

# **Report of the Fourth Annual Course on: Strengthening Contemporary School Health, Nutrition and HIV Prevention Programmes**

**An International Course for Educationalists, Public Health Professionals and  
Community Development Workers**

**Held at the Kenya Medical Research Institute (KEMRI) in Nairobi, Kenya by  
the Eastern and Southern Africa Centre of International Parasite Control  
(KEMRI, Nairobi) and the Partnership for Child Development (Imperial  
College, London)**

**9th – 18<sup>th</sup> July, 2008**

## **INTRODUCTION**

This report of the 2008 ‘Strengthening Contemporary School Health, Nutrition and HIV Prevention Programmes’ course summarises the lively debate and knowledge shared between the health and education sectors, as well as between countries. The report also highlights the good practices that were shared by counties.

## **COURSE OBJECTIVES**

### **Comprehensive planning and implementation of school health, nutrition and HIV prevention**

The representatives who participated in the course gained information and learnt strategies and techniques to enable the coordinated implementation of multi-sectoral, scale level school health, nutrition (SHN) and HIV prevention programmes across countries. “Hands on” experience was gained by representatives drafting basic SHN and HIV prevention packages specific to their countries’ needs that included activities, outcomes and objectives for inclusion in national frameworks of action. The lessons learned by representatives are contributing to discussions, debates, consultations and actions towards the scaling up of monitored and evaluated SHN and HIV prevention programmes across Africa and beyond.

## **COURSE OUTLINE**

The organizing principle behind the course was the FRESH (**F**ocusing **R**esources on **E**ffective **S**chool **H**ealth) framework; an international framework for SHN and HIV prevention, endorsed by several United Nations (UN) agencies and various countries. During the course, representatives examined each of the four pillars of FRESH:

1. Health-related school policies.
2. Safer water, sanitation and the environment.
3. Skills-based health education.
4. School-based health and nutrition services.

The rationale of the course placed particular emphases on:

- Improving children's health benefits in both the education and health sectors:
  - *Education* through improving the quantity and quality of education by improved enrolment, improved attendance, decreased drop out, improved cognitive performance; and
  - *Health* through the reduction of infection and prevention of disease.
- Integrating a package of activities in order for long- and short-term benefits to occur.
- Enabling cooperation between the health and education sectors – neither can go it alone.
- Building effective partnerships with communities and students.
- Prioritizing good monitoring and evaluation for long-term, sustainable programming and desired health and educational outcomes.

## COUNTRY SITUATIONS

Teams from 9 countries (Burundi, Democratic Republic of Congo, The Gambia, Kenya, Liberia, Malawi, Tanzania, Uganda and Zambia) attended this international course. The representatives came from a wide range of different organizations and included members of the Ministries of Education and Health, the UN system and non-governmental organizations (NGOs).

Review of the Millennium Development Goals indicators for the 9 countries, who attended the workshop, found that:

- Free primary education is available in 8/9 of the countries. With the resulting rapidly increasing enrolment rates, ensuring education quality is maintained as access to education expands is a priority.
- The achievement of gender equity is more mixed. Two countries reported achieving gender equality in their schools, 3 reported approaching gender equality and 4 reported that gender equality continues to be challenge.
- Despite the current food crisis, 7/9 countries reported improving nutrition in their countries
- While HIV prevalence varies widely between countries, 7/9 countries reported that the HIV situation in their country is improving.
- Eight out of 9 countries reported improving access to clean water and sanitation.

### School Health Priorities

Most countries reported either using FRESH or were familiar with the framework. The health problems affecting school-age children in representatives' countries were ranked by representatives:

- |   |  |
|---|--|
| 1. Malaria  | 4. HIV & STIs  |
| 2. Worms (including STH & Schisto)  | 5. Diarrhoea   |
| 3. Psychosocial (including teenage pregnancy, substance abuse and child abuse issues) | 6. Malnutrition  |
|   | 7. Lack of sanitation, hygiene and a safe school environment |

Similar to previous years, malaria was identified as the major health problem affecting school-age children. For the first time in the running of this course, participants identified psychosocial issues as one of the major health issues affecting school-age children in their countries, reflecting an increasing recognition of these issues.

The issues affecting representatives in their efforts to implement programmes were also ranked:

1. Funding constraints
2. Inadequate human resources

- |  |  |
|--|--|
| 3. Lack of coordination & management                                       | 6. Cultural beliefs                            |
| 4. Lack of clear policies  | 7. Poor monitoring and evaluation              |
| 5. Lack of adequate infrastructure<br>(including transport and facilities) | 8. Lack of awareness & political<br>leadership |

Throughout the course, facilitators and representatives worked together to use the FRESH framework to establish appropriate responses to the different health problems and constraints identified. This was achieved through the sharing of countries' experiences; expert input provided by facilitators; discussions and debates between representatives and facilitators; a practical field experience in schools where SHN is being implemented; and through the displays of countries' SHN & HIV materials at the course "market place". The key course outcomes, grouped under each of the four FRESH pillars were as follows:

### ***Health-related school policies***

- Many countries either had in place, a SHN policy (4/9) and/or an HIV education policy (5/9) and/or a gender education policy (4/9), or these policies were in draft (3/9, 2/9, 2/9 respectively). Others were beginning the process of development.
- During the health-related schools policies sessions, participants discussed policy implementation, identified and ordered the key stages involved in policy implementation:
 

1. Investigate the situation on the ground	5. Decide Outputs
2. Consult Stakeholders	6. Identify Indicators
3. Identify Goal	7. Implementation Plan & Time frame
4. Set Objectives	8. Financial & Human Resources
- Funding issues were discussed, in particular, the need to ensure the participation of all stakeholders in the development of strategic plans was held up as effective means of enabling subsequent funding of activities. Funding and human resources were identified as the final step required for policy implementation.

***Liberia*** are using trust funds to enhance girls enrolment

In ***Zambia*** SHN is included in the Ministry of Education's national implementation framework

***Kenya*** introduced an education sector gender policy in 2007

### ***Safer water, sanitation and the environment***

- Eight out of 9 schools reported the construction of water and sanitation facilities in their schools, along with teacher training and community sensitisation in this area. Several countries have developed water and sanitation toolkits for schools.
- Highly practical discussions on different issues concerning water and sanitation were undertaken during field visits to schools in the Mwea Division of Kenya. Representatives reviewed school facilities, discussed the constraints encountered in different environments and shared their own country experiences. In 8/9 countries, access to safe water and sanitation in schools has increased. This is often occurring more slowly than countries would wish, but progress continues to be made.
- A widespread concern, mentioned by many countries, was the need for schools to be places of safety and psychosocial support. In particular, concern was expressed at high levels of child abuse occurring in most countries and of the need to enable schools to be places where abuse could be recognized and combated. Avenues of action that can be taken by schools to prevent abuse were discussed.

In *The Gambia*, minimum standards for water and sanitation are set in schools as a condition for inclusion in the schools feeding programme. Communities have responded by building wells and latrines.

*Zambia* has a zero tolerance policy at the school level against bullying, teasing and stigmatisation.

### *Skills-based health education*

- In all countries except one, skills-based health and nutrition education are being delivered through the curriculum.
- Delivery of life skills education does not appear uniform, but rather, many different activities are taking place to different extents and in different contexts.
- An important aspect of discussion was the need for a holistic response to life skills education that not only recognizes the need to enable children to gain skills, but also to recognize the different constraints that children's environments place upon children's ability to exercise the skills gained. (For example, if a girl engages in transactional sex in order to eat, what benefit to her are refusal skills?).
- Countries identified a wide range of constraints in terms of human, material and financial capacities that limit their capacity effectively to deliver life skills education. In particular, the need for enhanced training was highlighted, especially during pre-service training of teachers.

*Tanzania's* pre-service curriculum has been reviewed to integrate HIV.

In the *DRC* life skills sessions are Church lead, in partnership with the schools and health centres.

In *Malawi*, focal HIV positive teachers in T'LIPO (Teachers Living Positively Network) have been trained in every district.

### *School-based health and nutrition services*

- For most countries, a variety of health and nutrition services are being delivered to children through schools – including deworming, school feeding, vitamin A supplementation, and iron supplementation.
- Five out of 9 countries reported national deworming programmes at scale and an additional 3 reported deworming in programmes taking place in some part of the country.
- Six out of 9 countries reported micronutrient supplementation at scale nationally, with an additional country reporting supplementation in some areas. Several countries reported school feeding activities.
- Participants considered why school health services are required, identified the health and nutrition services that schools are able to provide and what safeguards are required in delivering these services.
- Challenges and successes in school feeding were considered in light of the current food crises.

In *Burundi* the Ministry of Education and of Health work in partnership to deliver deworming and vaccination campaigns in schools. School feeding is used in some arid areas as a way to promote girls education.

Child days are held in *Uganda*, during which the Ministry of Education and of Health work in partnership to enable schools to be utilised as centres for deworming, screening, micronutrient supplementation., ITN distribution and immunisation.

### ***Check list developed by participants and used during the field visit***

Prior to the field visit participations developed a check list covering during a participatory session, which was then used for the field visit to rapidly assess the SHN & HIV situation in the schools visited. A summary of the check list is below:

<b>Health &amp; Nutrition Policy</b>	<b>School Based Health services</b>	<b>School Based Health Education</b>	<b>Safe &amp; Sanitary Environment</b>
Awareness of policy	Availability of health services & frequency at which they are undertaken	Sensitisation campaigns	Clean & Safe water sources
Main provisions of the policy		Advocacy	General School Environment
Implementation Structures	Children's Play Grounds & Physical Education	Health education integration into the curriculum & learning activities	School Infrastructure
Stakeholder Involvement	Partner involvement in school sporting activities		Extension of health education to the communities

## **DISCUSSION TO ACTION**

Extensive consideration was given to the effective implementation of activities, helping to increase representatives' awareness and ability to implement sound data collection and analysis systems. Representatives gained experience in the construction of log frames, tailored to their specific country situation, and based on each of the four FRESH pillars. The log frames constructed, comprised both *vertical logic* of goals, objectives/outcomes, outputs, activities and resources required, as well as *horizontal logic* of indicators, means of verification and critical assumptions. Through this activity, representatives gained the capacity and potential to turn increased knowledge and understanding of SHN and HIV prevention into action upon their return to their home countries.

## **COURSE EVALUATION**

The feedback from the representatives on the course was very positive. On average representatives rated the overall usefulness of the course as **XX** out of 5 (scale: 1-least useful to 5- most useful).

The aspects of the course that representatives most appreciated were:

The Fifth Annual Course on "Strengthening Contemporary School Health, Nutrition and HIV Prevention Programmes" is scheduled to take place **XX** July 2009. For further information and for a registration form please contact:

Alice Woolnough,  
Programme Manager,  
Partnership for Child Development,  
Department of Infectious Disease Epidemiology,  
Imperial College Faculty of Medicine,  
Norfolk Place, London W2 1PG, UK.  
Tel: +44 (0) 207 594 3261  
Fax: +44 (0) 207 262 7912  
E-mail: [a.woolnough@imperial.ac.uk](mailto:a.woolnough@imperial.ac.uk)