

School Health and Nutrition Newsletter



November 2006

**Supporting programs for school-age children
to be healthy to learn and to learn to be healthy**



*A school boy washes his hands at a new tubewell in Bangladesh.
Photograph by Rasbeduzzaman Shab*

School Health and Nutrition (SHN)

SHN addresses the critical health and nutrition factors that keep children out of school and reduce their ability to learn.

The main elements of SHN are to:

- Increase the use of health and nutrition services at school
- Increase access to water and sanitation facilities in school
- Promote healthy behaviors, including HIV/AIDS prevention
- Ensure basic health related school policies and support

PHASE and SHN partnership in Bangladesh and Tajikistan

GlaxoSmithKline (GSK), one of the world's leading research-based pharmaceutical companies, has granted one million dollars to integrate a Personal Hygiene and Sanitation Education (PHASE) program for schoolchildren into Save the Children's SHN programs in Bangladesh and Tajikistan. PHASE was initiated by GSK in 1998, after identifying personal hygiene and sanitation as a neglected health education priority.

The goals of PHASE are to reduce diarrhea-related diseases associated with poor hygiene and to improve children's overall health and wellbeing - both of which fit well with the SHN goals. The additional resources provided through PHASE are being used to strengthen the behavior change component of SHN programming while also allowing the program to reach more children and more districts.

(continued on Page 2)

Inside this issue:

PHASE and SHN partnership	1	Technical Updates	8	Comings and Goings	14
Country Updates	2	Recent Meetings	13	Contacts	15
Focus on Afghanistan	6	Publications and Resources	13	References	16
New Programs	8				

Bangladesh

The SHN baseline survey, conducted in 2004, found that 87% of schoolchildren in Nasirnagar were infected with intestinal worms, 56% were anemic, the majority of schools had neither safe water nor sanitary latrines, and 63% of children defecated in the open field¹. The need for a hygiene and sanitation education program was evident. With PHASE funding and technical support from the Manoff Group, the SHN program conducted formative research with students, parents, teachers and local leaders to guide the development of a personal hygiene and sanitation promotion program for school children, their families and communities. Results were presented in a national-level workshop and key content for the education and communication materials were identified. The PHASE grant has also allowed the SHN program to double its coverage - reaching twice as many children as it did the previous year. Over 52,000 children, including 10,000 out of school children, in 127 schools across the 13 Unions of the Nasirnagar sub-district (Brahmanbaria district) are now being de-wormed and supplemented with iron and vitamin A.

Meanwhile, following a series of advocacy efforts at the national level, SHN is now on the national agenda. A national SHN working group has been created and it was recommended that Save the Children take the lead on moving the national SHN agenda forward.

Tajikistan

A national survey of worm infections carried out in 2004 found a very high prevalence of pinworm (nearly 60% in the Southern part of the country), suggesting very poor hygiene practices². SHN activities are currently being implemented in eight districts in Tajikistan reaching 90,913 children. The PHASE grant, which was received in December 2005, is being used to strengthen and expand the Child to Child component of the program which is currently being implemented in 95 schools. A behavioral survey was completed over the summer months to guide the selection of key behaviors which the communication materials will focus on. The Child to Child materials have already been revised to increase child participation and PHASE flipcharts and other visual aids are currently being adapted, all with the participation of children. A joint GSK and Save the Children team visited the program in Tajikistan in October 2006.



*A school in the Sughd region of Tajikistan.
Photograph by: Catherine Sullivan*

Country Updates

Latin America and the Caribbean

Bolivia

In 2005, with sponsorship funding, Save the Children started a new SHN program in the rural municipality of Caracollo. A situational analysis was carried out, followed by a baseline study, both providing the most thorough piece of recent research on school children in the entire country: 26% of children were stunted, 31% anemic, a majority of children reported very poor hygiene practices; the water and sanitation facilities are inadequate at home and in school and the oral health statistics were particularly bad with 94% of school children having one or more dental cavities. The SHN program has been working in the eight central district schools and will begin scaling up to the remaining schools in 2006 - covering a total of 49 schools and 4,764 schoolchildren. Another 13,000 children in 16 primary schools in the city of Oruro continue benefiting from a number of SHN interventions. A qualitative study on norms and perceptions of sexuality, abuse and violence yielded some interesting findings regarding acceptance of physical punishment and children's perception of violent parent relationships. The program has managed to gain support from various organizations including 'Colgate-Palmolive' which is financing print material, tooth pastes and brushes for the students. In addition, the Japanese and the

German Embassies, as well as a private foundation in the US, have provided funding to improve the water and sanitation facilities in four of the largest schools in the area and the municipal government has secured funding for a basic health care package for school children.



Save the Children staff in Bolivia interview children at a school in Ventilla Pongo for a mid-term evaluation of the SHN program. Photograph by Seung Lee

Haiti

The political situation in Haiti over the past year has been very difficult. There have been large waves of kidnappings and an increase in the number of non-rights areas across the country. Despite the worsening security situation, Save the Children has been able to successfully achieve most of its SHN objectives with sponsorship support. Included in these goals, the SHN program has expanded from 54 to 80 schools in the Maissade district and to another 10 community schools in the district of Dessalines, and is now reaching approximately 37,000 in and out of school children. Unfortunately, Haiti is known to have the weakest education system in the Western Hemisphere and in Maissade, the net enrolment is only 51% with the annual drop-out rate varying between 8-18%. Since out of school children make up such a large proportion of the school-age population, emphasis has been placed on reaching those children over the past year. Health problems are among the main contributors to low attendance and high dropout rates. With high rates of intestinal worms, anemia and iodine deficiency, children are unable to focus or attend school on a regular basis. Routine de-worming and micronutrient supplementation have been very successful in increasing school attendance and participation.



Schoolgirl in Haiti. Photograph by Gerda Campion

Asia

Nepal

Despite the unstable political situation in Nepal, the sponsorship funded SHN program has continued to be implemented in all 243 schools in Siraha, Kailali and Kanchanpur districts, reaching around 105,000 children, and is planning to expand to an additional 79 schools in 2007. Local NGOs and the community have played a vital role by advocating, lobbying and protecting the program to make sure the activities continue. Maintaining complete transparency with the community has been essential in this effort. In January 2006, Save the Children sponsored the first of four regional workshops as a drive to expand SHN programming in other parts of the country. The national SHN strategy, which was drafted over the past few years, was recently approved by the government, and is now ready for implementation. The objective of these workshops is to give district health and education personnel the SHN background needed to initiate SHN in their districts. Operational research is also being conducted in Kailali district on Positive Deviance to control and prevent anemia among school age children.

Philippines

In 2001, nearly 70% of school children in the Philippines were infected with intestinal worms³ and despite regular de-worming, the prevalence soon rose again due to a high re-infection rate. The lack of hand washing with soap and inadequate water supplies were identified as the main causes of re-infection. Through various workshops and meetings, children, parents and teachers identified

ways in which they could improve hygiene behaviors and reduce the risk of infection. Strategies included collecting left-over bath or laundry soap bars from homes and hotels; using fishnet bags to conserve soap; storing clean water in classrooms and homes; and the use of enhanced lesson plans, stickers, posters, flyers, comic books, and bill boards; conducting demonstrations, contests, Parent Education Sessions, showing videos and mobilizing parent volunteers and Parent Teacher Associations to demonstrate and supervise proper hand washing. Follow up surveys showed continued reduction in worm prevalence to 45% in 2002 and 24% in 2003 (see figure 1). A final survey, conducted in September 2005 showed a prevalence of 17%, three months after the last de-worming and hygiene promotion campaign.

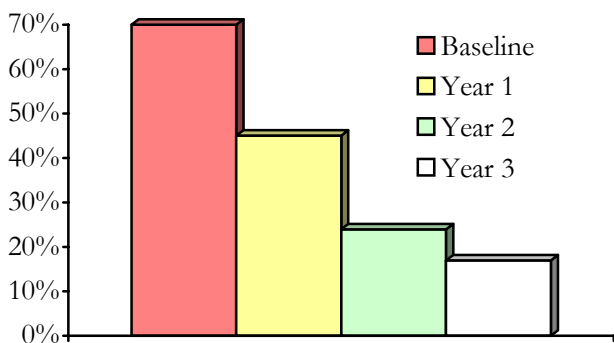


Figure 1: Percentage of school children infected with intestinal worms at baseline and at years one, two and three.

A study evaluating the effects of SHN program interventions (de-worming and iron supplementation) on cognition among school children has just begun in 80 schools across six school districts in West Visayas. The study is in collaboration with Matthew Jukes, of the Partnership for Child Development and Harvard University, which employs new simple classroom-level cognitive tests. This research has allowed the sponsorship funded SHN program to expand into 132 new rural elementary schools, reaching over 80,000 children in school and 7,000 out of school.

Middle East/Eurasia

Egypt

The SHN program in Egypt is expanding from 22 schools to a total of 42 schools in the Samlot District, now reaching 24,000 school children. This expansion represents the first phase of a plan to reach all schools and villages in the Samlot District. The main interventions include routine de-worming and micronutrient supplementation,

improvements to school water supplies and toilet facilities, curriculum-based health education, and links to the National Health Insurance program, so that children can benefit from health services such as vision screening and first aid kits. Results from the mobile health clinics show that the rate of anemia has fallen from 40 % in 2002 to 16 % in 2006 and the prevalence of trachoma has plummeted from 28 % in 2002 to 6% in 2006. Save the Children has also added new lessons on nutrition in the existing curriculum. In addition to other lessons, students are taught how to prepare healthy meals with locally available products and encouraged to transfer this information to the community.

Africa

Burkina Faso

Implementing the national SHN program

Since 1998, the Fondation de Development Communautaire (the local partner of Save the Children in Burkina Faso), with sponsorship support, has been implementing an SHN program in the Bazega province which now covers 174 schools. With support from the National Bilharzia and Lymphatic Filariasis program, deworming has expanded out of schools and into communities, reaching 63,000 school and non-school going children. Over the years, Bazega Province has become a living university for SHN in Burkina Faso and a valuable example for the national SHN program.

In January 2006, a contract was signed between the Ministry of Education and a consortium of three NGOs, including the Fondation de Development Communautaire, to implement the national SHN program in 25 of the 40 provinces in Burkina Faso. The Fondation de Development Communautaire will cover 11 provinces and 220,000 children; Catholic Relief Services - 12 provinces and 160,000 children; and Helen Keller International - 2 provinces and 18,000 children. The NGOs are working hand in hand with the Ministries of Education and Health at the national, regional and district level to ensure that capacities are transferred as the program is implemented.

Ethiopia

When Save the Children initiated SHN in Woliso in 2002, there was no national SHN strategy in Ethiopia. Raising the government and partner's awareness around SHN has therefore been a key focus for Save the Children. After presenting the program to partners and donors in 2005, a field visit to Woliso district was organized to see Save the Children's program in operation. The visit was crucial for the partners to understand the value of SHN. As a result, Save the Children is now coordinating a country-wide survey on the health of school children to guide the development of a national SHN program.

An evaluation of the sponsorship funded SHN program in the Woliso district was recently completed and the program is in the planning stages for expansion into 28 new schools in the Woliso district and another 20 schools in the Dendi and Dawo districts – covering 71 schools in total. Results from the baseline in 2003 and follow-up survey in 2006, carried out in 16 schools, showed a fall in prevalence of helminth infections, anemia and clinical signs of vitamin A deficiency (see figure 2).

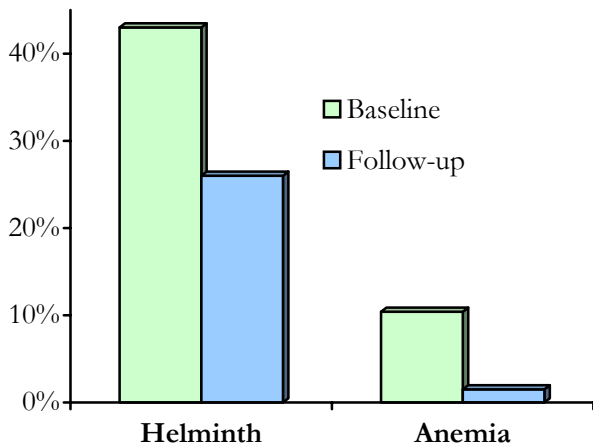


Figure 2: Prevalence of helminth infections and anemia before and after SHN was introduced.

Malawi

Save the Children has been working with the Ministry of Education and other partners to develop the National SHN strategy and program, based on Save the Children's experience in the Mangochi District. This year, the program entered the first phase of implementation with a national baseline survey that was conducted in all 27 districts by the National Statistical Office. Save the Children's SHN program in Mangochi has been the longest running comprehensive program in the country and is a very valuable example and resource to the national

SHN program. In 2004, the program expanded to the neighboring Balaka district, reaching 171 schools and 135,000 children in total.

Unfortunately, due to a lack of funding, the program in Balaka began phasing out its support in September 2006 and will do the same in Mangochi by 2008. Evaluations of both programs will be carried out in October 2006 (Balaka) and June/July 2007 (Mangochi) to assess the impact of the program.

Mali

After over eight years, Save the Children has begun to phase out and hand over responsibility of the sponsorship funded SHN program in Kolondieba, Mali to the government and community. On-going advocacy at the local, regional and national levels by Save the Children and other partners has proven successful. For example, the Ministry of Education has recently included SHN in its national education policy and agreed to provide Save the Children with de-worming and vitamin A drugs. While waiting for national leadership and financial commitment Save the Children is working to ensure that district health and education personnel, schools and communities in Kolondieba have the capacity to take over the program by having them involved in every step of the program.



A school girl answering questions about deworming and hygiene in a rural school in Mali.
Photograph by Seung Lee

Afghanistan: changing behaviors beyond the school

With Japanese corporate support through Save the Children Japan, the Afghanistan Country Office is continuing, and increasing, its SHN programming in Faryab and Sar-i Pul provinces. These areas have proven to be very challenging to work in. For example, at least 40% of school-age children do not attend school, most of the adult population is illiterate (90% of mothers) and the impact areas are enormously varied both geographically and ethnically. Some schools are in desert areas, others in isolated mountains and some along fertile valleys. The communities are Uzbek, Tajik, including Arab and Aimak, Hazara and Pashtun and semi-settled Kuchi communities – all with different languages and practices.

The SHN program targets 11,000 school-age children in and around 11 schools in both districts. Interventions include de-worming (in partnership with the national de-worming program), vitamin A supplementation and the promotion of healthy behaviors. Since such a large portion of school-age children are out of school and the majority of these are girls, targeting all school-age children is essential. However, with such a varied population, this can be a real challenge. In response, Save the Children has elected to use some of the following innovative strategies:



*Girls in Afghanistan show the stamp they have received after taking their Vitamin A capsule.
Photograph by Lucienne Maas*

Illiterate youth link schools and community

The local youth, although in most cases illiterate, are a fantastic resource. They are available, highly motivated and willing to work voluntarily, unlike teachers and parents who have little extra time. Once trained, the youth are able to teach health lessons outside the schools and reach

children previously considered unreachable by formal education e.g. girls restricted to their homes. They are trained to teach priority health topics, using active learning methods (stories, games, songs, etc.) to mixed groups of school and non-school going children. These children are then asked to carry out a similar activity at home with their siblings and family. In two Faryab villages, 372 participants in 22 groups were taught about micronutrients. Working on the assumption that each child reaches out to at least one school-age peer or sibling, as well as parents, and other family members, it was estimated that in these two villages alone there were more than 1,000 direct and indirect beneficiaries.



*Girls take to the streets in Afghanistan to educate their community on priority health projects.
Photograph by Lucienne Maas*

Health open days to broadcast messages

For each health topic, a health open day is organized at school to allow children to share the information they have learned with the wider community.

Here is an example of a typical health open day:

8 AM	Children walk through the neighborhoods with megaphones and message-bearing arm bands, posting and handing out their homemade posters and flyers
10 AM	Children walk from shop to shop testing cooking salt for iodine content and inviting villagers to the school fair
2 PM	School Fair: children display poster, make speeches, perform sketches, organize games and everyone has a lot of fun

Changing behaviors throughout the community

In 2005, a survey of approximately 640 school-age children, from 30 school areas, was conducted to assess if children's knowledge and reported behaviors had improved since the 2004 baseline survey. The results show that school and non-school going children's knowledge and awareness about healthy hygiene and nutrition practices have improved enormously. The use of iodized salt, for example, has increased from 19% to 57% between 2004 and 2005. Iodized salt is more expensive than the traditional block salt, so fathers who tend to do family food shopping, need to be convinced to spend the extra money. The increased usage and anecdotal information from interviews suggests children played a key role in influencing their fathers' purchases. The prevalence of goiter fell from 22% in 2004 to 14% in 2005 (see figure 3).

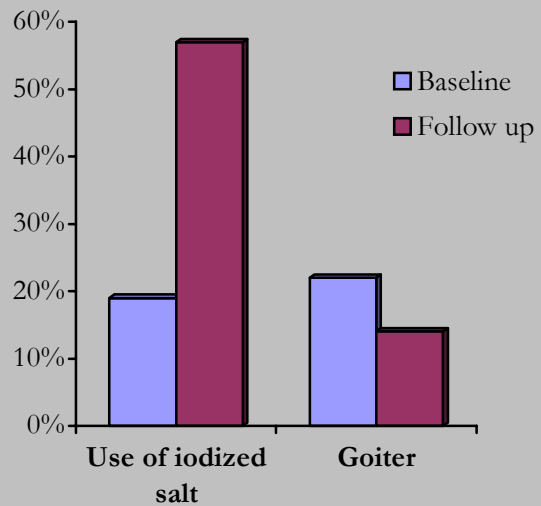


Figure 3: Percentage of children with iodized salt at home and prevalence of goiter at baseline and follow-up.

Mozambique

Construction of new boreholes and volunteer training for their maintenance and supervision in is ensuring a reliable water source for the 40 Mozambican school communities Save the Children is working in. Hygiene and first-aid kits have also been integrated in partnership with the ministries of health and education to ensure that basic supplies at schools are maintained. One of the most important efforts the Mozambique Country Office has focused on has been the integration of life skills for HIV prevention in the school system (see Page 10).

Sudan

On a very limited sponsorship budget, the Sudan Country Office has managed to implement some much needed SHN interventions in 11 schools in Um Ruwaba (North Kordafan State), benefiting 4,300 pupils. In nine schools, simple water supply systems were installed, providing clean water to 3,200 schoolchildren and in five other schools, the latrines and hand washing facilities were improved for 2,000 children. A hygiene association, made up of pupils and supervised by teachers, was created in every school to ensure that water and sanitation facilities are kept clean and functioning properly. They also produce wall newsletters and conduct awareness raising sessions to promote healthy hygiene practices while 60 teachers were trained to teach children about HIV/AIDS – encouraging them to share the information with their families and out

of school friends. Save the Children is currently writing a proposal for funding to expand the program into the Nuba Mountains.

Uganda

In September 2005, Save the Children received funding from USAID through UPHOLD (Uganda Program for Human and Holistic Development) to implement the first integrated SHN program in Uganda. The program is being implemented in the Luwero and Nakaseke districts, in partnership with the District Health and Education departments and includes 100 schools reaching over 170,000 school children from both formal and community schools (CHANCE schools). A baseline survey was carried out in November 2005 in 20 schools with 440 pupils collecting indicators to evaluate the program. The survey found that 65% of children were anemic, 24% were infected with helminth and there was a high reported incidence of malaria (54% in the last 30 days). The aim of the program is to improve the educational performance and health status of children and their communities. The main interventions include de-worming, micronutrient supplementation, malaria prevention and improved access to water and sanitation facilities. In addition, a cross-cutting health and nutrition behavior centered strategy is being developed to improve nutritional, hygienic and sexual practices.

New Programs

Pakistan

The October 8, 2005 earthquake destroyed 80% of the 222 schools in the Allai Valley, an isolated valley in the North Western Frontier Province of Pakistan. Gross pre-earthquake primary school enrollment rates were only 37% and literacy rates less than 10% for men and 3% for women. As the acute phase of the post-earthquake emergency response ends, Save the Children, with funding from the Royal Netherlands Embassy, is working with the government and communities in the Batagram District to rehabilitate and improve livelihoods by increasing access and quality of health and education services. This includes SHN which will play a key role in improving school enrollment, attendance and school performance. Save the Children will work with 100 schools in the Allai valley and hopes to reach 15,000 children, in and out of school, by the end of 2008. The team is currently planning a baseline survey which will serve to evaluate the impact of the SHN program.



Old, temporary and new school being rebuilt following earthquake in Pakistan. Photograph by Andrew Hall

Honduras

The RICA countries (Regional Initiative for Central America), which include Guatemala, El Salvador, Honduras and Nicaragua are currently exploring ways to include SHN into their existing education programs. Honduras has completed a situational analysis and is awaiting technical support to discuss program options.

Technical Updates

Education and HIV/AIDS

Education offers one of the most effective strategies in combating HIV/AIDS and is often credited to be the “social vaccine” of the disease. Evidence from 21 countries in Africa and Latin America shows that better educated girls abstain from sexual activity longer, are more likely to require their partners to use condoms⁴ and have a greater chance of survival⁵. The evidence linking education and actual HIV infection is less clear however⁶. The following pages discuss the role of education in a world of HIV/AIDS, with examples from Uganda, Mozambique and Malawi.

Re-examining the education system for a world with HIV/AIDS

By Prof M. Kelly, formerly Professor of Education, University of Zambia

The mechanisms through which education affect levels of awareness, attitudes and, most important of all, becoming HIV positive or remaining HIV negative remain largely unclear. Much energy has been spent on the curriculum and the integration and content relevant to the AIDS epidemic, but we need to go further. We need to reflect on the challenges facing societies severely affected by the AIDS epidemic and the kind of education that would enable such societies to respond to these challenges i.e. we need to re-examine every aspect of the educational provision, beyond HIV knowledge, positive attitudes and psychosocial life skills, or the acceptance of the technologies of condom use, HIV testing and antiretroviral therapy. We need to think about what is needed to prepare young people to live in a world where the AIDS epidemic is radically changing the social and economic architecture and the environment.

A possible model would be to look at education as being built on four pillars: learning to know, learning to do, learning to live together, and learning to be.

In the context of HIV and AIDS, building on these pillars would enable education to communicate comprehensive and accurate information about the epidemic; foster the acquisition of psycho-social, health, nutrition and other

skills that improve ability to protect oneself against HIV infection; promote a compassionate, caring, rights-based, non-judgmental approach to every person; and support the development of life-affirming attitudes, skills and value systems that help learners make healthy, responsible life choices, resist negative pressures, and minimize harmful behaviors.

In addition, the school needs to become a centre for real and meaningful learning (aligned with the community's needs and beliefs) and transformed into a multisectoral focal centre for community action against HIV transmission and for community care and support of the infected and affected.



Three-year-old Junior, orphaned by AIDS, plays with a toy airplane. Photograph by Michael Bisceglie

An alternative school for Orphans and Vulnerable Children: Uganda

According to the Uganda HIV/AIDS Commission Director, the prevalence of HIV/AIDS in Uganda has declined to less than 8% (New Vision, 2005). However, in Kikoiro Parish in Nakasongola district, people feel otherwise. Results from a mobile clinic voluntary testing scheme found that out of 500 individuals tested in the parish, 38% tested positive and three quarters of these were female⁷. A small qualitative survey in Kikoiro by

Save the Children in September 2005, suggests there are more deaths, more AIDS orphans and more child female-headed households. Girls are leaving school earlier to marry, either to secure a dowry, or as for AIDS orphans, to relieve the burden on their adoptive family. Many are forced into prostitution to feed others in the family. Traditional family systems are being destroyed, and young girls are not receiving sexual health related information by their aunts, as they used to. By leaving school, girls become more at risk of infection and often lose their only opportunity to learn about the disease in an objective way. This recent study shows how CHANCE⁸ schools, community schools set up by Save the Children in 1999, are helping keep girls and vulnerable children in school and protecting them from HIV/AIDS.



A CHANCE school in Uganda. Photograph by Seung Lee

CHANCE schools

CHANCE schools are accessible, cheap and flexible, with a safe and inclusive learning environment. In CHANCE schools, no uniform is required, learning materials are free, lessons are in the local language, the pupil/teacher ratio is low and the school calendar is flexible to accommodate seasonal and economic chores often performed by girls. Older students and pregnant girls are also encouraged to enroll and remain in school. Youth clubs, attached to the schools, provide a venue to learn about HIV/AIDS and a Safe School Policy helps protect children against abuse in school. Teachers and members of school management committees receive training in child rights and psychosocial skills to help them identify and support vulnerable children.

Approximately 30% of the CHANCE school population has been orphaned and nearly half of these have lost at least one parent within the past year – a third have lost both⁹. CHANCE schools offer a flexible and supportive environment for vulnerable children to learn and remain in school.

Schools as Anchors of Community Support for Orphans and Vulnerable Children

By Jodie Fonseca, HIV/AIDS and Education advisor, Save the Children USA

In many parts of Africa, public services such as health care and government safety nets do not adequately reach rural communities. Schools are often present even in isolated areas, however, and have the potential to provide an essential focal point – an “anchor” – for community-based care and support to children in need.

Although schools are perhaps the most easily accessible public service for rural people, most schools do not have the capacity to respond to the needs of vulnerable children. Governments that have pledged to provide basic education for all children lack the resources to follow through sufficiently on their promises, leaving communities with much of the burden for ensuring accessible and high-quality education. The challenges for governments and communities have intensified as HIV/AIDS affects all sectors of society - including community leaders and teachers - and increasing numbers of children are orphaned and made vulnerable by the disease.

Save the Children has worked with communities in East and Southern Africa to provide support to these children with the school as the entry point:

Teachers and community members have been trained to recognize and address signs of psychosocial distress in their students.

Children's health and nutrition needs are being met through SHN activities, including HIV prevention through a life skills approach (see box below). In these communities, the school has become the anchor of support to the children who need it most.

Sexual Abuse in Mozambican Schools

Among girls under age 18, sexual abuse in schools is one of the main causes of the spread of HIV/AIDS in Mozambique. One report suggests that sexual harassment and sexual violence are preventing girls from enrolling and staying in school¹⁰. A recent study of sexual abuse in schools carried out by Save the Children and others in five Mozambican provinces showed that out of 950 girls (aged 15 years and over), between 8% and 16% had been sexually abused. Of the abusers, 36% were either teachers (18%) or fellow students (18%) and 10% of the abuse occurred on school grounds¹¹. In most cases, the abused remain silent due to fear of being stigmatized or blamed and punished. Unfortunately, on the community level, such abuse is not considered a serious problem and when reported, the abuser will rarely receive more than a fine.

To address these issues, the sponsorship funded program in Mozambique is implementing HIV prevention interventions developed and tested in Africa. In the summer of 2006, 22 teachers in 6 schools were trained to deliver 21 lessons on life skills for HIV prevention (see box on Page 11) which will be field tested over the next school year and eventually extended and evaluated in the entire district. The community mobilization team is working with the education sector to develop Safe School Policies in every school and members of the Parent-Teacher Association will be trained to use an adapted version of the Cool Parent Guide.



*Children playing in the school playground in Mozambique.
Photograph by Sarah Clarke*

Safe School Policies

A safe school policy is a set of guidelines, formulated by children, teachers, parents, school management committee members and other young people to help create a safe, supportive school environment. A disciplinary committee is set up in case one of the rules is broken. (See October 2005 newsletter for a description of the five step approach used in Uganda)

Lifeskills for HIV Prevention in Schools

by Clare Hanbury, author of several Lifeskills for HIV Prevention curricula

Lifeskills are the **personal and social** (psychosocial) skills children use to **think** and **act** competently and confidently to deal with themselves, relating to others and when making decisions. Life skills can be organized into five inter-related areas: 1. Decision-making & problem-solving; 2. Critical thinking & creative thinking; 3. Communication & interpersonal relationships; 4. Self-awareness & empathy; and 5. Coping with stress & emotion. These are distinct from livelihood skills such as knowing how to budget carefully.

To develop and strengthen lifeskills, children can practice them in a safe learning environment where it is OK to make mistakes. For example:

- How to resist or negotiate with peers
- How to recognize and avoid risky situations
- How to seek help if adults harass them

Its important that while teaching lifeskills that attention is given to three other key areas:

1. Information about HIV and AIDS

- ...of the right kind, at the right time, taught in the right way

2. Children's belief in themselves

... this can come from specific recognition from friends or family and others closest to the children. It is supported by goal-setting activities and awareness of the effects of choices on the goals

3. Support from outside

...peers, family, school, community, society as a whole, cultural and religious influences, media, government policy and law that support healthy choices.

Together with **lifeskills education**, the four areas work like the wheels on a bus – they must all be pumped up and in good shape for the bus to move forward!

For further information contact her on clare.hanbury@zen.co.uk



Schoolgirl answering a visitor's question, in a community-based school in Um Ruwaba, Sudan.

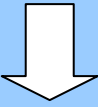

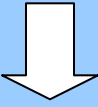
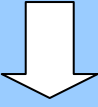
Photograph by Seung Lee

Developing Cool Parent Guides in Malawi

In 2002, Save the Children, with technical support from the Manoff Group, began developing an HIV/AIDS prevention program for school-age children using the Behavior Centered Programming approach (BCP). BCP is a systematic and strategic process used to identify and promote healthy behaviors that are feasible to achieve and will have a positive impact on health.

Cool Parent Guides were developed using this approach in Malawi. The table below summarizes each step:

Behavior Centered Programming Steps:

<p>Situational Analysis</p> 	<p>Objective: Obtain a better understanding of the HIV/AIDS situation in Malawi and identify resources and information gaps</p> <p>Key findings: The HIV/AIDS situation in Malawi is critical with an estimated overall prevalence of HIV infection of 15%. The median age of sexual initiation is 10 years, but little is known about the context surrounding first sexual initiations and unsafe practices amongst school-age children.</p>
<p>Formative Research</p> 	<p>Objective: Understand current behaviors and barriers and motivations for safer behaviors</p> <p>Key findings: Knowledge about HIV/AIDS transmission is good and attitudes toward abstinence are positive, but early sex is common. Most younger children have sex for the first time with age-mates when playing outside at night. Children trust their parents most for guidance and support but need it before they have a serious love interest. Parents usually do not talk to children about sex because they feel uncomfortable and become angry when they catch them with a girlfriend or boyfriend.</p>
<p>Strategy Development</p> 	<p>Objective: Develop practical strategies</p> <p>Key strategies: Students and parents identified and tested various strategies with the most popular being the Cool Parent Guide. The Cool Parent Guide is a tool to help parents discuss sexual health and HIV/AIDS issues with their children in a ‘cool’ manner (without anger). Trained members of the school committee, Parent and Teachers Association or a village AIDS committee provide the guides with counseling to parents, who then use the guides to help with the discussions with their pre-teen children.</p>
<p>Baseline Survey</p> 	<p>Objective: Collect baseline data to evaluate the program</p> <p>Key indicators and baseline results: A baseline survey was carried out in 20 schools and the main indicators and results were: percentage of students who are sexually active (42%), percentage of students who abstained from sex in past 3 months (66%), percentage of sexually active students who regularly use condoms (22%)</p>
<p>Monitoring and Evaluation</p>	<p>Objective: Assess if the program goals are being met</p> <p>Key findings: A midterm qualitative review found that more children are now discussing HIV/AIDS related issues with their parents. Parents and children love the dialogue and enjoy the closeness it creates between them. Parents have begun supervising play and keeping children at home in the evenings. Some changes are needed however: the counseling by distributors is critical to the success of the guide, and is sometimes poor. The guides also need to be adapted for illiterate parents, with pictures to reinforce the messages.</p>

Recent Meetings

Global Health Council

Washington, DC May 29 – June 2, 2006

This year, SHN had two presentations at the Global Health Council. Rasheduzzaman Shah from Bangladesh presented a poster on “Achieving education through attaining health: SHN findings in rural Bangladesh”.

Amado Parawan from the Philippines presented a panel on “SHN Innovations in the Philippines”.

HIV/AIDS and Education Symposium

London, May 17, 2006

This meeting brought together UN, bilateral and civil society representatives to focus on evidence gaps, emerging issues, partnership and successes of HIV/AIDS and Education. Ronnie Lovich and Natalie Roschnik, from the Home Office, participated in the meeting.

Food for Education Experts Seminar

Rome, May 8-9, 2006

Latest evidence on Food for Education was presented and evidence gaps identified, including results from the first systematic review of school feeding programs, to be published in 2006. Natalie Roschnik acted as rapporteur.

Standing Committee on Nutrition (SCN)

Meeting Geneva, March 13-17, 2006

The SCN working group for school-age children, co-chaired by Karin Lapping and representatives from the World Food Program and the Partnership for Child Development, was revitalized and a new action plan for 2006-2010 was developed. Save the Children’s contribution to this action plan is a toolkit on how to monitor SHN programs, to be published in FY2007.

Comparative and International Education

Society Hawaii, March 14-15, 2006

Seung Lee and Jodie Fonseca from Head Office and Mawaheb El Mouelhy from Egypt discussed SHN and the prevention of HIV/AIDS in the school setting, Uganda’s CHANCE project and Egypt’s “Young Ambitions” project in Egypt

WHO Technical Consultation to Review Interventions to Support the Parents of

Adolescents Geneva, October 16-19, 2006

Matthews Chavunya, HIV/AIDS officer for SHN programs in Malawi, was invited and attended this WHO sponsored meeting to present the development and

successful implementation of the "Cool Parent" guide in Mangochi, Malawi."

Recent HIV/AIDS Publications

Impact of sex and HIV education programs on sexual behaviors of youth in developing and developed countries (Kirby D, 2005).

This paper summarizes a review of 83 evaluations of sex and HIV education programs. Overall, the results indicate that these programs are far more likely to have a positive impact on behavior than a negative one. Two thirds (65%) of the studies found a significant positive impact on one or more sexual behaviors or outcomes, while only 7% found a negative impact. The analysis of the effective curricula led to the identification of 17 common characteristics of the curricula and their implementation (see below).

Characteristics Assessment Tool: A guide for program developers and educators (Kirby D 2006)

The Characteristics Assessment Tool (CAT) is an organized set of questions designed to help program developers and educators assess whether a curriculum or program has incorporated each of the 17 characteristics of effective programs. The characteristics are summarized below:

- *Developing the curricula* – Involving multiple people with varied backgrounds, using a logic model approach that specifies health goals, assessing relevant needs and assets of target groups, designing activities consistent with community values and resources, and pilot-testing the program.
- *Curricula content* – Creates a safe environment for youth, focuses on clear goals for preventing HIV/STI or pregnancy, focuses on specific behaviors leading to these goals, addresses psychosocial risk and protective factors affecting those behaviors, uses sound teaching methods that actively involve the students and helps them personalize the information, employs appropriate activities and messages and covers topics in a logical sequence.
- *Implementation of the curricula* – Select and train educators with desired characteristics, secure support from authorities, recruit youth if necessary and implement all activities as designed.

Boler T and Jellema A (2005). Deadly Inertia. A cross-country study of educational responses to HIV/AIDS

This report analyzes responses to the HIV/AIDS crisis, both by Ministries of Education and civil society groups working on education, in 18 countries across Asia, Latin America and Africa. The research found that only two of the 18 countries had a coherent education-sector AIDS strategy that was actually being implemented i.e. no action had been taken to prevent the potential impact of teacher shortages or to respond to the needs of orphans and HIV positive children. NGOs have responded to HIV/AIDS in education by providing HIV/AIDS education in schools and giving direct and indirect support for children orphaned by AIDS. NGOs have been much slower to respond to the issue of teachers and HIV and the little work that is being conducted is concentrating solely on HIV prevention.

Resources

Coming Soon: Save the Children Publications

Position Paper on School Feeding

Save the Children USA and UK are currently finalizing a position paper on school feeding to be used as a guide for program managers in deciding whether to implement a school feeding program.

Toolkit on monitoring SHN programs

The purpose of the toolkit is to help program managers set up a monitoring system for SHN programs. It will be available to program managers for comment in FY07.

Useful Websites

There are many useful HIV/AIDS related websites. Below are just a few which contain tools or databanks useful to school-based HIV/AIDS programming.

www.aidsmark.org

The AIDSMARK HIV/AIDS Behavior Change Communications (BCC) Catalogue provides a collection of HIV/AIDS BCC materials that serve as a guide for building effective BCC programs.

www.safepassages.soton.ac.uk

The Safe Passages to Adulthood (SPA) website has a number of guides to good practice and research tools on sexual health for young people that can all be downloaded from the website.

www.ovcsupport.net

This is a collection of information, tools and guidance on supporting orphans and other vulnerable children living in a world with HIV/AIDS.

www.ibe.unesco.org/HIVAids.html

The International Bureau of Education website includes:

- a **databank** of all HIV/AIDS and education related documents organised by country.
- an **HIV & AIDS Curriculum Manual** which provides a set of tools to support the development and adaptation of quality teaching and learning material for HIV & AIDS education, as well as teacher training.

Comings and Goings

AFRICA

Bamé Mamadou Diallo

Bamé Diallo who was the SHN coordinator in Kolondieaba, Mali, left Save the Children in September 2006. **Zana Daou**, Health manager based in Bougouni, will be providing technical support to the SHN program Bamé.

Fadima Maiga

Fadima was the SHN Manager in Mali and previously in Burkina Faso from 1999. In 2005, she was appointed to Gao (the North of Mali) to lead Save the Children's food security program.

Kenziebel Ndovie

Kenziebel Ndovie very sadly passed away on June 13, 2006. Kenziebel served as the Behavior Change and Communication Officer and helped to develop communication materials for the SHN program in Malawi. He kept everybody updated by producing monthly reports and had a lot of interest in learning new things and incorporating new ideas into his work. He joined Save the Children in September, 2002.

Victor Phiri

Victor Phiri sadly passed away on October 17, 2004. He was Data Officer for the SHN and ARSH programs in Malawi. He joined Save the Children on June 5, 2000, was very hard working and played a key role in managing the large amount of data.

ASIA

Lucienne Maas

Lucienne was most recently the Senior Program Advisor in AfCO and, in that role, was in part responsible for the SHN program start-up in Afghanistan. She left Save the Children in April, 2006 to finish her Masters degree in child rights. **Dr. Aftab Tariq Ihsan**, Senior Program Manager/Health, is now the key point person for SHN in Afghanistan.

Chandra Rai

Chandra was the Senior Program Officer for health and the point person for SHN in Katmandu, Nepal for the past three years. She has recently left this position and joined Save the Children's ACCESS program. **Neena Khadka** is now the health team leader and SHN point person in Katmandu.

Hari Rana and Bharat Shrestha

Bharat and Hari have recently been appointed to the positions of Regional Program Officers in Nepal and will be responsible for all health programs, including SHN. Both Hari and Bharat have been working with Save the Children for many years on different health projects, including SHN (Hari).

HOME OFFICE

Karin Lapping

Karin is taking a 6 month leave of absence from Sept 1-Feb 28th, 2007 to conduct research for her doctoral dissertation in applied nutrition. The research is supported by the World Bank and Cornell University and done in conjunction with Save the Children programs and staff in Vietnam, and will hopefully prove to be beneficial to SC's health and nutrition programming.

Seung Lee

Seung has moved from Ethiopia to Washington DC and is now the point person for SHN at the head office while Karin is away.

Natalie Roschnik

Natalie is increasing her time for SHN to 80% and will be providing more direct technical support to programs in addition to her research and documentation role. She will also be working 20% for emergency nutrition, helping with their documentation.

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