representatives of the schools' administration on the curriculum for the optional course "Decisions for a Healthy Life Style";
- **Peer review** – local and international project team members reviewed each other's sessions and provided feedback and recommendations for improvement;
- **Final workshop with all teachers** (June 17-18, 2010) who participated in the piloting of the curriculum. Workshop allowed for sharing of experiences on the piloting of the curriculum as well as served as a platform for identification of further steps for improvement;
- **workshop with all project team members** (June 21-23), during which authors of the curriculum, session plans and students materials discussed and shared aspects which need improvement, changes, adaptations based on the Teacher's Feedback as well as on External Curriculum Reviews.

3. RESULTS OF THE SURVEY (2) – MEASURING THE SATISFACTION DEGREE OF THE MAIN BENEFICIARIES FROM THE CURRICULUM FOR THE OPTIONAL COURSE “Decisions for a Healthy Life Style”

In order to measure satisfaction with the pilot course, written feedback was collected from participating students, teachers and representatives of the schools' administration in Alexandreni, Cahul, Floresti and Stefan Voda. All three target groups completed a short questionnaire with questions soliciting both textual and numeric answers.

The survey intended to measure satisfaction in its different facets as well as to collect feedback on aspects like suggestions for improvement, problems and obstacles or chance for a future implementation. This Survey was completed by the participants during the last week of May in all pilot schools. Both the Survey and the Report were elaborated by Gerhard Ohrband, Lecturer in Psychology, Free International University of Moldova. Below, are the main conclusions and recommendations as per results of this Survey. More detailed report can be found in **Annex 1** of this report.

Main Conclusions and Recommendations

The results indicate a high overall satisfaction with the course among all three categories of respondents: administrations, teachers and students. No significant differences in the answers of female and male students or between different localities have been found.

Participants, teachers and administrators shared valuable feedback as to how to improve the course. While almost all individuals stated that the course had been interesting, useful and correctly timed, they suggested the following for improvement:

- better/more attractive teaching materials;
- more implication by local and international experts during the course;
- groups should be mixed with male and female students;

Some (especially female) students expressed the appearance of discomfort during the discussion of sexual topics. Here, supplementary methods and instruction should be provided about how to approach those topics in a group setting. It was further suggested to integrate more games and role plays as well as more tasks to be completed in small groups and less in the plenum.

Overall, the course seems to have been enjoyed much, as many students uttered the wish to include the course in the regular curriculum with even more hours dedicated to it.

4. PRELIMINARY RESULTS ON THE EFFECTIVENESS OF THE CURRICULUM FOR THE OPTIONAL COURSE “Decisions for a Healthy Life Style” AS A RESULT OF THE PILOTING – Survey 1

In order to measure the impact of the course on the intervention group students, A Survey was elaborated and applied twice with the same students who were involved in the piloting phase. The survey was completed by the students during the first lesson as well as during the last lesson of the course. The preliminary results are available in the **Annex 2** of this Report, elaborated by Elizabeth Ponce, International Expert in the project, responsible for Curriculum Evaluation component.

The main purpose of Survey 1 was to assess the effectiveness of the curriculum, by using a quasi-experimental, nonequivalent 2 control groups design with pretest- on Time 1 (T1) and posttest on Time 2 (T2) components. The control groups were in Cahul and Floresti (Control Group 2), as well as in two vocational schools in Criuleni (Central part of Moldova) (Control Group 1).

The Hypothesis was that students exposed to the course (intervention group) will perform better than students interacting with the exposed group (control group 2) and students not at all exposed to the course (control group 1). The Statistical Package for Social Sciences (SPSS 13) was used for data processing. All comparisons were considered statistically significant at the level of 5% ($p < .05$). The results will be used to make improvements on the quality of the curriculum.

Main conclusions as per preliminary results of the Survey for the Evaluation of the effectiveness of the course “Decisions for a Healthy Life Style”:

- The survey for the Evaluation of the effectiveness of the Course “Decisions for a healthy lifestyle” has been developed in the framework of the internal curriculum’s evaluation in order to make recommendations for improvement, before the curriculum is submitted to the Ministry of Education for approval. A quasi-experimental design was used with one group of intervention and 2 control groups and using pre-test (T1) and post-test (T2) components.
- A total of 224 students have participated to the survey at T1: Intervention group (86 students); Control group 1 (92 students none exposed to the course) and Control group 2 (46 students who can interact with the intervention group). Among them, 168 participated to T2.
- The survey shows that at T1, the socio-demographic characteristics of the groups were similar except for on gender: more girls (52) than boys (34) on the intervention group; more boys (66) than girls (26) on the control group 1 and more girls (39) than boys (7) on the control group 2. Those differences were significant.
- In general, at T1, more students from Cahul and from control group 2 showed better knowledge about sessions related to HIV, STI, SRH, Alcohol and Smoking. Students with access to more money per month showed more tolerance towards students with HIV, as well as more knowledge about HIV and effects of alcohol and smoking. Boys, more than girls showed more knowledge about contraception. No differences were observed regarding age of the students.
- When comparing T1 and T2, it has been observed more significant changes within the students from the intervention group compared to the students from the control groups:
 - A significant increase of knowledge about SRH, HIV, STI, Alcohol and Smoking effects and Nutrition

- A significant increase of positive attitudes towards methods of HIV prevention: condom use and fidelity.
- Positive but slightly significant changes on knowledge and attitudes regarding Stereotypes, Violence, Personal Development and Stress management.
- Positive trend but not significant changes on values (alcohol consumption, unprotected sex)
- No changes related to the use of the referral system;

Complete Report by Elizabeth Ponce on the effectiveness of the course as a result of the piloting phase will be available by September 2010. It will also contain interpretation of the results by the authors of the curriculum, Teachers' Guide and Students' Notebook.

5. EXTERNAL CURRICULUM EVALUATION

During May-June 2010, after the completion of the piloting phase, Curriculum Document, Teachers' Guide and Students' Notebook has been reviewed by key national stakeholders from education and health sectors.

The first steps in external curriculum review were undertaken back in December 2009, when the draft of the curriculum document has been reviewed by representatives of Ministry of Health, National AIDS Center, National Center for Public Health, Medical College, as well as by the Republican Center for Vocational Education Development, and independent consultant from IREX.

Their input and recommendations at that time has been crucial given that curriculum document had to be approved by the Ministry of Education for piloting and accordingly it had to meeting all the requirements for the curriculum at the national level.

The second phase of the external review started in May 2010, when the curriculum was still piloted in the vocational schools of Floresti, Cahul, Stefan Voda and Alexandreni.

1. **Consultative workshops** were organized in each of these communities with participation of teaching staff and school administration of each pilot school, as well as with representatives of local NGOs, Youth Friendly Centers, Doctors, Police, parents, etc.

The main objectives of the workshops were:

- To collect feedback on the process of curriculum piloting, successes and difficulties and needs for support reported by the piloting teachers;
- To back up the participation of teachers and schools, to reassure the commitment of schools staff, community stakeholders and group of parents;
- To enhance capacity in handling major topics in the "Decisions for a healthy lifestyle" Curriculum, sharing background experience on lessons, methods, means and messages of HIV/AIDS and STIs prevention, sexual and reproductive health;
- To collect feedback on Content, Methodology and Key Cultural Issues as part of the Student's Notebook and Teachers' Guidebook.

All participants in the workshops received a hard copy of the Students' Notebook. Teaching staff received the copy of the Teachers' Guide as well. Participants worked in pairs/small teams, and had to go through 1 or 2 topics/themes from the Students' Notebook and to discuss their reaction/impression on the materials which are piloted in their school. As a result of this work, recommendations and suggestions were collected for each session/theme of the course.

Main conclusions and observations:

- All 100 participants in these workshops unanimously agreed that this course is very important and useful for the vocational school students;
- Most of the participants even shared that this course should be obligatory and not optional, thus, it will reach all students of the vocational school;

- Representatives from other educational institutions shared that this curriculum should be implemented in other schools as well, not only in the vocational ones;
- Most of the participants agreed with the topics proposed for the course;
- There were different visions on the 'sensitive' aspects related to Intime Hygiene and HIV/AIDS and STIs shared during the workshop. Half of the participants in almost all communities shared that these details should be included into the Students' Notebook, while half of them did not agree. In Cahul, participants agreed that Intime Hygiene should be better addressed by health specialists (i.e Youth Friendly Centers);
- Overall, participants were more opened to talk about 'sensitive' issues compared to the consultative workshops which were organized back in October 2009.

2. External Review by key national stakeholders (June 2010)

Curriculum Document, Teacher's Guide and Student's Notebook were presented to different key national experts for review and recommendations.

Overall, the feedback received till the end of June 2010 is positive, but the project team both local and international, need to analyze the feedback received per their sessions, and integrate it into the final version of the materials.

Below, is the list of national experts/stakeholders and the sessions and documents reviewed by them:

- Curriculum document, Teacher's Guide and Students' Notebook have been reviewed by **Violeta Mija, Chief of the Republican Center for Vocational Education Development, Institute of Educational Sciences.**
- Curriculum document, Teacher's Guide and Students' Notebook have been reviewed by **Violeta Bunescu, Social Mobilization/Partnership Assistant, UNAIDS Moldova.**
- Curriculum document, Sessions on Gender stereotypes and Decision; Role of Values in Decision Making; Violence and Decisions and Sexual Abuse – have been reviewed by **Valentina Stratan, Member of the Parliament, PhD in Medicine, Expert in Gender.**
- Curriculum document, Sessions on Puberty and Adolescence –Age of Changes; Sexual and Reproductive Health – have been reviewed by **Victoria Ciubotaru, Head of service for assessing, monitoring and integrating health care services, National Center for Reproductive and Medical Genetics;**
- Curriculum document, Session on STI was reviewed by **Mircea Betiu, Chief specialist of the MoH in dermatovenerology, State University of Medicine and Pharmacology, Chiar of Dermatovenerology Department;**

- Curriculum document, Session on Hygiene –Types of Personal Hygiene was reviewed by **Ion Salaru, Prime Vice Director, National Center for Public Health;**
- Curriculum document, Sessions on HIV/AIDS Prevention –Ways of Transmission, Risks and Methods of Prevention; Informed Decisions regarding HIV/AIDS Prevention; and HIV/AIDS - Stigma and Discrimination were reviewed by **Stefan Gheorghita, Chief of the AIDS Center.**
- Curriculum document, Session on Stress and Decisions was reviewed by **Ion Bahnarel, General Director, National Center for Public Health.**
- Curriculum Document and Sessions on Healthy Lifestyles without Alcohol, Drugs and Tobacco and Planning for a Healthy Life Style were reviewed by **Varfolomei Calmic, vice director, National Center for Public Health;**
- Curriculum document and Session on Nutrition were reviewed by Galina Obreja, **National Specialist on Nutrition and Food Safety, National Center for Public Health;**

Other external reviews expected in July 2010

1. Review from **Larisa Lazarescu, UNICEF**
2. Review from **Igor Chilcevschi, League of people living with HIV/AIDS**
3. Review from **Galina Gavrilita, Ministry of Education,** Responsible for Education for Health component
4. Review from the **orthodox church** – there is a working group headed by Octavian Mosin, Mitropoly of Moldova which will review the curriculum, Teacher’s Guide and Students’ Notebook. By July 10th, a formal review from the church is expected.

6. MAIN RECOMMENDATIONS FOR FUTURE IMPLEMENTATION OF THE CURRICULUM FOR THE OPTIONAL COURSE “DECISIONS FOR A HEALTHY LIFE STYLE”

Note: RE letter from Aurelia Vartic from June 29, 2010: Piloting this curriculum to other additional six vocational schools is not realistic under the framework of the “HIV/AIDS Prevention in Eastern Europe, Moldova component” project which ends in November 2010. Timing is a real concern, along with the quality of the work that was proposed to be carried out by the Ministry of Education. Piloting implies teacher training, consultative workshops in the communities of the vocational schools, creating a supportive environment at each pilot school, and piloting the course per ce to the first year vocational school students. And this is not possible during August – November 2010.

Next steps of the curriculum by end of the project, November 2010

- Curriculum document, Teacher’s Guide and Students’ Notebook will be finalized by end of September 2010. These will be finalized based on the results of the piloting phase, as well as on the results of both internal and external curriculum review;
- The final version of Curriculum document, Teacher’s Guide and Student’ Notebook will be presented to the Ministry of Education for approval by end October – early November 2010;

After November 2010 or the Implementation Phase

- Given that the curriculum addresses some ‘sensitive’ related issues, implementation of the curriculum will be done into 2 main phases:

Phase 1:

- Implementing the curriculum in about 15-20 vocational schools;
- Making final adjustments into the Teachers’ Guide and Students’ Notebook based on the results of the implementation;
- Publishing/printing the final version of the materials.

Phase 2: Once the final version of the materials has been published and printed, implementation of the curriculum at the country level will be done accordingly:

- **Trainer of Trainers** will be conducted at an early stage. Trainers will be trained from both in-service and pre-service levels, in order to assure sustainability of the curriculum.
- **Teacher Training** for vocational school teachers will be organized by the Trainers: at least 3 teachers from each vocational school will be trained in how to teach the curriculum for the optional course „Decisions for a Healthy Life Style”. Along with the teachers, a medical worker/assistant will be trained. It is important to have specialists from health sector addressing the ‘sensitive’ related issues. In such cases, the teacher will play the role of the facilitator and work with an expert.

- **Review of the Teacher Training curriculum** for vocational school teachers will be done by the Institute of Educational Sciences (IES): as a result the curriculum for the optional course „Decisions for a Healthy Life Style” will be integrated into the existent Teacher Training curriculum.
- **Review of the existent programs on Education for Health** will be done by the State Pedagogical Univesities Chisinau/Balti/Cahul and Comrat: as a results the curriculum for the optional course „Decisions for a Healthy Life Style” will be integrated into the current curriculum and courses of these institutions.
- **Elaboration of the additional curriculum** and complementary teaching materials on „Decisions for a Healthy Life Style” curriculum – ex. video materials, posters and visual aids, online web page for students and teachers on Education for Health.
- **Creating a supporting environment** in all vocational schools and in their communities for the implementation of the curriculum on the „Decisions for a Healthy Life Style” - referral system, local experts, collaboration between the schools and the key community health related institutions. Increasing parents’ knowledge in HIV/AIDS issues.
- **Conducting curriculum evaluation:** the curriculum implementation processes monitored and evaluated after year 1; adjustments of materials based on the results of monitoring and evaluation in year 2.

REFERENCES

1. Teacher Training 1 Report - <http://www.cmb.md/en/179-january-11-14-2010-teacher-training-.html>
2. Teacher Training 2 Report- <http://www.cmb.md/en/180-february-28--march-3-2010-teacher-training.html>
3. Consultative Workshop Reports from 4 pilot schools October 2009:

Report Floresti: <http://www.cmb.md/en/159-twodays-in-floresti.html>
Report Cahul: <http://www.cmb.md/en/159-twodays-in-floresti.html>
Report Stefan Voda: <http://www.cmb.md/en/161-twodays-in-stefan-voda.html>
Report Alexandreni: <http://www.cmb.md/en/160-twodays-in-alexandreni.html>
4. Consultative Workshop Reports from 4 pilot schools May 2010: <http://www.cmb.md/en/183-consultative-workshops-in-vocational-schools-reports.html>
5. Survey 1 and Survey 2 Report – Preliminary Reports (Annex 1 and 2);
6. Power Point Presentation on the Curriculum Elaboration Processes:
<https://sites.google.com/site/deciziicmb/rapoarte>
7. Observation Forms for each session of the course delivered by 4 pilot teachers -
<https://sites.google.com/site/educationforhealthproject/>
8. Observation forms completed by project experts as part of peer review -
<https://sites.google.com/site/educationforhealthproject/>
9. Formal reviews by national stakeholders (January 2010) -
<https://sites.google.com/site/moldovaukraineproject/reviewers-on-the-curriculum-document>
10. Order for Piloting by the Ministry of Education (Ro)-
<https://sites.google.com/site/deciziicmb/home/prezentari-proiect>
11. Curriculum Document (version for piloting) -
<https://sites.google.com/site/educationforhealthproject/>
12. Students' Notebook (version for piloting) - <https://sites.google.com/site/educationforhealthproject/>
13. Teachers' Guidebook (version for piloting) -
<https://sites.google.com/site/educationforhealthproject/>
14. Report on Workshop with Teachers in June: <http://www.cmb.md/en/189-evaluation-workshop-with-teachers.html>
15. External Curriculum Reviews per each session -
<https://sites.google.com/site/educationforhealthproject/>

ANNEX 1 Preliminary Report on Survey 2 Results: measuring the satisfaction degree of the main beneficiaries vis-à-vis the curriculum for the optional course on “Decisions for a Healthy Life Style”

Details on the Survey implementation Methodology

To measure satisfaction with the pilot course, written feedback was collected from participating students, teachers and representatives of the schools' administration in Alexandreni, Cahul, Floresti and Stefan Voda. All three target groups completed a short questionnaire with questions soliciting both textual (“Name three things you would like to improve in this course”) and numeric answers (“Rate your enjoyment of the course on a scale between 1 and 10”). The survey intended to measure satisfaction in its different facets as well as to collect feedback on aspects like suggestions for improvement, problems and obstacles or chance for a future implementation. This Survey was completed by the participants during the last week of May in all pilot schools. Below, the summarized results for the three respondent groups are presented.

- For the numerical answers median, mean, standard deviation as well as extreme values are indicated; using SPSS 17.0 for data analysis. As an indicator of central tendency, the median is to be preferred over the mean, as distribution for almost all questions are highly unsymmetrical.
- Textual answers have been compiled in thematic lists, preserving as much as possible the original expressions. Estimates of the incidence rate of repeatedly named answers are included in brackets, using the following categories: “sometimes”, “often” and “very often”.

The table below shows the sample sizes in the three groups:

Locality	Number of administrators	Number of professors	Number of students	
			Girls	Boys
Alexandreni	2	2	0	13
Cahul	2	1	12	12
Floresti	2	2	19	0
Stefan Voda	2	2	18	0
Subtotals	8	7	49	25
TOTAL: 89				

A. Administrators

Question	Median	Mean	Standard deviation	Outliers
“How much did you like that the course has been taught at your institution?”	10	9,75	0,46	
“How much do you think did the students enjoy to participate in the course?”	10	9,63	0,74	
“How many new things do you think have	9	8,88	1,13	

the students learned?"				
"From your observation, how much did the teachers enjoy to teach this course?"	10	9,63	0,52	
"From your observation, how useful has the course been to the students?"	10	10	0	
"In your opinion, what chances of success does the course have for an implementation on a national level?"	9,5	9,13	0,99	

(Answers were to be given on a scale from 1 - "not at all" to 10 - "very much")

The answers to all questions were very homogenous. No administrator answered with less than "7". Administrators visited as a median three lessons.

As **new/surprising** were perceived the following aspects:

- The (high) level of activity among the pupils;
- The information about rape and different types of violence, as well as information on "perverted behavior";
- Relaxed atmosphere;
- The methodology for the lessons;
- The seriousness of the approached problems;
- Methods of stress appraisal;
- Information about nutrition and a healthy lifestyle.

Respondents proposed the following **improvements** for a follow-up course:

- Illustrated materials;
- Information about the functioning of the immune system;
- Creating better learning conditions by forming smaller groups (8 – 10 students);
- Individual tasks for students (supplementary hours, homework);
- Pretesting of students to discover their individual learning needs at the beginning;
- Learning how to use the computer;
- Audio-visual teaching materials;
- Better educational games;
- Implication of prepared resource persons/experts during lessons;
- Equipment of a special room with materials/support for the course.

Potential obstacles/problems in implementing the present course were named as being:

- Anticipated preparation of parents and their implication during the course;
- Access to information and study materials;
- The hours had not been previously included in the annual teaching plan;
- Salaries for teachers;
- Continuous trainings for teachers.

Things which should be included in the **teachers' trainings** constituted

- Basic knowledge in biology;
- Learning motivation;
- How to use a computer;
- How to create a good learning atmosphere;
- To invite doctors for a special lesson for teachers;
- To hold public lessons in front of teachers from other schools.

The following **obstacles for a national implementation** of the course were identified:

- Lack of sufficient will among school administrations;
- Negative attitudes of parents (conflicting cultural values);
- Unclear position of the Ministry of Education;
- Indifference;
- Lack of prepared teachers;
- Overload (too many disciplines and hours).

The following **topics/moments** were perceived as **sensitive**:

- Sexual abuse;
- Puberty and adolescence;
- HIV prevention;
- Rape and violence;
- “Perverted behavior”;
- Intimate hygiene.

Some administrators stated that no sensitive moments appeared during the course.

The course's duration was perceived as fitting (6 out of 8 respondents); 1 responded that the course was “too short”; 1 did not respond. The administrators perceived that the course was well-received by both students and professors (interest, positive affect), without specifying any concrete reactions.

B. Teachers

Question	Median	Mean	Standard deviation	Outliers
„How new have the topics of the lessons been in comparison to other courses (e.g. Biology, civic education)?”	7	6,14	2,85	1 x “1”
„How new has the content of the lessons been?”	7	6,14	3,13	1 x “1”, 1 x “3”
“How compatible has the teaching style been with the topics?”	10	9,43	0,79	

“How much did you like to teach that course?”	10	10	0	
“How much has the training helped you for successfully implementing the course?”	10	10	0	
„How adequate/good do you think the teaching projects/plans are?”	8,5	8,84	0,98	
“How much do you think did the students enjoy to participate in the course?”	10	9,86	0,38	
“How many new things do you think the students have learned?”	10	9,43	0,79	
“In your opinion, what chances of success does the course have for an implementation on a national level?”	10	9,43	0,79	

(Answers were to be given on a scale from 1 - “not at all” to 10 - “very much”)

Answers to almost all question were highly homogenous, with exception of the first two questions which target novelty of the course's content.

As **new/surprising** were perceived the following aspects:

- Information on the following topics (anti-conception pill after intercourse; ways to refuse sexual offers, stigmatization; violence; gender stereotypes; how to plan a healthy life-style; nutrition; AIDS prevention)
- Very open/liberal/relaxed discussion with students on sexual topics;
- “Adequate” reactions from students on sensitive topics;
- Student participation during the discussion with the gynecologist;
- Openness/interest from part of the Administration.

Respondents proposed the following **improvements** for a follow-up course:

- To include the following topics (the influence of trends/fashion on individual behavior; air pollution and other environmental issues; how to select ones friends;
- To motivate and inspire students to participate more actively;
- To improve the quality of relationships between professors and students and among students;
- To discuss intimate hygiene both for girls and boys.

Things which should be included in the **teachers' trainings** constituted

- To learn how to obtain the students' trust;
- To invite the gynecologist to the training;
- To include one training session with an international expert;
- To learn how to include/use audio-visual materials;
- To learn how to evaluate whether the course's objectives have been met.

- To convey modern educational strategies;
- To make an excursion or visit together to a cultural events (e.g. theater);
- To prepare more the following lessons: stigmatization and discrimination; healthy nutrition.

Teachers identified the **following obstacles and problems** in implementing the course:

- Financial problems;
- Lack of enthusiasm;
- Language of students (vocabulary – lack of words);
- Too big groups;
- Lack of girls in a boys group;
- Student “mentality”;
- Non-acceptance/respect for the course curriculum;
- Irregular attendance of some students.

The following **aspects were felt as missing**:

- Explanations in the Teacher’s Guide on interrupted sexual intercourse, ejaculation, tobacco and other drugs;
- More examples for each lesson;
- More case studies;
- Girls; in role plays their role had to be played by boys;
- A separate room reserved only for this course;
- The possibility to film or take pictures during lessons;
- Audio-visual materials (*some*);
- Communication about needs (feelings, emotions);

During the course the following **sensitive moments/topics** appeared:

- Everything related to measures of protection, sexual relations, changes in puberty (“some”);
- Some students reacted to information on sexuality with shame.
- Some teachers reported that no such moments appeared.

The teachers reported that the course was well-received by both administration and students; again without specifying any concrete reactions. One teacher wrote that students reacted not too favorably in the beginning but at the end the course was received positively. All teachers reported the length of the course to be “fitting”.

C. Students

<i>Question</i>	<i>Median (total)</i>	<i>Mean</i>	<i>Standard deviation</i>	<i>Outliers</i>
“How new/unknown has the content of the lectures been to you?”	10	8,85	1,91	1 x “1”; 1 x “2”; 1 x “3”

“How useful have been the topics of the course?”	10	9,03	2,29	4 x “1”
“How compatible has the teaching style been with the topics?”	10	9,64	0,82	
“How much did you enjoy to participate in the course?”	10	9,76	0,57	
“How interesting has the course been?”	10	9,58	1,52	2 x “1”

(Answers were to be given on a scale from 1 - “not at all” to 10 - “very much”)

From all three respondent categories, students answers were most differentiated (indicated by comparatively higher standard deviation); mostly for the aspects of novelty, usefulness and interest.

As **new/surprising** were perceived the following aspects:

- How easy it is to communicate with ones professors (*often*);
- AIDS protection (*often*);
- Personal hygiene (*often*);
- “I have learned that AIDS is not transmitted by insects or kisses”;
- “I have learned that AIDS cannot be treated”;
- “That there are many drug addicts”;
- What to do in case of stress;
- Stereotypes.

Respondents proposed the following **improvements** for a follow-up course:

- More topics with practical implications;
- Participation of foreign assistants;
- More hours per week;
- “How to behave in the streets”;
- More games and role plays;
- More meetings with specialists (*often*);
- More information on drugs, sexually transmitted diseases and hygiene;
- How to make contact/approach a girl;
- How to express opinions;
- How to make adults listen to adolescents;
- “How to have a serious relationship with a girl”;
- To include a new topic: “How to interact with teachers”;

The following **aspects were felt as missing**:

- Information about sports, communication, other diseases (some);
- More information on nutrition;
- No interesting games;
- “There were no specialists who could answer to many questions which interest us”;

During the course the following **sensitive moments/topics** appeared:

- Everything related to AIDS (*some*);
- Abuse (*some*);
- Sexually transmitted diseases (*some*);
- Gender stereotypes.

As **difficult** during the course were perceived the following aspects:

- Group discussions;
- One professor is reported during two lessons not to have permitted students to have a break;
- Some students felt ashamed to talk with their professors about sex (*some*);
- Discussions about genital organs;
- Personal hygiene;
- To work in a group;
- Symptoms of alcoholism;
- Discussions about smoking;
- “It was difficult when the family doctor was here; I was ashamed”;
- “To talk about sex and to ask each other questions about ones personal life”.

ANNEX 2 Survey 1 Preliminary Report on measuring the effectiveness and impact of the curriculum for the optional course “Decisions for a Healthy Life Style”

PRELIMINARY REPORT (DRAFT 0)

Responsible for the Survey: GFA /CMB

Analysis and Report: Dr. Elizabeth Ponce (GFA)

INTRODUCTION

The sexual and reproductive health is a priority for the Government of the Republic of Moldova and HIV is one of its main concerns. Since the beginning of the HIV epidemic, the government is responding in a comprehensive manner through a Multisectoral coordinated intervention. One important initiative is the development of the **“HIV/AIDS Prevention in Eastern Europe project, Moldova component”**. This action is implemented by GFA Consulting Group and CMB Center in coordination with the Ministry of Education, with the financial support of GTZ. The goal of the project is: **“HIV/AIDS prevention among adolescents in vocational training is improved”**. The project period is from 7/2009 to 11/2010.

In 2009, a KAP Study was conducted in 4 vocational schools from Alexandreni (Singerei), Cahul, Floresti and Stefan Voda. This study concluded that students come from disorganized families with lower social and economic status. Students have low knowledge and learning skills and are easily influenced by the context. Sexual lifetime experience was observed in 32.1% of the 1st class students and 53.8% among 2nd class students.

In this framework, it was developed the curriculum for the optional **course “Decisions for a Healthy Life Style”**. It is structured in about 35 hours, integrated into 17 sessions: 1) Learning community formation; 2) Gender stereotypes and Decision; 3) Role of Values in Decision Making; 4) Violence and Decisions; 5) Sexual Abuse; 6) Puberty and Adolescence –Age of Changes; 7) Sexual and Reproductive Health; 8) STI; 9) Hygiene – Types of Personal Hygiene; 10) HIV/AIDS Prevention –Ways of Transmission, Situations of Risk and Methods of Prevention; 11) Informed Decisions regarding HIV/AIDS Prevention; 12) HIV/AIDS - Stigma and Discrimination; 13) Stress and Decisions; 14) Healthy Lifestyles without Alcohol, Drugs and Tobacco; 5) Nutrition; 16) Planning a Healthy way of Life; 17) Referral system. This curriculum has a teacher’s guide and a student’s book as material support and was piloted in the first class of the 4 selected schools from 22nd March to 31st May 2010.

In order to assess the effectiveness of the curriculum, a survey was conducted by GFA/CMB using a quasi-experimental, nonequivalent 2 control groups design with pretest- on Time 1 (T1) and posttest on Time 2 (T2) components. The Hypothesis was that students exposed to the course (intervention group) will perform better than students interacting with the exposed group (control group 2) and students not at all exposed to the course (control group 1). The Statistical Package for Social Sciences (SPSS 13) was used for data processing. All comparisons were considered statistically significant at the level of 5% ($p < .05$). The results will be used to make improvements on the quality of the curriculum.

Subjects:

A total of 224 students have participated to the baseline survey or Time 1 (T1) and 168 to the final evaluation or Time 2 (T2) (Table 1). At T1, most of the students were girls (60.5%) on the intervention group, as well as on the control group 2 (84.8%) but less than one third on the control group 1 (28.3%). At T2, it was observed the same tendency (63.4%, 76.3 and 37.3% respectively). Six different professions were identified (cookers, tailors, electro-montage, calculator operator, plasterer and carpenters) and most of the students were between 15-17 years, lived in a dormitory with roommates and spent less than 400 MDL per month. There were no significant differences between the groups.

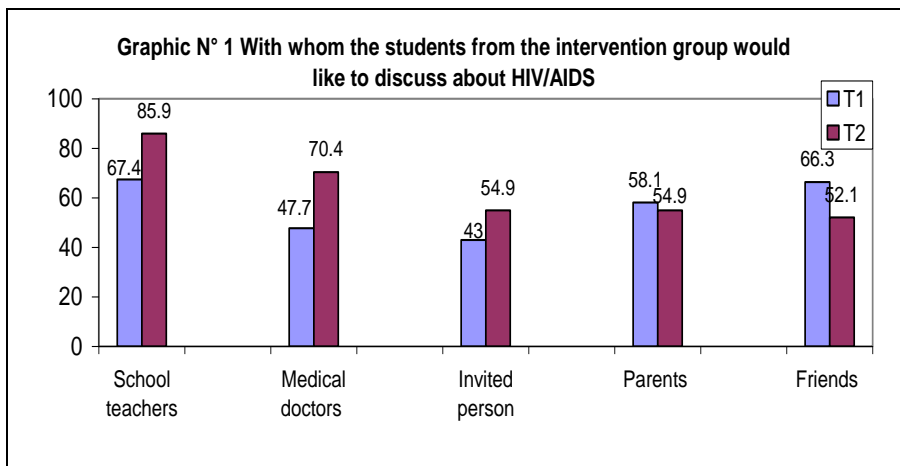
Table 1. Participants to the survey on effectiveness to the course

Group	Characteristics of the group	Vocational School	Time 1 (T1) Participants	Time 2 (T2) participants
Intervention groups	Students exposed to the course "Decisions for a health lifestyle"	Alexandreni	22	15
		Cahul Nr 1	24	23
		Floresti	21	15
		Stefan Voda	19	18
Subtotal			86	71
Control group 1	Students not exposed at all to the course	Criuleni	48	17
		Criuleni	23	23
		Criuleni	21	19
Subtotal			92	59
Control group 2	Students could interact with the intervention group	Cahul Nr 1	25	26
		Floresti	21	12
Subtotal			46	38
Total			224	168

PRELIMINARY RESULTS

Students increased their desire to get information about HIV/AIDS and health issues from schools and medical doctors

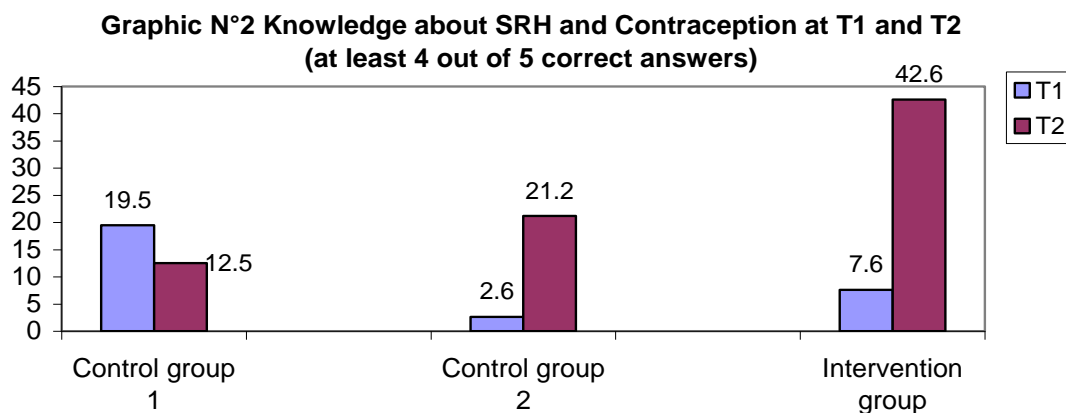
When comparing T1 and T2, students from the intervention group significantly increased their desire to discuss about HIV/AIDS with teachers, medical doctors and with an invited person. Differences but not significant were observed regarding parents, friends and other sources of information (Graphic N°1). In Control groups 1 and 2, non significant differences were observed. Most of the students from the intervention group agree to discuss with teachers about sexual issues and healthy lifestyles as well.



Most of the students from the intervention group agree to discuss with teachers about sexual issues and healthy lifestyles as well.

Course shows successful increase on knowledge about pregnancy prevention and methods of contraception

Students from the intervention group reported significantly more correct answers after the course compared to baseline situation in issues related to emergency contraception (7% at T1 and 28.2% at T2) as well as in at least 4 out of 5 questions related to pregnancy prevention and methods of contraception (7.6% at T1 and 42.6% at T2). A greater percentage of students from Alexandreni reported correct answer on emergency contraception. The control group 2 increased significantly their knowledge in 3 out of 5 items and less students performed well at T2 in control group 1. (Graphic N° 2). Students knowledge about risky pregnancy related to age increased but not significantly.



Student's perception on some selected stereotypes related to gender roles, relationship between men and women were modified

Using a Likert scale, students were asked their level of agreement or disagreement with some stereotypes related to gender roles and relationship between men and women. At T2, students exposed to the course increased their disagreement in all 6 statements and was significant in 4 of them ("Men should be initiators of a relation"; "If a young woman loves a man she should completely trust him"; "A man should gain sexual

experience before the marriage and the young woman should keep her virginity”; “The woman is responsible for the education and health of children” and “The man should provide funds to the family”). Only within the control group 2, significant changes were observed in one of the statements.

Students learned how to cope with stress using healthy alternatives.

In order to handle stress situations, at baseline, most of students from the intervention group reported that they prefer to listen to music, crying (more girls), look for social support, deeply breathing in fresh air and/or take a walk. At T2, it was observed a significant increase in the percentage of students reporting listening to relaxing music and taking a walk as preferred activities to coping with stress. Some other healthy alternatives increased as preferred as well but not significantly. Unhealthy alternatives as smoking increase very slightly. No significant changes were reported in control groups.

In intervention groups increased the option of not drinking alcohol but not significantly

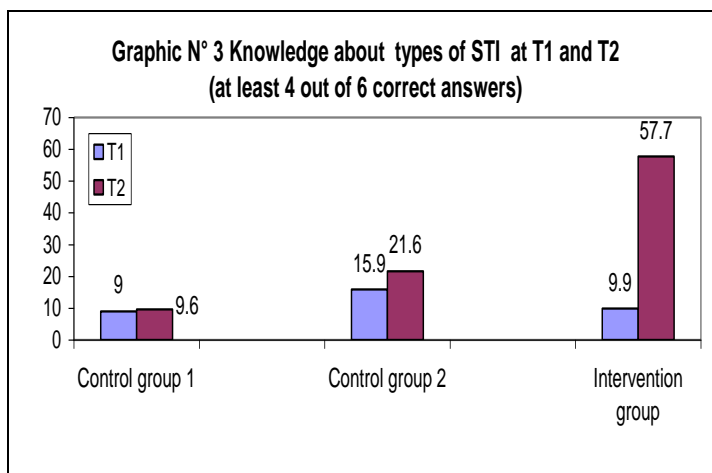
A case study about alcohol was described and students have been put in a situation of Dilemma. They were asked to select one among two options: “To drink a beer” or “not to drink a beer”. Within the intervention group, the percentage of students that “don’t accept alcohol” increased from 71.1% at T1 to 81.3% at T2. In both control groups the percentage decreased, but not significantly. At T2, the main reason cited by the students from the intervention group to abstain from alcohol was “to protect health”.

In intervention groups increased the option of not having unprotected sex, but not significantly

In another case study, students have been put again in a situation of Dilemma. They should choose between two options: “accept sex” or “do not accept sex”. The percentage of the students from the intervention group that “do not accept sex” increased from 66.7% at T1 to 76.6% at T2. However, this change was not significant. The same tendency but in less proportion was observed in both control groups. At T2, students from the intervention group cited “risk of disease” and “fidelity” as main reasons to abstain from sex.

Significant increase in knowledge about types and symptoms of STI

At T1, most of the students from all groups were not able to identify the STI listed on the questionnaire, except HIV. When comparing T1-T2, it was observed a highly significant increase on the number of STI reported by students from the intervention group (HIV, Syphilis, Gonorrhoea, Chlamydia, Hepatitis B and Scabies). (Graphic N°3) At T2, only Syphilis was better identified within the control group 2.



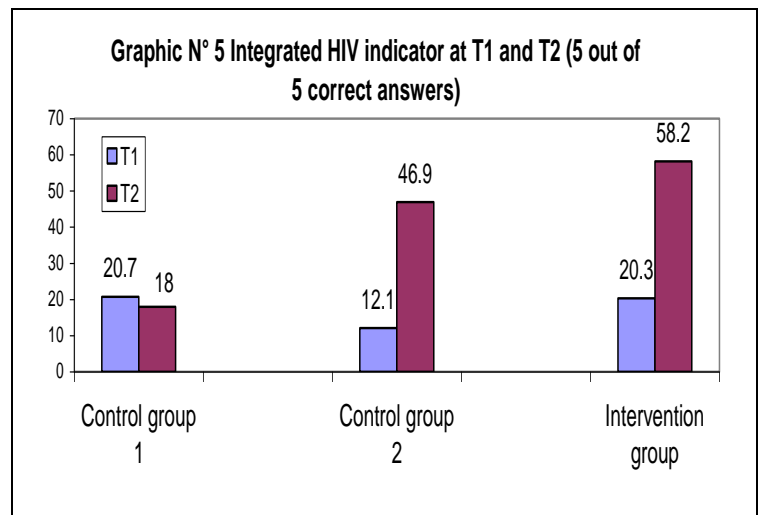
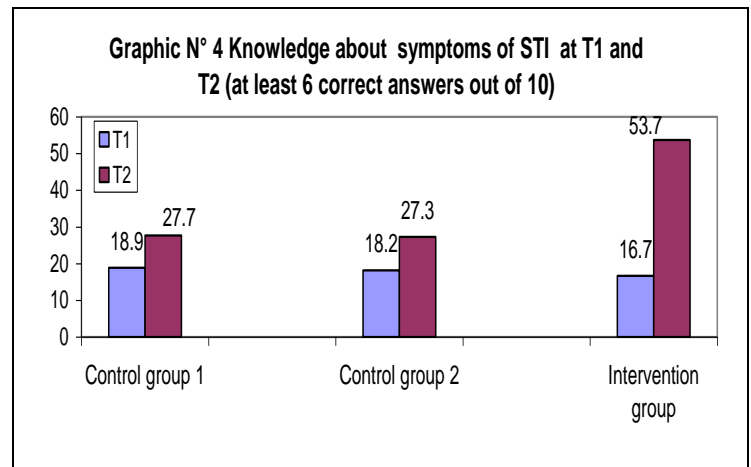
Students were asked about STI symptoms. At T1, less than a half of the students from all groups were able to report correct answers related to STI symptoms listed on the questionnaire. At T2, the percentage of students reporting right answers increased in all 3 groups. However, only within the intervention group this percentage increased significantly (more than 3 times) (Graphic N° 4). No differences were observed among girls and boys.

Students improve knowledge about HIV transmission and methods of prevention

At T1, less than a half of the students from the intervention and control group 1 (42.7% and 44.4% respectively) and half (50%) of the students from the control group 2, were able to provide 5 out of 6 correct answers related to fluids which transmit the HIV virus. In all groups, blood and semen were reported more frequently than breast milk. At T2, 87.3% of students from the intervention group and 72.2% from the control group 2 provided at least 5 out of 6 correct answers and those changes were highly significant. In the control group 1, no significant changes were observed (50.8% at T2). At T2, students from the intervention group studying electronic professions (Cahul and Alexandreni) and having more money per month reported increased number of correct answers.

At T1, no more than one fifth of the students from all groups were able to identify correctly the 5 statements corresponding to the **integrated HIV indicator on HIV knowledge** (UNGASS). At T2, significant improvements (percentage increase on about 3 times) were observed within the intervention group and control group 2. Within the control group1 small and non significant reduction was observed (Graphic N°5).

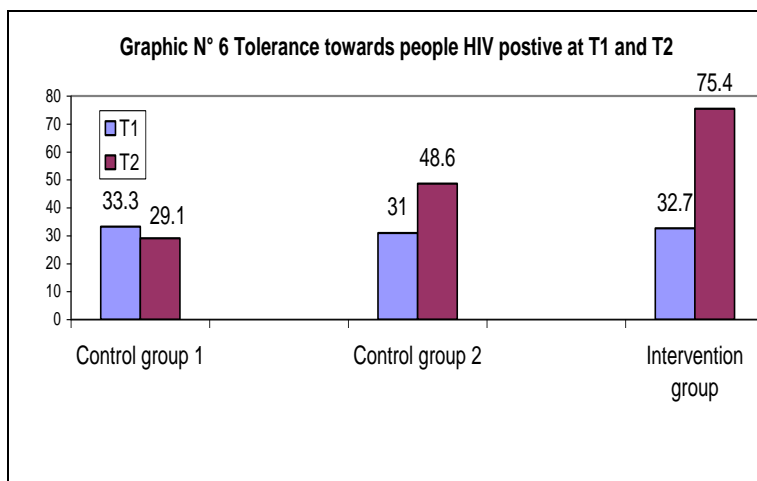
Regarding the number of correct answers, significant changes on knowledge were observed within the intervention group. Thus, the percentage of students reporting 4 out of 5 correct answers about HIV transmission (“no risk of HIV by sharing meal with an infected person”; “there is not risk of transmission through mosquito bites”; a “healthy-looking person can have/transmit HIV”) increased significantly at T2, as well as the percentage of students reporting “regularly condom use” to prevent HIV. An increase in the percentage but not significant was observed when reporting fidelity as one the ways of HIV prevention. In the control group 2, only in one statement was observed a significant improvement in knowledge. In the control group1 no changes were observed at all.



At T2, significantly more students (79.7%) from the intervention group reported abstinence as one of the ways to prevent HIV compared to T1 (52.6%). At T2, as well, a greater percentage of students within the intervention group reported that they definitely could insist to their partner to use a condom in case of sexual contact (73.9%) compared to T1 (46.2%). No significant changes were observed within the control groups.

There were positive trends of tolerance towards students living with HIV

Being asked about the acceptance of an HIV student to attend the course in their school, only about one third of the students from all groups accepted this statement at T1. However, at T2, this percentage increased significantly to 75.4% among the intervention group, showing more tolerance to an HIV infected people. The main reason was that they can not transmit the HIV by hugging. No significant changes were observed within control groups (Graphic N° 6)



The program increase slightly knowledge in identifying types of violence

Using a case study, students were asked to identify different types of violence. At T2, the percentage of students from the intervention group identifying emotional, physical and sexual violence increased but not significantly. A greater number of students from the control group 2 were able to identify emotional violence.

Learners increased decisions on safer behavior regarding the risk of sexual abuse

A list of safe behaviors to avoid the risk of sexual abuse was provided on the questionnaire. Within the intervention group, the percentage of students choosing safe behaviors increased In 3 out of 8 items (“call their relatives”; “ask relatives to come and take her/him” and “negotiate”). No significant changes were observed in the control groups.

Students cited “protect health” and “do not like” as the main reasons to abstain from smoking

At T1, the lifetime prevalence of smoking was 23.2% among students from the intervention group, 55.8% in the control group1 and 14.3% in the control group2. Those differences were significant. At T2, more students on the intervention group reported smoking. No differences were observed within control groups. Among those non smokers from the intervention group, the principal reasons for not smoking were to “protect health” (65.6% at T1 and 62.5% at T2) and “do not want/ do not like” (18.8% at T1 and 25% at T2).

Students cited “protect health” and “don not like” as main reasons to abstain from alcohol

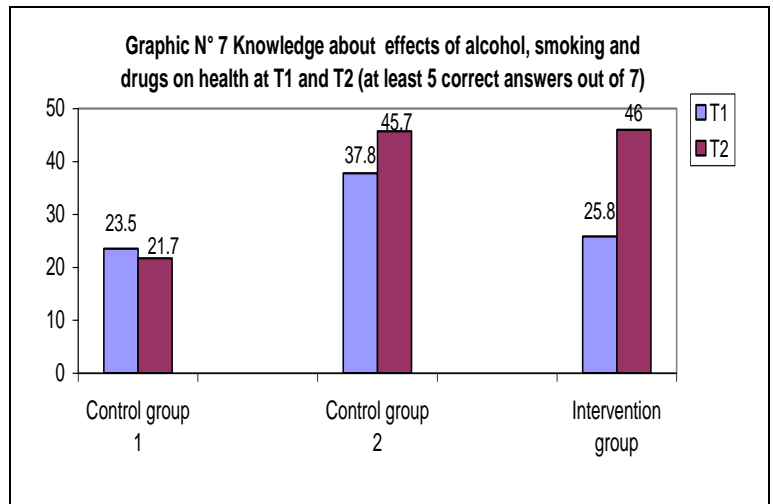
At T1, the lifetime prevalence of alcohol use is high in all three groups but specially in Control Group 1 (IG 73.9%, CG1 84.1% and CG2 64.3%). At T2, no significant changes were observed on this indicator probably because there were only two months of difference between T1) and T2. The main reasons for no drinking

alcohol were “to protect health” (35%, 25.5% and 37.9% respectively) and don’t want/don’t like (15%, 17%, 34.5%). At T2, not main changes were observed.

Students increased their knowledge about the effects of alcohol and smoking on health

A total of 7 statements regarding effects of alcohol (brain, sexual performance, unsafe sex), and smoking (addiction and psychiatric effects) were listed on the questionnaire. At T1, the control group 2 reported more correct answers than the other 2 groups.

Comparing T1 with T2 it was observed a significant increase on the percentage of students within the intervention group providing at least 5 out of 7 correct answers. Students from Cahul and Floresti reported a greater number of correct answers. An increased percentage but not significant was observed in the control group 2. No changes were observed in the control group 1 (Graphic N° 7).



The program increase knowledge on some recommended and non recommended food

At T1, more than 70% of students from all groups identified legumes, fruits, milk, fish and chicken as healthy foods but fewer students reported beans and walnuts as products recommended to eat more frequently. Fewer students identified processed foods and white bread as recommended to eat less frequently as well. At T2, significantly more students from the intervention group reported correct answers in 4 statements compared with the control group 2 (2 statements) and the control group 1 (0 statements).

Students are able to define their goals in some areas of personal development

Students were asked to define their personal goals on 8 areas of personal development (Identity-most value, Career, Health, Family, Image, Wealth, Self development). At T1, most of the students were able to define goals on career, identity and wealth. At T2, significantly more students within the control group 2 defined goals in 4 statements (Identity, career, image and wealth) compared to the intervention group with 2 statements (identity and wealth) and the control group 1 with 1 statement (Identity).

Learners identify better the existing specialists in their communities

At T1, less than 50% of the students from all groups knew the existence of family planning doctors, gynaecologists, dermatovenearologist, and narcologist in their communities. At T2, more students from the intervention group were able to identify the family planning doctor, the gynaecologist and the social assistant

Learners did not increase their knowledge about the use of the referral institutions

Students were asked to recommend appropriate services in case of different situations. At T1, most of the students from the intervention group were able to identify a referral institution in case of weight problems, counselling on HIV, physical and sexual violence. Students were less able to identify a referral institution in case of dysmenorrhoea, had unprotected sex, get pregnant, alcohol abuse, anxiety or depression and lack of financial resources. At T2, in most of the situations the percentage increased but not significantly and knowledge in case of referral remains still very low related to unprotected sex, pregnancy, psychological problems and alcohol abuse. Within the control group 2, only in the case of “unprotected sex” the percentage of correct answers increased. No significant differences were observed between T1 and T2 when comparing the number of correct answers in all study groups. However, at T2, more boys than girls were able to identify appropriate referral institutions.