

The Second Annual Training Course on
**Strengthening
School Health, Nutrition
and HIV Prevention Programmes**

19 - 28 July 2006

A REPORT



**Partnership for Child Development
Imperial College, London**

**Eastern and Southern African Centre
of International Parasite Control
KEMRI, Nairobi**

The Second Annual Training Course on
Strengthening School Health, Nutrition
and HIV Prevention Programmes

A REPORT

*A Regional Course for Educationalists, Public Health
Professionals and Community Development Workers*
19 – 28 July 2006

**Venue: Kenya Medical Research Institute
(KEMRI, Nairobi, Kenya)**

Eastern and Southern African Centre of International Parasite Control
(ESACIPAC), KEMRI, Nairobi
and
Partnership for Child Development (PCD), Imperial College, London



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Course Overview

The second, annual regional training Course on **School Health, Nutrition and HIV Prevention Programming**, run jointly by the Partnership for Child Development (PCD), UK, and the Eastern and Southern Africa Centre of International Parasite Control (ESACIPAC), Kenya, took place from 19th to the 28th July 2006. Participants included representatives of the Ministries of Education, Health and Community Development, and civil society of 8 sub-Saharan African countries (Ethiopia, Ghana, Kenya, Malawi, Rwanda, Tanzania, Uganda and Zambia). Their participation was sponsored by The World Bank; the World Food Programme (WFP); TREND Ghana; HOPE Kenya; Save the Children (US); International Child Support (ICS), Kenya; the Madrassa Resource Centre, Kenya; the Schistosomiasis Control Initiative (SCI); and Ministries of Education and Health in Eastern, Central and West Africa.

This unique annual Course *aims* to enrich participants' knowledge, understanding and experience of SHN programming and to strengthen ongoing SHN programmes at the country level. Using the FRESH¹ Framework, traditional and contemporary health and nutrition issues that affect the learning and educational outcomes of school-age children were discussed and prioritised. Cost effectiveness and sustainability were also addressed. A field site visit illustrated the challenges faced by schools, communities and stakeholders and the practicability of improvements discussed.

The three key *strengths* of the Course lay in:

- facilitation by current practitioners with recognized international, regional and country expertise in SHN;
- the exceptional opportunity it provides as an annual forum for information exchange, debate and continued learning among programme managers and implementers engaged in school health and nutrition (SHN) programmes in Africa; and
- the inclusion of emerging issues and trends, identified by participants and facilitators, which ensured the Course remains relevant and appropriate (see Section 3).

The principal *outputs* of the Course are country specific response plans reflecting all aspects of the FRESH Framework (see Section 4). Technical support and follow up is subsequently provided to countries to enable these plans to be transformed into action. This follow up is part of an ongoing development partner initiative in the region that seeks to harmonize SHN activities and sub-regional communication and support networks, thereby contributing to the achievement of Education For All (EFA) and the Millennium Development Goals (MDGs).

The success of the past two years shows that this demand-led activity can inform and invigorate existing and new SHN programmes, especially where this is achieved through partnership between sectors, donors, academics and all other stakeholders.

¹ FRESH (Focusing Resources on Effective School Health) is an inter-agency initiative developed by UNESCO, UNICEF WHO, Education International and the World Bank, launched at the Dakar Education Forum, 2000, and now includes a large number of other organisations (including PCD). The FRESH framework captures best practices from programme experiences for the design and implementation of effective school health and nutrition programmes.

Figure 1. Participants and facilitators at the 2006 Course.



Figure 2. Some participants displaying their country activities at the information "Market Place".



Section 1: Rationale

Why school health?

Good health and nutrition are essential if children are to fully participate in education and gain its maximum benefit. School children are often thought of as naturally healthy, but studies have shown that in sub-Saharan Africa, more than half of the school-age population are stunted in height and are anaemic, and that in many areas most have one or more parasitic infections. These highly prevalent conditions are all associated with impaired cognitive ability.

Ensuring that children are healthy and able to learn is an essential component of an effective education system. Good health increases enrolment and reduces absenteeism, and brings more of the poorest and most disadvantaged children to school, many of whom are girls.

SHN programmes can help ensure that children are healthy and able to take full advantage of what is often their first and only opportunity for formal education. Additionally, children who begin school with the worst health status, have the most gains both in terms of both health and cognitive performance; in this way, school health programmes thus particularly benefit the poor and the disadvantaged.

School health, EFA and the MDGs

As was made explicit at the 2000 World Education Forum in Dakar, SHN programmes are now viewed as essential components of any strategy in support of Education for All (EFA) and the achievement of the Millennium Development Goals (MDGs). By ensuring student's health, SHN interventions are increasingly recognised as central to efforts to ensure that all children can access an education of quality. Effective access to an education of quality is more and more seen as a prerequisite for the eradication of extreme hunger and poverty, the promotion of gender equality and the empowerment of women, the reduction of child mortality and the improvement of maternal health and the prevention of HIV&AIDS, malaria and other diseases (MDGS 1,3,4,5 &6).

School health and the prevention of HIV&AIDS

In the presence of HIV&AIDS, ensuring children stay healthy and are able to take full advantage of the education being provided to them is becoming an ever increasing priority for the education sector. The prevalence of HIV among the school-age population is very low, even in countries where the general prevalence is high; thus, these children can provide a "window of hope" that, if kept free of infection throughout their lives, can change the face of the epidemic in one generation.

School health based HIV&AIDS prevention combines two complementary strategies:

- enabling children to prevent transmission of the infection and to mitigate its consequences (e.g. through the teaching of HIV&AIDS prevention curricula); and
- through supporting children's full participation in a quality education. Education itself is increasingly understood to be one of the best ways to prevent the disease. In the absence of a medical vaccine, the development of a safe, child-friendly, protective, gender sensitive learning environment, supported by SHN programs, can provide a "social vaccine" for HIV prevention.

The urgency and priority of the HIV&AIDS pandemic in the region meant that discussion of activities to prevent the infection permeated all aspects of the Course teaching. Participants recognized that preventing HIV&AIDS demands a holistic approach that touches on all aspects of students' lives. Synergy was sought between all aspects of school health and the need to control the pandemic.

School Health and the FRESH Framework

The Course has been designed using the FRESH (Focusing Resources on Effective School Health) Framework as its guiding principle. FRESH was launched in April 2000 by UN agencies and other partners launched at the Education for All Forum in Dakar, Senegal. It aims to support the achievement of quality EFA by describing how school health and nutrition and HIV prevention approaches can be used to address a spectrum of diseases and ill health through four complementary strategies:

- health related school policies;
- schools based health and nutrition services;
- provision of safe water and sanitation; and
- skills based health education.

In addition, there are three supporting strategies that need to be employed in parallel with these components:

- effective partnerships between teachers and health workers at all levels;
- effective community partnerships; and
- fully engaged students.

When programmes implement activities across the four components of the FRESH framework *together*, and in combination with the three supporting strategies and effective monitoring and evaluation processes, there is a reinforcing, synergistic effect that ensures that efforts in one area are not undermined by lack of attention in other areas. Integrated, well designed school health and nutrition programmes with HIV and AIDS components can be amongst the most cost-effective of public health interventions. Increasing numbers of countries have discovered that by redesigning their existing programmes – particularly school feeding programmes – they can enhance the educational effectiveness while actually reducing the cost.

Section 2: The Story so Far

In order to set the scene for the Course and establish a common starting point, participating countries gave presentations of their current situation in the area of SHN programming under each of the FRESH components.

School Health Related Policy.

All eight participating countries were active in this area:

- most either have a national SHN policy in place (Uganda) or in draft (Ghana, Kenya, Rwanda, Zambia and Malawi) form;
- some countries (Ghana and Tanzania) have developed guidelines for their policies;
- Ghana's SHN policy is specifically based on the FRESH framework and it has been integrated into the Annual Education Sector Plan;
- three countries (Ethiopia, Kenya and Malawi) have an SHN Task Force or Committee composed of various stakeholders that forwards activities;
- all countries referred to the partnership between Ministry of Education and Ministry of Health to varying degrees with two countries (Zambia and Rwanda) having draft formal Memoranda of Understanding between the Ministries; and
- Zambia has a specific line item in their education sector annual budget to cover SHN activities.

In the area of HIV&AIDS

- Zambia has an HIV&AIDS Education Policy while Ethiopia has a National Strategic Plan that makes specific reference to the education sector; and
- Kenya has a specific draft policy for Orphans and Vulnerable Children (OVCs).

School Based Health and Nutrition Services

The services provided were:

- most countries (Ethiopia, Ghana, Kenya, Tanzania, Uganda and Zambia) are implementing deworming programmes with varying coverage while others (Malawi and Rwanda) plan to begin activities;
- different forms of micronutrient supplementation are taking place in all countries;
- school feeding is taking place in all eight countries – in most cases led by WFP;
- Rwanda has a school garden programme;
- Ghana has established a process of testing and certification of school food vendors (annually renewable);
- three countries (Ghana, Malawi and Tanzania) have established screening and referral programmes while Uganda is working on the provision of first aid kits to all schools; and

- school based malaria activities are taking place in a number of countries (provision of insecticide treated nets (ITNs) in Zambia and Ghana; teachers delivered first line presumptive treatment in Malawi).

Skills Based Health Education

All eight countries had life skills activities as follows:

- most countries' activities focus on the provision of HIV&AIDS related activities;
- all countries have Anti-AIDS Clubs in some form;
- some (Ethiopia and Rwanda) have HIV&AIDS specific life skills activities in place including information, education and communication (IEC) materials;
- others (Uganda, Zambia and Kenya) have peer education programmes in place;
- care and support mechanisms including referral systems are being implemented by some countries (Kenya and Malawi); and
- in terms of general life skills, a number of activities are taking place including implementation of a life skills curriculum (Tanzania, Ghana and Malawi), and life skills based education (Rwanda, Zambia and Malawi).

Ensuring Access to Safe Water and Sanitation

The activities reported in this area were as follows:

- most countries were moving towards ensuring 100% coverage of all schools using latrines of appropriate design;
- cost was a major issue for all countries;
- some countries (Malawi, Rwanda, Zambia, Tanzania and Kenya) are providing water storage tanks/ boreholes in some schools;
- others (Kenya, Ghana and Uganda) are focusing efforts on provision of handwashing facilities as well;
- hygiene and sanitation education is being provided by a number of countries (Ghana, Ethiopia, Tanzania and Uganda) and, in most cases, training manuals and IEC materials have been developed towards this; and
- Ethiopia has formed a task team and has a formal memorandum of understanding between Ministries of Education, Health, Water etc. on roles and responsibilities.

Section 3: Key Emerging Issues

During the Course, a large amount of time was allocated to group work and plenary discussion of each of the FRESH components and their supporting strategies. During that time several key issues emerged. These are documented below:

School Health Related Workplace Policy

The recent marked increase in the number of SHN activities in the countries, led participants to underline the need for increased focus on the development of policies for SHN and HIV prevention activities. It was strongly felt that good policy underpinning was essential. SHN was to become part of teachers' statutory duties rather than a matter of personal enthusiasm and interest. Discussions revolved around the need for a coordination of activities, with Ghana providing an example of best practice of the role that the Ministry of Education can play in coordinating NGO activities on the ground. This highlighted the need for good partnerships in the development of effective policies; starting with the need for formal memoranda of understanding between all stakeholders. Several participants commented on the need to develop policies that were relevant at all levels. This meant adapting existing and draft policies so that these are acceptable at all levels. More importantly, participants stressed the need to develop policies in a bottom up approach, with the inclusion of communities and other stakeholders.

"...most activities are too 'top down'. We need to involve more communities. Sometimes policies don't deal with issues that are relevant. Sustainability needs community participation."

(Caleb Odhiambo, HOPE, Kenya).

Delivery of School Based Health Services

Discussions covered a variety of services including deworming, micronutrient supplementation, school feeding, school gardens, first line presumptive malaria treatment, provision of ITNs etc. School feeding and school garden programmes were a particular area of interest to the participants and discussion focused heavily on issues of sustainability of programmes and applicability to local context (community participation). Some payments for certain services (e.g., sample examination) would be encouraged for enhancing sustainability of de-worming activities in the community. It was noted that although the different countries offered some of these school based health services, there is need to scale them up to cover more schools. There is therefore a need to build local capacity in the areas related to the delivery of school based health services.

Ensuring Access to Safe Water and Sanitation

A visit to two schools with contrasting facilities in Mwea (North of Nairobi) provided a basis for discussion on the appropriateness of school based water and sanitation facilities in areas with geographically different characteristics. Discussions were intense with a particular focus on issues of sustainability; construction guidelines; toilet/pupil ratios (particularly with regards to the gender aspect); hand washing

facilities; and water supply. Tanzania and Ethiopia reported that their governments are making efforts to supply water to all schools while Ghana and Uganda are good examples in the use of ash for hand washing after latrine use. Children bring ash to school from home. It was observed by all participants that the school has a major role to transform the sanitation situation at the home of the child through constant interaction with the parents about the health of the child. Discussions further highlighted the need for effective advocacy strategies to obtain community and parent support.

Figure 3. Field site visit: evaluating a school water supply in Mwea



Drinking water piped from tank owned by a local womens' group; the school pays for this water

Life Skills Based Health Education

Reports from all those associated with the Course showed that *Life Skills Based Health Education* is being used to tackle a wide variety of different health conditions and problems in many different countries and in many different contexts. From the basis of participants' high level of experience and expertise in the subject, the challenges for enhanced and extended implementation of life skills based health education were discussed using concrete examples drawn from a wide range of sources (the work in life skills education being undertaken by the East African Regional office of UNICEF, the malaria life skills work being undertaken by ESACIPAC, and the forthcoming "Second Sourcebook of School Based HIV&AIDS Prevention Programs" being developed by PCD on behalf of the World Bank and Irish Aid). In particular, participants highlighted the need for development of life skills education to take into account questions of young peoples' needs, views and contexts in addition to the more familiar issues of effective design of informational content and interactive teaching methodologies. Further, participants emphasised the "pros" and "cons" of the many different ways in which life skills can be taught, the potential for

delivery of messages through a wide range of actors and the need for effective monitoring and evaluation.

Section 4: Response Plans – wrap up

Throughout the workshop, participants' thinking about the issues affecting them and the most appropriate next steps to be taken evolved considerably. In a survey exercise undertaken at the beginning of the course, most participants identified lack of funding/resources as the main issue that affected them and that constrained their ability to implement programmes. By the end of the course, participants came to the view that what was needed was effective advocacy for the finalisation of SHN policies, strengthened sectoral leadership, increased coordination between stakeholders and the development of costed developed plans that would enable improved advocacy for access to existing funds within countries. The need was also reiterated for improved monitoring and evaluation of activities so that progress could be measured, demonstrating to policy makers and funders that SHN activities are having a real and measurable impact on children's health and education.

Figure 4. Example from a session on monitoring and evaluation processes

	Example: HIV prevention	Indicator
Activity	Prevention education	Number of children trained on HIV prevention methods
Output	Increased knowledge	Number of children correctly identifying how HIV is acquired
Outcome	Decreased unsafe sex	Number of children who have had unsafe sex
Impact	Decreased pregnancies	Number of girls pregnant

There was a recognition that a key aspect of the FRESH framework is its sensitivity to the needs of different contexts; SHN programmes need to be tailor made for different countries rather than a "one size fits all" solution. Participants reflected this in the construction of country plans that sought to be appropriate to different countries' needs and situations (See Appendix 19). Plans developed made careful use of project design matrix planning techniques enabling goals, objectives, outcomes, activities and inputs carefully to be costed, indicated and monitored.

Participants' recognized that all plans made could be provisional only and would need on their return to their home countries to be owned and adopted by their respective ministries and organizations. An offer, welcomed by all participants was the offer of ongoing technical support for planning and implementation of activities offered through ongoing development partner initiatives in the region that are seeking to harmonize SHN activities and sub-regional communication and support networks (see Appendix 3).

In conclusion, outcomes experienced by those who took part in the short course were:

- enhanced technical appreciation of a comprehensive package of school health and school based HIV&AIDS programming interventions;
- raised awareness, gained from discussion with practitioners from a number of different country contexts, of the practical application of different activities in different settings;
- a stronger appreciation of the gains to be made when different school health and nutrition interventions are delivered in a co-ordinated, synergistic fashion;
- costed draft country plans for school health and HIV&AIDS interventions that made full use of project design matrices including details of monitoring and evaluation; and
- the potential for in country support for the development and implementation of plans through the work of regional networks.

As has been mentioned, the organisers of the course were delighted to observe the enormous increases in school health and nutrition and school based HIV&AIDS prevention activities that occurred between the 2005 and 2006 meetings. It is to be hoped that as a result of the learning, discussion and planning that took place in 2006, similar gains will be seen in 2007.

Appendices

Appendix 1. List of participants and contact details

THE 2ND ESACIPAC/PCD ANNUAL TECHNICAL WORKSHOP ON SCHOOL HEALTH, NUTRITION AND HIV PREVENTION PROGRAMMES

COUNTRY	No	NAME	TITLE / ORGANIZATION	ADDRESS	TELEPHONE /FAX/EMAIL
Kenya	1.	Ms. Najma. S. Rashid El-Mandhry	Project Director. Madrassa Resource Centre	P.O.BOX 42409 80100 Mombasa	Tel: +2544122221797 Cell: 254 733773455 Personal:+2547339258 71 Fax: +254 412221797 E: najma@mrck.com
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	3.	Mr. Heuston Waweruh Muriithi	Division of Health Promotion Ministry of Health	P.O BOX30562-00100 NBI	0722574771 hues.54@hotmail.com
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Appendix 2. Aims and objectives of the course

The second, annual ten day workshop on **School Health, Nutrition and HIV Prevention Programming** will be run jointly by the Partnership for Child Development, UK and the Eastern and Southern Africa Centre of International Parasite Control, Kenya. Together, these organizations have formed an ideal collaboration to deliver a contemporary SHN course. The success of the first course in March 2005 showed that this demand-led activity, facilitated by current practitioners with recognized international and regional expertise in SHN can inform and invigorate existing or new SHN strategies.

This course will provide an up-to-date, comprehensive introduction to current concepts and practice designed to improve the health, nutrition and education of schoolchildren. It will also address issues of management and implementation that respond to participants' specific needs.

The programme will address important health and nutrition issues of school-age children that affect their educational outcomes, including HIV/AIDS, parasitic infections (including malaria), malnutrition, micronutrient deficiencies and the school environment. Using the proven effectiveness of the FRESH² framework as an organizing principle, the course will provide participants with the skills to examine best practices on how to:

- *develop effective SHN policies;*
- *deliver school based health and nutrition services cost-effectively, e.g. deworming;*
- *develop skills based health education;*
- *provide access to safe water and sanitation in schools;*
- *develop effective partnerships at all levels; and*
- *manage, monitor and evaluate an SHN programme effectively.*

During the course, participants will be enabled to strengthen their skills, to keep in touch with latest research and knowledge, form new partnerships, exchange experiences and to develop or strengthen an existing SHN implementation plan and training manual specific for their country.

² FRESH (Focusing Resources on Effective School Health) is an inter-agency initiative developed by UNESCO, UNICEF WHO, Education International and the World Bank, launched at the Dakar Education Forum, 2000, which incorporates the experience and expertise of these and other agencies and organizations (including PCD). The FRESH framework captures best practices from programme experiences for the design and implementation of effective school health and nutrition programmes

Appendix 3. Sub-Regional Networks for Ministry of Education HIV&AIDS Focal Points

As part of the Accelerate Initiative³, the UNAIDS Inter-Agency Task Team (IATT) on Education has worked with Ministry of Education HIV&AIDS Focal Points within the ECOWAS region, Eastern Africa, Central Africa and Lusophone Africa to create regional Ministry of Education HIV&AIDS Focal Point networks. The Networks provide a framework for consultation, exchange and sharing of experiences among actors in the field of School Health, Nutrition and HIV&AIDS.

The ECOWAS and Mauritania Ministries of Education HIV&AIDS Focal Point Network was officially launched in December 2005 in Saly, Senegal. The group meets and communicates regularly to discuss how best to work together to develop more effective regional and national education sector responses to HIV&AIDS. A network “*HIV&AIDS and Education*” newsletter and website (coordinated by UNESCO and the Partnership for Child Development) provides regular regional and country level updates of activities. This can now be downloaded at <http://www.schoolsandhealth.org/>. Members of this Network are now effectively sharing information and joint work.

A comparable network of East African Ministry of Education HIV&AIDS Focal Points was officially launched at ICASA – Abuja, December 2005. There are also comparable networks in Central Africa, Southern Africa and Lusophone Africa. Information on all of these networks can be found at <http://www.schoolsandhealth.org/>.

During the ICASA 2005 conference, the opportunity was taken to bring together all focal points of the networks to discuss current and future joint activities. A second meeting is planned for ICASA 2007.

Comparable networks and inter network communication are being developed in the Caribbean, South Asia and South East Asia Regions.

³ This is an UNAIDS Inter Agency Task Team on Education initiative to: Accelerate the Education Sector Response to HIV&AIDS.



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