Strengthening Contemporary School Health, Nutrition and HIV Prevention Programmes

Report of the 8th Annual Africa Short Course

Kilifi, Kenya
19 – 28 June 2012
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In June 2012, the Partnership for Child Development (PCD), Imperial College London, in partnership with the Eastern and Southern African Centre for International Parasite Control (ESACIPAC) and West African Centre for International Parasite Control (WACIPAC), delivered the 8th Annual Short Course on Strengthening Contemporary School Health, Nutrition and HIV Prevention Programmes at the Sun’n’ Sand Beach Resort in Kilifi, Kenya. The course, as in previous years, aimed to contribute to the evidence base and build capacity amongst participants and their respective countries in school health, nutrition (SHN) and HIV prevention to further contribute to the achievement of the Millennium Development Goals and Global Partnership for Education’s Education for All movement.

Twenty-eight delegates representing Anglophone, Francophone and Lusophone Africa - eleven countries in total - joined together for the rigorous ten-day training course. As Figure 1 shows, all Sub-Saharan regions of Africa were represented with participants joining from Angola, Botswana, Ethiopia, Ghana, Guinea Bissau, Kenya, Liberia, Malawi, Nigeria, Rwanda and The Gambia.

Figure 1. Participating countries
This year’s course saw a dramatic increase in numbers interested in attending the course and applications, introducing a new element of competition for coveted scholarships. High demand for the course meant course partners were able to ensure strong country teams, and regional and sectoral representation was reflected in the excellent quality of participants. The 8th annual course welcomed participants of a wide range of ages and varying points in their careers, from those early in their professional specialisations to those in senior positions within both governmental and respected civil society organisations. This mix of experience encouraged cross-generational learning and mentoring of younger participants as well as introducing seasoned professional to new approaches and contemporary teaching. Lusophone Africa was present for the second year running with individuals from Guinea Bissau and Angola, and the southern cone of Africa returned with Botswana offering opportunities for learning about their progress into middle-income status and best practice in SHN & HIV prevention programming.

Participants hailed from a mixture of professional backgrounds and sectors including Ministries of Education, Agriculture, Health, Youth, Local Government and numerous non-governmental organisations (NGOs). In total, 21% of participants represented NGOs including Joint Aid Management (JAM), Save the Children, Kenya’s Girl Child Network, and Food Basket International. A more balanced representation of government health and education sectors was present this year with 21% of participants coming from the Education sector, while 31% were from countries’ Ministries of Health or health-related agencies. As hoped following last year’s course, new Ministries of Agriculture attended indicating the growing interest and role of the agricultural sector in SHN, particularly as related to home-grown school feeding. The course welcomed organisations new to the participant role in Rwanda’s Ministry of Youth and two renowned research institutes, Ghana’s Noguchi Memorial Institute of Medical Research (NMIMR) and ESACIPAC, both of which have historically solely been facilitators on the course.
Course Structure

The 8th annual short course saw delegates join in Kilifi for an intense ten-day workshop during which participants shared best practices, knowledge and experiences in school health and nutrition and HIV prevention amongst countries and across sectors.

Taking on recommendations from last year’s extensive course review, the course reverted back to ten days to ensure ample time for both classroom based learning and time spent observing and learning in the field. This year’s course took delegates to Kilifi, on the south coast of Kenya and was selected for its association with partner, ESACIPAC-KEMRI, which has a research base in KEMRI-Wellcome Trust. Kilifi has been a seminal site in research on parasitic worm infection in school age children, among other areas of SHN, and surrounding schools offered a variety of rural SHN models to observe. As a residential course, participants were able to spend less time in transit to both lecture and field sites, and more time networking in and out of teaching time.

As in previous years, the course remained structured around the FRESH (Focusing Resources on Effective School Health) Framework, illustrated in Figure 3, (see the Schools & Health website for more information), but with particular emphasis on encouraging country teams and individuals to build country-specific action plans related to each of the Pillars and Supporting Strategies in group work before returning to home countries.
The FRESH framework remains a key feature of the course and an effective means of shaping comprehensive school health, nutrition and HIV prevention programming, however it is acknowledged it is only a starting point and that with each year the course must continue to introduce new and relevant learning opportunities.

This year’s Issue in Focus was that of ‘reaching the last 10%’, exploring issues of orphans and other vulnerable children (OVC). Rather than taking a keynote approach, this year’s Issue in Focus was threaded throughout the course, relating current thinking on OVCs to the core areas of policy, services, environment and skills-based health education as well as the Supporting Strategies. Marrying the FRESH framework with the integrated approach to this year’s key topic and recommendations from last year, the ten days focused on further development of skills in action planning, project cycle management, and monitoring and evaluation, coupled with contemporary teaching on increasingly important issues such as inclusive education and partnerships. Participants were provided with up-to-date, practical knowledge and tools, as well as opportunities to enhance networking to support their work and contribute to further change in their home contexts.

The course structure ultimately supports the short course’s longstanding aims to broadly strengthen partnerships, build capacity, and utilise the robust and growing evidence base to advocate for continued and strengthened political and financial commitment to SHN & HIV prevention programming, and this year’s short-term aim of increasing participants’ understanding of how the most vulnerable 10% can and should be considered in all areas of SHN & HIV prevention programming.
Meeting the Aims of the Course

Figure 4. Aims of the 8th Annual Short Course

Partnerships
Capacity
Evidence Base
The importance of partnership working across sectors and regions was emphasised throughout the course through a variety of formal learning and more social activities including:

An Afternoon of Partnerships: Multisectoral Collaboration and Community & Child Participation

This year’s course introduced a dedicated afternoon to exploring the important role of strong partnerships in designing and delivering effective school health and nutrition programmes. Two sessions on formal partnerships and community/pupil participation were developed in direct response to requests from previous years’ participants for further training on how to network, form meaningful partnerships and effect change through collaboration and in light of the understanding that single agents or even sectors are often unable to effectively tackle the complex challenges faced in development. In the first session on multi-sectoral collaboration, participants reviewed the guiding principles, challenges and success factors behind effective partnerships; explored the rationale for when and when not to partner; considered the various roles and perspectives of actors/sectors they were likely to encounter in their work; and were introduced to the Partnering Cycle and how to implement, manage and review partnerships. Perhaps most importantly, and enjoyably, participants engaged in role play in which they were asked to represent a particular partner perspective over several time points in the Partnering Cycle in order to appreciate the skills and mindsets required to successfully manage relationships and agree goals and responsibilities. Group competitions, role plays, and lectures were used and participants were then provided with Partnership Packs to share with colleagues at home. This session was rated most highly by participants at the end of the course, emphasising its value in “driving home the importance, purpose and process of partnering”.

Following an introductory session on formal partnerships, community engagement and pupil participation in SHN was addressed through an introductory session to the Child-to-Child Approach. “The Child-to-Child Approach is an educational process that links children’s learning with taking action to promote the health, wellbeing and development of themselves, their families and their communities” and is currently actively applied to children’s development in over 70 countries around the world, and many more since its start in the early 1970s. As community and pupil participation are two key supporting strategies of the FRESH Framework, participants were introduced to Child-to-Child as a right’s based approach which aims to enhance children’s personal, physical, social, emotional, moral and intellectual development while reinforcing the message that it is a child’s right and responsibility to participate in health and education. In line with this year’s Issue in Focus: Reaching the Last 10%, the principles of inclusion, non-discrimination and being in the best interest of the child underpin the approach.

“The Child-to-Child Approach is an educational process that links children’s learning with taking action to promote the health, wellbeing and development of themselves, their families and their communities”
Marketplace

Each year a social event called the Marketplace welcomes participants and facilitators early on in the course and provides an opportunity for country teams and participants’ Ministries and NGOs from across sub-Saharan Africa to showcase their exemplary SHN and HIV prevention programmes and resources. As one participant noted this year’s marketplace “kicked off” the course, encouraging networking and removing barriers often encountered in formal learning environments by helping everyone get to know one another better. Delegates used the event to share information, education and communication materials used by their various programmes, exchange experiences and knowledge, and form new relationships with SHN practitioners from around their country and outside home contexts. The event is also an opportunity to experience the host country’s culture and this year’s marketplace was especially colourful as it was joined by members of the Maasai tribe who performed for and danced with delegates. Delegates were then able to explore the beautiful Maasai handicraft market and enjoy dinner together.

ACE Africa, with bases in Kenya and Tanzania, is now the largest implementing organisation of the Child-to-Child approach globally and joined the course to expose participants to the methodology as well as case studies of their communities which now have fully integrated Child-to-Child into community development activities. Participants were introduced to the series of linked activities, or ‘steps’, children work through in considering health issues to ultimately make decisions, develop their life-skills and take action to promote health in their communities, with the support of adults (see Figure 5). No matter the professional role of the participant or level of interaction with school-age children, Child-to-Child reinforced the importance of seeing children as more than beneficiaries of SHN & HIV prevention programming, but as essential and capable agents of change for themselves and their communities. An understanding of the long-term benefits to encouraging children to take leading roles in analysing and problem-solving issues related to their social and physical wellbeing with the guidance of teachers,parents and community leaders was emphasised. As one participant summarised, “the Child-to-Child approach has actually demonstrated that children can be more involved in their health-related issues and positively affect the entire community”.

Figure 5. Six-step approach to Child-to-Child

Child to Child ... an approach

Marketplace
Throughout the ten days, networking was prioritised. Participants were able to share experiences, new ideas and best practice with one another and were encouraged through this interaction to engage in “participatory, open and honest” discussions and to be “reflective and analytical” about their own programmes of work:

“This was a great opportunity for me to share with other countries on what is being done and provide me new ideas and knowledge on how to plan, implement and monitor SHN and HIV strategies.”

“There has been a beautiful exchange of ideas and a huge opportunity for replicating good and best practices in our country.”

New relationships were initiated both within country teams and more widely across regions and sectors. Participants reported their ability to meet colleagues from a varied range of sectors, departments, and levels provided access to discussions in which they would otherwise not have a voice in in their home contexts. Access to federal, state, or district level practitioners previously unknown to participants allowed country teams who had not met before to prioritise together and develop a chain of communication to return home with.

“Working together as a team enabled us to identify our strengths and weaknesses and how best we can come together for the common good of the children and society at large.”

Despite coming from diverse contexts, participants found they held common professional roles enhancing their ability to relate to one another and see the relevance and applicability of other countries’ work to their own challenges:

“I have seen practices similar to the ones in my country. I have also observed simple but innovative approaches that can be applied in the programme I am in involved with.”
Partnerships were not only formed and strengthened among participants, but also with course facilitators:

“But for the course I would not have met the wonderful and talented presenters of the programme - collaborations will continue as we leave here.”

Relationships built throughout the course were strategic in that they helped delegates to identify particular countries, programmes and approaches of relevance and were ultimately deemed very “useful friendships” which they intend to maintain once home. Evidence of ongoing communication after the course is already available as a number of participants have since requested further guidance and sharing of materials from this year’s group through email and mailing lists. Longer term, participants noted they wish to use new contacts’ country plans and case studies as tools to strengthen regional partnerships and lobby governments and donors for “more financial support”. Although ideally resources would allow for country study tours, one participant stated that through “collaboration and consultation after [we] go back home… together we can move Africa forward”.
Aim II: To strengthen capacity at the national level of both health and education sectors to support all SHN and HIV prevention programme components.

A number of activities were undertaken to support capacity building of country teams and individuals in all areas of SHN, with a particular focus on reaching the most vulnerable children.

Capacity to better support delegates’ SHN programming was developed through:

- Didactic teaching sessions led by expert facilitators.
- Dissemination of technical knowledge and cutting edge evidence.
- Provision and practice with tools to aid in development and evaluation of programmes.
- Exchange of information in workshop/breakout sessions.
- One-to-one time with expert trainers.
- Field visits providing participants with an opportunity to explore the reality of programme implementation on the ground.

2012 Issue in Focus: Reaching the Last 10%

Evidence suggests that less than 10% of children with disabilities attend school in Africa. Additionally gender, poverty, and other sociocultural parameters influence children’s access to and benefit from education and healthcare, rendering some children particularly vulnerable to poor outcomes. As these children have arguably the most to gain from comprehensive SHN (and conversely are most at risk), this year’s course endeavoured to address the often sensitive and contentious issues of identifying, targeting and reaching the most vulnerable children through schools. Unlike previous years and as the topic of Orphans and other Vulnerable Children (OVC) is a cross-cutting one, this year’s course threaded learning on OVCs throughout the ten days highlighting the latest evidence and its relevance to each of the FRESH pillars and supporting strategies.

The week began with an overview of the Accelerate Initiative which has, over the past ten years, promoted leadership in the education sector and created sectoral demand for a response to the HIV/AIDS pandemic including the formation of three regional networks in sub-Saharan Africa of HIV/AIDS Focal Points within the Ministries of Education and advocates for school children to be agents of change in the fight against the pandemic, as they continue to be a window of hope to remain HIV-free. Participants were then challenged to consider the scale and definition of an OVC across the life span resulting in lively debate about the meaning of orphanhood, childhood and vulnerability. Once delegates had an understanding of who constituted OVCs in their home countries, sessions on targeting and related policy and practice introduced delegates to the various approaches used in identifying at-risk school-age children, such as geography, social and demographic indicators, those living in particular circumstances, and those identified through the use of local knowledge and community-based targeting.
Further sessions on school-based services aimed at detecting children with additional needs demonstrated the importance of child eye-health and screening for refractive error through Sightsavers’ experience in implementation, and effective targeting of malaria prevention and parasite control from research undertaken in Kenya, and led by Kilifi-based researchers at KEMRI-Wellcome Trust. This cutting edge research exposed delegates to methodology options in targeting their own parasite control programmes through the use of likely already available data such as Demographic and Health Surveys (DHS), school enrolment and attendance data, household surveys, and proxy data on food insecurity, already existing feeding programmes and gender.

Sightsavers led interactive teaching on the importance and challenge of inclusive education facing many African countries, emphasising the need to ensure the presence, participation and achievement of ALL children in education if the MDGs and EFA goals are to be realised. Attention to both formal and non-formal learning places and the commitment to changing structures, systems, policies, practices and culture to enable the education sector to respond to the diverse needs of school-age children are needed. Finally, this module recognised that one size does not fit all and that every country will require context-specific planning. As a follow on to theory sessions and debates on defining, targeting, and including a range of OVCs in education sector planning, two case studies were presented.

World Vision Zambia’s Head of Advocacy, with over 20 years’ experience working in child protection and OVCs, presented the all-too common reality of the disconnect between policy rhetoric, in this case related to OVCs, and implementation. Though policies in poverty reduction such as cash transfers, re-entry to education for pregnant girl-children, food packs for OVCs, partnerships with residential homes, and commitments to free primary education and healthcare to OVCs exist, government targets, and inevitably true need are not being met. As a result of awareness raising on the part of key organisations such as World Vision, communities across Zambia are now engaging in demand-driven voice and accountability initiatives holding service providers to account to deliver on commitments to these key child populations. Furthermore programmes like STEPS OVC, a World Vision initiative which aims to support OVCs in six key areas including education, healthcare, food and nutrition, child protection, psychosocial support, shelter and care, has aided communities to identify and target priority children. World Vision Zambia’s experience in OVC programming which provides many of the elements of comprehensive school health and nutrition in the absence of government coverage, is further regarded for its robust M&E LEAP framework (Learning through Evaluation with Accountability and Planning) and participants were especially impressed by learning that M&E officers are placed on each district team ensuring it is an integral part of programme implementation rather than an afterthought.

The second case study was presented by a member of the esteemed Manicaland HIV/STD Prevention Project, a seminal research site in eastern Zimbabwe on HIV and its effect on communities since the early 1990s. The Manicaland team recently undertook research comparing community-based and census-based targeting of OVCs for cash transfers and other services. This research suggests that in resource-tight settings, like those from which many delegates hail, targeting of poorest households is most efficient; however there is a trade-off in lower coverage of children with poor outcomes. As such, if time and resources allow, socio-demographic criteria, validated by the communities themselves, increases the coverage of children with the poorest outcomes.

Both the Zambia and Zimbabwe case studies highlighted the importance of strong community engagement, partnership working, and use of evidence to identify and reach the most at risk school-age children and the benefits of robust M&E.
Translating policy and strategy documents into pragmatic programmatic terms is pivotal to the success of any school health programme. By the end of the course, participants spent considerable time reflecting practically on their own SHN programmes, working in collaboration with fellow country team members to develop realistic, practical and much needed actions to support the achievement of their countries’ national SHN goals and objectives. The purpose of these draft action plans was to then take them home for further development and finalisation with their colleagues and in-country partners.

As a first step in country action planning, participants were asked to consider their spheres of influence in relation to key stakeholders, programmes and priority issues in order to focus their planning only on those for which they have high levels of control.

Participants then spent dedicated time across the ten-days completing an action planning toolkit which comprised of SWOT and stakeholder analyses (see an example from Liberia in Figure 7), long term roadmaps and short term action plans. Delegates applied theory, evidence and observations from the course to find relevance to their own programmes, identifying areas of potential replication and associated opportunities and threats they may face in doing so for three pillars of FRESH: school-based services, skills-based health education, and community engagement. This process was repeated for the areas of deworming, malaria and parasite control, school environment and water and sanitation and any other area deemed a priority for countries present on the course. Where country teams wished to particularly focus on developing plans for one area, e.g. school-based deworming, expert facilitators spent considerable time supporting development of detailed plans.
Ultimately each country team returned home with clear long-term roadmaps for their priority areas articulating overarching programme goals and understanding of what is needed to reach them. Doable, practical action plans with clear timeframes, allocated responsibilities and indicators of success were drafted and shared with the group (see Figures 8 and 9 for examples from Kenya and Rwanda of their short term action plans to improve WASH through the school-based platform). Participants noted the action planning process and related tools were “very practical - spelling out what each [country] intends to do” and offered participants “exact timeframes to execute any particular projects”.

<table>
<thead>
<tr>
<th>Please list below all of the stakeholders currently and/or potentially involved in Deworming services and education for your country programs:</th>
<th>Please rank the stakeholders in order of importance, where 1 = most important for your program</th>
<th>Please identify what role the stakeholder may play, where F = Financial, T = Technical, P = Policy, I = Implementation, and B = Beneficiary</th>
<th>Please indicate whether the stakeholder is currently engaged (E) or could be potentially engaged (PE).</th>
</tr>
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<tr>
<td>Example: Teachers School Principal</td>
<td>2</td>
<td>1</td>
<td>I:B</td>
</tr>
<tr>
<td>LSTM</td>
<td>1</td>
<td>F;T</td>
<td>E</td>
</tr>
<tr>
<td>Ministry of Education</td>
<td>1</td>
<td>T;P;I</td>
<td>E</td>
</tr>
<tr>
<td>Ministry of Agriculture</td>
<td>1</td>
<td>T;P;I</td>
<td>E</td>
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<tr>
<td>LW&amp;SC</td>
<td>2</td>
<td>T</td>
<td>PE</td>
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<tr>
<td>IRD</td>
<td>1</td>
<td>F;T</td>
<td>E</td>
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<tr>
<td>UNICEF</td>
<td>2</td>
<td>F;T</td>
<td>PE</td>
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<td>WFP</td>
<td>2</td>
<td>F;T</td>
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<tr>
<td>WHO</td>
<td>2</td>
<td>F;T</td>
<td>E</td>
</tr>
<tr>
<td>Community</td>
<td>1</td>
<td>B</td>
<td>E</td>
</tr>
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Figure 7. Stakeholder analysis for school-based deworming programmes in Liberia
**Programme Name:** WASH Programme  
**Goal:** Improved water, sanitation & hygiene in schools

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<tr>
<th>Needs</th>
<th>Activities</th>
<th>Timeframe</th>
<th>Responsible</th>
<th>Verification of Completion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inadequate water supply</td>
<td>Mobilisation of stakeholders/partners to:</td>
<td>1 year</td>
<td>1. MoW</td>
<td>1. MoU with partners/stakeholders</td>
</tr>
<tr>
<td></td>
<td>2. Sensitisation on water management</td>
<td></td>
<td>3. Manager in school health programme, MoPHS (DCAH)</td>
<td>3. No. of community members sensitised</td>
</tr>
<tr>
<td>Hand washing facilities</td>
<td>Mobilisation of stakeholders/partners to:</td>
<td>3 months</td>
<td>1. MoE</td>
<td>1. MoU with partners/stakeholders</td>
</tr>
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**Figure 8.** Short term action plan for improved WASH in schools, Kenya country team

**Programme Name:** School Hygiene and Environmental Health  
**Goal:** To establish and improve healthy and hygienic environment in schools

<table>
<thead>
<tr>
<th>Needs</th>
<th>Activities</th>
<th>Timeframe</th>
<th>Responsible</th>
<th>Verification of Completion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adequate, clean and separate latrines for girls and boys available</td>
<td>Procure and distribute OSS to all schools</td>
<td>July 2012 - December 2012</td>
<td>1. MoE</td>
<td>Number of schools using OSS to clean their latrines</td>
</tr>
<tr>
<td>Provision of running and potable drinking water</td>
<td>Sensitise schools and communities to use water tanks for raining water harvesting and on use of sur’au (chlorination) for drinking water</td>
<td>September 2012 - July 2013</td>
<td>1. MoE</td>
<td>Number of schools sensitised</td>
</tr>
<tr>
<td>Improved hygienic and safe school environment</td>
<td>Develop and disseminate integrated BCC messages on proper hygiene in schools</td>
<td>August 2012 - December 2012</td>
<td>MoE</td>
<td>BCC messages developed, disseminated and available in schools</td>
</tr>
<tr>
<td></td>
<td>Sensitise schools to adopt liquid soap for hand washing and cleaning</td>
<td>July 2012 - June 2013</td>
<td>MoE</td>
<td>Number of schools sensitised</td>
</tr>
<tr>
<td></td>
<td>Conduct joint monitoring visits on comprehensive hygiene and sanitation in schools</td>
<td>October 2012</td>
<td>1. MoE 2. MoH</td>
<td>Number of field visits conducted</td>
</tr>
<tr>
<td></td>
<td>Sensitise students, teachers, PTA parents and communities on importance of their participation in school health and hygiene activities</td>
<td>September 2012 - December 2012</td>
<td>1. MoE 2. MINALOC</td>
<td>Report for the Sensitisation Campaign available</td>
</tr>
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**Figure 9.** Short term action plan to improve WASH in schools, Rwanda country team
Field Visits

The field visits, held over two days, provided real-life exposure to the pillars of the FRESH framework and supporting strategies in practice. Field visits aimed to enhance participants’ capacity to reflect on effectiveness of implementation and to identify common challenges, successes and potential solutions to their own SHN programmes. Participants were divided into two groups each of which was taken to two coastal schools currently piloting Kenya’s Comprehensive School Health programme and one school feeding school. Team A and Team B experienced different schools contributing to rich discussion and varied observations when the teams reconvened for field visit debriefing.

This year teams travelled within the Coast Province, mainly in Kilifi and Msambweni Districts to visit primary schools in Kikambala, Vipingo, Kibaoni, and Mkwanjuni and observe the tripartite pilot programme for Comprehensive School Health. Kenya’s Ministry of Public Health & Sanitation’s (MoPHS) Division of Child and Adolescent Health, Ministry of Education and JICA joined together to develop a comprehensive school health policy and guidelines based on eight thematic areas which have since been developed into school-level action plans constructed around the eight core themes including: 1) Values and life skills, 2) Gender, 3) Child rights, protection and responsibilities, 4) Water, sanitation and hygiene, 5) Disease prevention and control 6) Nutrition, 7) Special needs, disability and rehabilitation, and 8) School infrastructure and environmental safety.

Over the past year, 20 schools in Kilifi and 10 schools in Msambweni Districts have piloted the approach and four schools from within this scheme were selected for this year’s field visits. The schools visited were those that exhibited evident gains in knowledge acquisition, infrastructure development including greatly improved WASH facilities, demonstrable behaviour change and good hygiene practices amongst the school pupils and the teaching community. Two of the field visit schools were awarded gold medals after achieving an eighty percent plus score in each of the eight thematic areas under the pilot review. The overall aim of the comprehensive approach is to positively impact short and long term effects in addressing ill health amongst the school age children hence improving academic performance.
All schools were based in rural communities, which like most are based firmly on agriculture and livestock. Kilifi District and the surrounding areas fall among Kenya’s malaria endemic regions and thus school visits were able to highlight work on malaria control as a key intervention. Furthermore, child malnutrition is high across Coast Province and Kilifi in particular due to severe food insecurity, irregular rainfall, poor weaning diets and high helminth infestation. As nutrition is a primary challenge for the province, participants visited one of the two school feeding schools including Mnyenzeni in Kaloleni District where Home Grown School Meals are being provided on a daily basis to pupils under the guidance of Kenya’s Ministry of Education.

Tsangalaweni Primary School in Ganze offered the other team a chance to observe a traditional WFP-supported school feeding programme. Notably Ganze, based in Kilifi District, is accepted to be one of if not the most deprived division in the whole of Kenya and this is in part due to having the lowest rainfall of all areas in Coast Province. Both of these schools exposed participants to different modalities through which school feeding can be delivered.

At all schools participants were greeted by Head or Deputy Head Teachers, given tours of the schools’ infrastructure and WASH facilities, and spent considerable time speaking with parents, community elders and other members of School Management Committees, Parent-Teacher Associations, Health teachers, and students engaged in discussions on the challenges they are facing and means through which they are overcoming their priority issues. For example, a school project committee comprised of parents, community leaders and school officials at Tsangalaweni Primary shared their progress to date constructing boarding facilities for female students to support school attendance, prevent drop-out, and provide housing for some of the most vulnerable girl-children. They discussed plans to pilot the girls’ dormitories and if successful commence planning for equitable boys’ facilities. This same school was also faced with serious challenges of drought and unsuccessful attempts at sustaining a school garden to provide supplementary food, which resulted in tremendous exchange of ideas between school stakeholders and participants as they shared similar experiences from their home contexts.
Dissemination Plans

As a reflection of capacity being built throughout the ten-day course, each participant shared plans for disseminating lessons learnt, materials and contacts gathered, and expressed refreshed motivation to progress the SHN agenda with colleagues in their home contexts.

Course attendees cited 35 separate stakeholders they intended to share course messages with upon returning home. These stakeholders crossed the spectrum from national level Ministers, Permanent Secretaries and Governors, technical working groups, state, province and district level planning teams, (international) non-governmental and community-based organisations and external partners including WFP, UNICEF, GIZ, Save the Children, WHO, and finally frontline beneficiaries and community members such as teachers, parents, and students themselves. Strategies for sharing information included written reports, post-course workshops and presentations for colleagues, meetings with partnering ministries and external partner agencies, and replication of the short course evidence repository for team members. Ultimately delegates committed to sharing materials and learning and further developing action plans with home teams as “keeping this information would only do harm”.

Another school welcomed participants to observe their OVC-focused school feeding programme in which vulnerable students identified by the community were prioritised for daily feeding by parents, teachers, and community leaders. Participants were impressed by simple, innovative solutions being trialed by some of the schools such as the improvised incinerator built from locally sourced natural materials to dispose of sanitary towels at the school (see Figure 10 below). Others commented that the field visits were the “first time to hear about certain initiatives” such as provision of sanitary towels, tree planting, parent contributions to school feeding such as firewood and water, handicap accessible latrines and evident long term and sustained commitment of school management and project committees.

Finally, participants utilised SHN checklists of best practice including items on WASH and safe school environments to guide their their observations in the field (see Figure 11). This supported critical engagement with the interventions seen and guided discussions not only with school-level hosts, but also that of the District Education Officers, Public Health Officers, and representatives of the National Ministries of Education and Public Health and Sanitation highlighting the importance of multi-sectoral collaboration in action.

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Aim III: To provide evidence-based messages for communications and advocacy to build political and financial commitment for the provision of SHN and HIV prevention programmes

The partners, ESACIPAC-KEMRI, WACIPAC, and PCD, along with expert trainers and facilitators, continue to emphasise the necessity of policy and programme design and implementation to be based on sound evidence. As each organisation is a leader in research in their own right, and maintains strong links with external organisations engaging in cutting-edge research and innovative SHN programme implementation, considerable effort was made to provide participants with a comprehensive, up to date, and practical evidence base with which to return home. Through sessions on policy and strategy development, teaching on specific technical areas of school health such as deworming and school feeding, country action planning, and a packaged repository of materials, participants were armed with powerful knowledge to advocate for continued and strengthened commitment to the SHN agenda.

SHN and OVC Repository

Participants received a wide range of evidence-based materials throughout the course of the week in the form of case studies and policy briefs, books, toolkits and guidelines, films, and an electronic library of relevant and up to date peer reviewed research and grey literature on School Health and Nutrition. Additionally this year delegates received a separate comprehensive OVC evidence repository complementing the expert teaching from this year’s OVC visiting lecturers from the Manicaland HIV/STD Prevention Project, World Vision Zambia and Sightsavers Kenya. Ongoing information sharing and dialogue between delegates and Course partners continues to be encouraged and is already occurring as delegates continue to utilise their newly formed contacts for further resources and insight.
Almost all attendees rated the course’s teaching tools and evidence as highly relevant to their current work, highlighting the FRESH framework, action planning toolkit, partnership role plays, policy and stakeholder mapping tools, child-to-child stepwise approach to pupil participation, and DVDs on HIV skills-based education as especially useful. All participants felt their knowledge of evidence-based solutions in other countries benefited their own programme development and that the evidence provided enabled them to identify the most suitable solutions for their needs with most reporting it aided in identification of gaps in their own programmes from lack of policy to leaving out key groups of vulnerable children from programme design.

When asked to what extent participants felt knowledge acquired during the course could contribute to motivating further political interest in SHN & HIV prevention in their home contexts, the majority of participants responded positively (see Figure 12 below).

Figure 12. Extent course learning could motivate further political interest in SHN & HIV Prevention

Participants were then asked to what extent knowledge acquired during the course could motivate additional financial interest in the field, with two-thirds reporting evidence was ‘likely’ or ‘very likely’ to leverage further investment.

Overall, delegates felt better equipped to “weigh options and adapt what we’ve learned based on resources [at home]” with some citing feelings of confidence that they now have information “with which to lobby” for particular interventions.

“Some things have been carelessly overlooked [in our programme].”

“Children with disabilities are not included in our planning as of now.”

“I wasn’t aware some places, like Botswana, were successfully implementing ‘free’ education.”

“We didn’t have an available SHN policy.”
Reviewing the Course

Throughout the course, organisers and facilitators engaged in ongoing discussions about each day’s challenges and successes to inform follow-on activities and tailor the course to the needs and expectations of the participants. Course organisers gathered feedback from partners, local and technical organising committees, and other collaborators who helped in delivering the course. As learning organisations, PCD, ESACIPAC-KEMRI, and WACIPAC welcomed feedback from course participants. A snapshot evaluation was collected on Day 10 of the course, which aimed to capture participants’ perceptions of how well key areas of SHN were addressed by the course with the findings presented below. As can be seen in Figure 14, those topic areas which participants felt were particularly well addressed included this year’s Issue in Focus with Inclusive Education and OVC sessions being highly rated, followed by WASH, safe school environments, and policies on community participation and school feeding services tying for 5th place. Overall all technical areas covered during the course received at least an 8/10 score or better.

As delegates from last year’s course requested course partners and organisers consider developing modules on networking/partnerships and sustainability of programmes this was directly reflected in this year’s agenda with the introduction of An Afternoon of Partnerships, which laid out the basics of partnering with formal sectors and through community participation and strong policy and strategy development which support sustainability of interventions. The Afternoon of Partnerships was the most highly rated session by this year’s delegates.

Additionally, based on previous years’ feedback, the course was lengthened allowing sufficient time to comprehensively cover all pillars of FRESH, a range of emerging SHN issues as well as the Issue in Focus all before going into the field. The purpose of this structure was to equip delegates with the latest evidence in order to better enable critical evaluation of programmes observed in the field and reflection upon their own programmes of work in order to compare and contrast whilst in the field. Participants
requested this structure to the course is maintained in future years and that the course may even be longer. Though field visits this year did not involve urban, peri-urban and rural contexts, field visits were designed in light of delegates requests to observe as wide a variety of schools as possible. The six different sites selected presented delegates with a number of different modalities through which school feeding and SHN and OVC programming is delivered and ultimately were highly valued components of this year’s course.

On the final day of the course, participants were also asked to complete comprehensive evaluations which aimed to capture honest and thorough feedback from all aspects of the course. The evaluations were designed to gather how and to what extent participants felt the course met their expectations, each of the three course aims, as well as elements of facilitation and administration. Overall, participants were overwhelmingly satisfied with the course.

Course facilitation was highly praised with participants remarking teaching was “excellent”, “well delivered” and “fantastic”, and Partnerships, Project Cycle Management, OVC focused sessions, Introduction to FRESH and School Feeding were regarded as the strongest sessions. Facilitators themselves were complimented for being “very friendly and energetic and full of life which was very important for a 10-day course”. Continuing to increase the number of group and interactive sessions as well as presenting case studies to illustrate “real solutions” where changes have successfully been made will remain priorities for future courses.

Delegates were “so impressed with the arrangement of logistics” and felt course organisation was done “marvelously well” with “absolutely no hiccups”. The Sun’n’Sand resort offered a “very relaxing, clean and friendly” environment for the course which facilitated networking before and after teaching sessions and as a residential course eliminated time spent travelling to the training centre which allowed more time for teaching itself.

Perhaps an even more telling indicator of satisfaction with the course is whether participants would be likely to recommend future courses to colleagues and other associates working in SHN & HIV prevention programming. All respondents reported they would be ‘very likely’ to recommended or ‘definitely’ intend to recommend the course.
Recommendations and Next Steps

Year-on-year, Short Course partners endeavour to improve the teaching and ensure relevance and quality of the course for each class of SHN practitioners, joining an ever-growing cohort of supported and informed policymakers and programmers. As such, recommendations are drawn from participant feedback as well as a course review and partner observations. Key recommendations from this year’s course to inform future planning include that mixed and inclusive teams in which government, policy, programme, NGO and other backgrounds are represented are most valued by participants and therefore should be aimed for in future years. Further to this, if multiple delegates from a country are not able to attend, linking them to other country teams from their region during the course is beneficial to their learning. Maintaining the structure of key learning prior to field visits followed by country action planning is ideal. Field visits are most fruitful with the support of materials which help delegates to critically evaluate their observations and therefore field visit packs should become a mainstay of the course. Delegates very much appreciated the SHN repository of leading evidence and toolkits, given on a daily basis throughout the course to allow for review while all together, and have requested that a bank of advocacy and case study materials and real examples of country SHN policies which would support lobbying continue to be developed by course partners. As such partners could consider canvassing the particular needs of past years’ delegates to inform development of future advocacy materials.

In terms of future technical areas and teaching sessions, participants would welcome increased consultation on the development of the course’s agenda and sessions on proposal writing, basic economics of SHN and evaluating cost-effectiveness of programmes, and guidance on balancing teachers’ roles so as to get the best out of their skills in terms of SHN without overburdening them and affecting their other commitments to education. Ensuring delegates are well connected to Short Course partner country offices within their regions is appreciated as is provision of translated materials as many delegates do not speak English as their first language. Finally, delegates have requested that opportunities to further rotate the location of the Anglophone course be explored, much like the model of the Southeast Asia short course in which a new host country in the region is selected each year in order to expose delegates to the widest variety of contexts and SHN programming.

As participants valued the course as “informative, educative and participatory “and feel it has “broadened… level of understanding”, their final recommendation is to “please organise more of these, so many more people need training”.

The Course partners wish to thank the following organisations for their sponsorship of the participants on The 8th Annual Short Course on Strengthening Contemporary School Health, Nutrition and HIV/AIDS Prevention Programmes:

Global Child Nutrition Foundation (GCNF)
Ministry of Health, Government of Ogun State, Nigeria
Ministry of Local Government, Botswana
Partnership for Child Development
Save the Children
Schistosomiasis Control Initiative (SCI), Imperial College London
Sightsavers
United Nations World Food Programme (WFP)
For further information or to download the training course material, please visit the following websites:

www.schoolsandhealth.org
www.child-development.org
mailman.ic.ac.uk/mailman/listinfo/schoolhealth
twitter.com/schoolshealth

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