

Directory of Support to School Based Health and Nutrition Programmes

Updated Survey - October 2006



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ABBREVIATIONS

ACIPAC	Asian Centre of International Parasite Control	LSBE	Life-skills Based Education
ADEA	Association for the Development of Education in Africa	LST	Life Skills Training
AIDS	Acquired Immune Deficiency Syndrome	MDGs	Millennium Development Goals
AJWS	American Jewish World Service	NGO	Non Governmental Organisation
AKF	The Aga Khan Foundation	NORAD	Norwegian Agency for Development Cooperation
CA	Creative Associates International Inc.	PAHO	Pan American Health Organization
CARE	Co-operative for Assistance and Relief Everywhere	PLAN	PLAN International
CAFOD	Catholic Fund for Overseas Development	PCD	Partnership for Child Development
CFNI	Caribbean Food and Nutrition Institute	PTA	Parent-Teachers Association
CIDA	Canadian International Development Agency	SC	Save the Children, UK/USA
CICH	Centre for International Child Health	SCI	Schistosomiasis Control Initiative
CRS	Catholic Relief Services	SCN	Standing Committee on Nutrition
CtC	Child to Child Trust	SFP	School Feeding Programme
DANIDA	Danish International Development Assistance	SHN	School Health and Nutrition
DBL	Danish Bilharziasis Laboratory	SIDA	Swedish International Development Agency
DCI	Development Cooperation Ireland	STD	Sexually Transmitted Disease
DFID	Department for International Development, UK	UN	United Nations
ECD	Early Childhood Development	UNAIDS	United Nations Programme on HIV/AIDS
EDC	Education Development Centre	UNDP	United Nations Development Programme
EFA	Education For All	UNESCO	United Nations Educational, Scientific and Cultural Organisation
EI	Education International	UNFPA	United Nations Population Fund
ESACIPAC	Eastern & Southern Africa Centre of International Parasite Control	UNICEF	United Nations Children's Fund
FAO	Food and Agriculture Organization of the United Nations	UNODC	United Nations Office on Drugs and Crime (formerly UNDCP)
FRESH	Focusing Resources on Effective School Health	USAID	United States Agency for International Development
GCE	Global Campaign for Education	WFP	World Food Programme
GSHI	Global School Health Initiative	WHO	World Health Organization
GTZ	Deutsche Gesellschaft für Technische Zusammenarbeit	WVI/C	World Vision International / Canada
HHN	Health, Hygiene, Nutrition		
HIV	Human Immunodeficiency Virus		
HKI	Helen Keller International		
HPS	Health Promoting Schools		
HPSI	Health Promoting Schools Initiative		
HQ	Headquarter		
IE	Inclusive Education		
IRC	International Water and Sanitation Centre		
ISHI	International School Health Initiative		
JICA	Japanese International Cooperation Initiative		
LAC	Latin American and the Caribbean		

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As before, this survey was made possible by the time and effort of the numerous people who participated and provided the information on behalf of their agencies and organisations.

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This is a “living document”, to be up-dated regularly. PCD is open to suggestions on how to improve and expand this exercise. Up-dated and new information can be sent to c.maier@imperial.ac.uk .

SECTION ONE

EXECUTIVE SUMMARY

Building on information gathered during a previous survey (2000), this survey provides an update and overview of support to school based health and nutrition (SHN) programmes in low income countries. The survey provides an analysis of the information gathered from 38 organisations and serves to highlight areas of ongoing concern and emerging trends and issues since 2000. The key findings follow –

The survey reveals the continuing provision of support to tackling the “traditional” problems faced by school-age children, including worm infections, short term hunger, micronutrient deficiencies and lack of access to safe water and adequate sanitation. New areas of engagement are emerging, in particular, activities related to the impact of HIV&AIDS on school-age children.

It was clear that there was a marked increase in comprehensive support to all 4 key components of SHN programmes (as described in the interagency FRESH framework¹), as well as a definite move towards more integrated programming. In 2000, only 16 of 41 organisations surveyed were implementing an integrated package. Now, an overwhelming majority of organisations (29 of 38) are doing so. Of these, 14 make explicit use of the FRESH framework to guide SHN activities.

The few organisations that support activities in three or less of the key areas are either already working with others who are supporting complementary activities, or are keen to do so. Thirty six organisations explicitly cited partnerships with other organisations showing an increasing move by organisations to develop synergistic and effective partnerships.

The most marked increase in support to any one particular activity was to school based policy development. Of the 38 surveyed organisations, 36 are now working on policy related issues; up from 22 of 41 organizations in 2000. Further, there is a definite move to develop school based policies that address the issues of gender equity, SHN and HIV&AIDS in an integrated manner. This may reflect the growing recognition of the need for comprehensive policies to support effective SHN programmes as well as the increasing feminisation of the HIV epidemic. Another interesting observation was the increase in support for malaria skills based health education. This may reflect advancements in the understanding of the practical role that schools can play in malaria prevention.

Surprisingly, few organisations drew explicit links between their support for integrated SHN programming and the attainment of EFA and the education MDGs, despite this explicit link having been made at the 2000 World Education Forum in Dakar. Of the 29 organisations delivering all four FRESH components, only 6 related their work to the achievement of EFA and the MDGs. The increasing recognition that SHN programmes are being afforded for their contribution to the achievement of these goals, suggests that organisations may have considerable scope for enhanced advocacy in support of their activities by drawing clearer links between SHN programmes and international priorities.

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

INTRODUCTION

Over the past few decades, the success of child survival programmes and the expansion of basic education coverage have resulted in a greater number of children reaching school-age and a higher proportion of these children attending primary school. In the face of these improvements, there is still a major burden of disease and malnutrition among school-age children that compromises their overall development. It is now widely recognised that School Health and Nutrition (SHN) programmes are an important instrument in enabling children to attend school and their ability to take advantage of what may be their only opportunity to obtain a formal education.

Improving the health and learning of school children through school-based health and nutrition programmes is not a new concept. Many countries have SHN programmes and many agencies and organisations have decades of experience that have resulted in examples of best practice.

The interagency FRESH (**F**ocussing **R**esources on **E**ffective **S**chool **H**ealth) framework (see *footnote 1*) seeks to bring together the experiences and best practice of long established approaches, including WHO's "Health Promoting Schools", UNICEF's "Child Friendly Schools" and the World Bank's "International School Health Initiative" and outlines the key components that should be made available together for an effective SHN programme. These are:

- Health related school policies
- Access to safe water and provision of adequate sanitation
- School-based health and nutrition services
- Skills-based health education

Whereas previously SHN interventions were seen to be concerned principally with students' health, the explicit link between school health and the attainment of the Education for All (EFA) and the Millennium Development Goals (MDGs) was made at the 2000 World Education Forum in Dakar, Senegal. 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). As such, organisations that provide support to holistic and integrated SHN programmes are themselves contributing to the countries' achievement of these goals.

METHODS AND LIMITATIONS OF THE SURVEY

Methodology

As in the previous survey, the emphasis of this survey was on organisations and agencies supporting SHN programmes in low income countries. A total of 51 UN, multilateral, bilateral and Civil Society agencies and organisations were contacted individually by email between January and July 2006 and asked that their SHN focal point complete a questionnaire about their organisation's support for SHN programmes (see *Annex A and B*). Further information was collected by telephone and from relevant websites. The FRESH framework was used as a guiding principle for the design of this questionnaire and in the collation of the data.

A general email was also sent to the school health mailing list, which resulted in a number of submissions, including documentation of specific country level activities. Although these data have not been used in this analysis, these submissions, together with key informant interviews, revealed a demand for a similar directory documenting country level activities, which is currently being planned.

In total, 38 international level entries (*Section 2*) and 8 country level entries (*Section 3*) are included in this survey report.

Limitations

- In the case of a few organisations that were included in the 2000 survey, contacts could not be established within the time scale of the survey, so the entries for these organisations remain largely unchanged or have been dropped.
- The inter-sectoral, crosscutting nature of SHN programmes made information gathering a particular challenge. A number of organisations do not have a single focal point dealing with the different aspects of comprehensive SHN programming. Therefore, information was gathered from a number of people within the organisation.
- In some instances, there was an apparent lack of available information at HQ level (many regional and country offices have different degrees of autonomy), again making information gathering difficult.
- The level and nature of an organisation's involvement in SHN programmes varies considerably. The questionnaire did not capture either the depth or the extent of the organisation's involvement.
- The quality of the information received from the different agencies and organizations is inevitably a function of the interest of particular individuals and their willingness or availability to give up valuable time to share and research relevant details.

This report does not claim to be 100% accurate with respect to details regarding organizations' and agencies' activities and programs. The survey results should be viewed as incomplete, but within the limitations noted above a reasonable indication of current support and activity in this area.

RESULTS

A summary of the SHN activities supported by the 38 surveyed organisations is shown in *Table 1*. For simplicity, the activities are grouped under the four pillars of the FRESH framework. Of the surveyed organisations, 36 are working in the area of policy development and support, 32 in the area of access to safe water and provision of adequate sanitation, 33 in the area of provision of school based services and 36 in the area of skills based health education.

A key finding was that organisations are increasingly employing an integrated approach to SHN programming rather than focussing upon one specific activity. In 2000 only 16 of 41 surveyed organisations promoted all four pillars of FRESH. Now, an overwhelming majority (29 out of 38) are implementing interventions that cover all aspects of the FRESH framework. Of these, 14 make explicit use of FRESH to guide their activities (*Figure 1*).

The few organisations that are only supporting activities in 3 or less pillars are either working with others supporting complementary activities, or are keen to do so. Thirty six organisations explicitly cited partnerships with other organisations (detailed in *Section 2*), showing an increasing move to develop synergistic and effective collaborations.

Figures 2a – d provide details of the keys areas of support of the 4 FRESH pillars. With respect to trends since the 2000 survey, there is a sizable increase in the number of organisations supporting SHN activities within each of the four pillars (*Table 2*). It was found that:

- The most marked increase in support was to policy (from 54% to 95%). There was an increase in the number of organisations supporting gender and equity issues, as well as HIV & AIDS and SHN. This revealed a growing emphasis on instituting school based health policies in the education sector.
- An increase in the number of organisations either advocating or directly supporting activities in promotion of access to safe water, adequate sanitation and a safe school environment.
- An increase in the number of organisations supporting school based health services, with de-worming and nutritional interventions (especially school feeding and micronutrient supplementation) being the most frequently cited activities.
- In general, support for skills-based health education stayed the same; however, there was much more focus on malaria prevention, HIV and reproductive health, with less emphasis on health and nutrition education.

Table 1: Summary of SHN activities supported by the surveyed organisations

	Policy	water & sanitation	school-based services	skill-based health education		policy	water & sanitation	school-based services	skill-based health education
Action Aid	X		X	X	IRC	X	X	X	X
AKF	X	X	X	X	JICA	X	X	X	X
AJWS	X	X	X	X	Iodine Net			X	
ACIPAC	X	X	X	X	NORAD	X	X	X	X
ADEA	X				OXFAM	X	X	X	X
CA	X	X		X	PAHO	X	X	X	X
CFNI/PAHO	X	X	X	X	PCD	X	X	X	X
CICH	X	X	X	X	PATH	X	X	X	X
CRS	X	X	X	X	SC-US	X	X	X	X
CtC	X	X	X	X					
DANIDA	X	X	X	X	SCI			X	X
DBL	X	X	X	X	SIDA	X			X
DfID	X	X	X	X	UNESCO	X	X	X	X
DCI	X	X		X	UNICEF	X	X	X	X
ESACIPAC	X	X	X	X	UNODC	X	X	X	X
EDC	X	X		X	WFP	X	X	X	X
EA	X	X	X	X	World Bank	X	X	X	X
EI	X			X	WHO	X	X	X	X
FAO	X	X	X	X	WVI	X	X	X	X
HKI	X	X	X	X					
					Total	36	32	33	36

Figure 1: Number of FRESH pillars supported by organisations surveyed

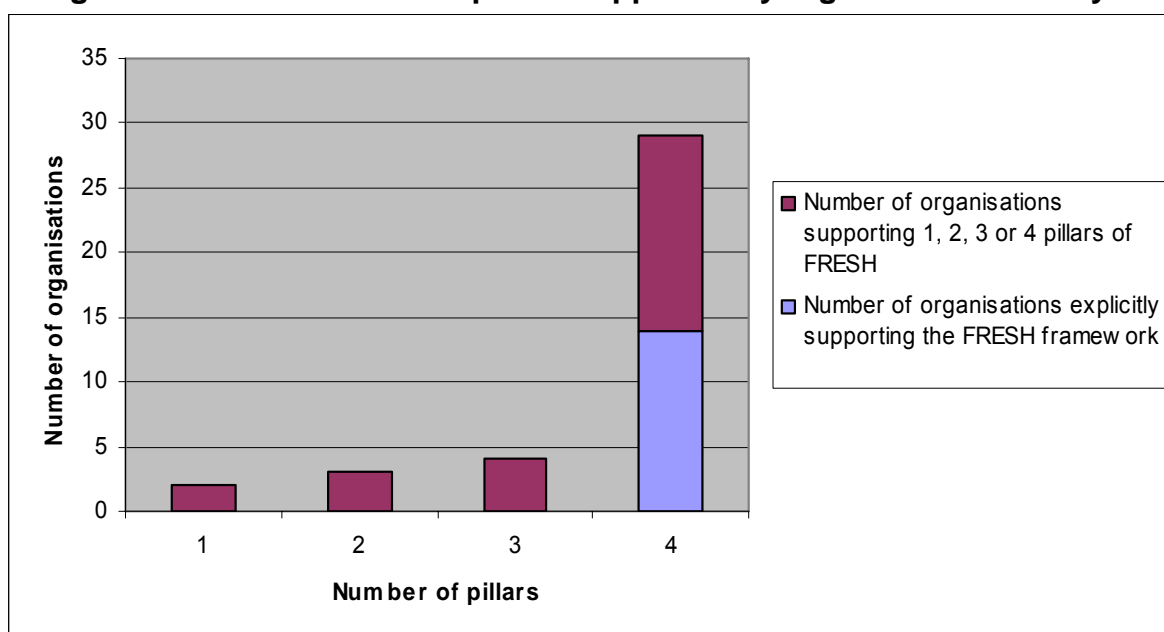


Table 2: Comparison of number/ percentage of organisations supporting the four pillars of school health in 2006 with 2000

Areas	2000		2006	
	(N=41)	%	(N=38)	%
Policy	22	54%	36	95%
SHN policy	-	-	24	63%
Gender policy/ Policy to increase girls' school attendance/participation	22	54%	29	76%
HIV&AIDS policy	-	-	22	58%
Water and sanitation	25	61%	32	84%
Safe water	25	61%	26	68%
Latrines	25	61%	27	71%
School environment	11	27%	25	66%
School based health services	27	66%	33	87%
Screening	11	27%	11	29%
De-worming	21	51%	27	71%
Nutritional interventions	24	59%	22	58%
Skills based health education	40	98%	36	95%
HIV prevention & reproductive health	27	66%	29	76%
Malaria	10	24%	16	42%
Health & nutrition	38	93%	30	79%

Figure 2a: Key areas of policy support and development

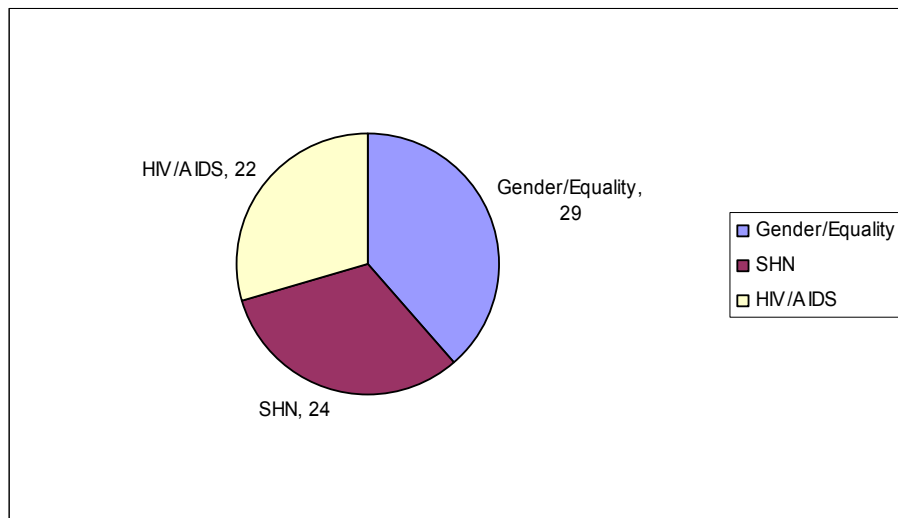


Figure 2b: Key activities in the area of water and sanitation

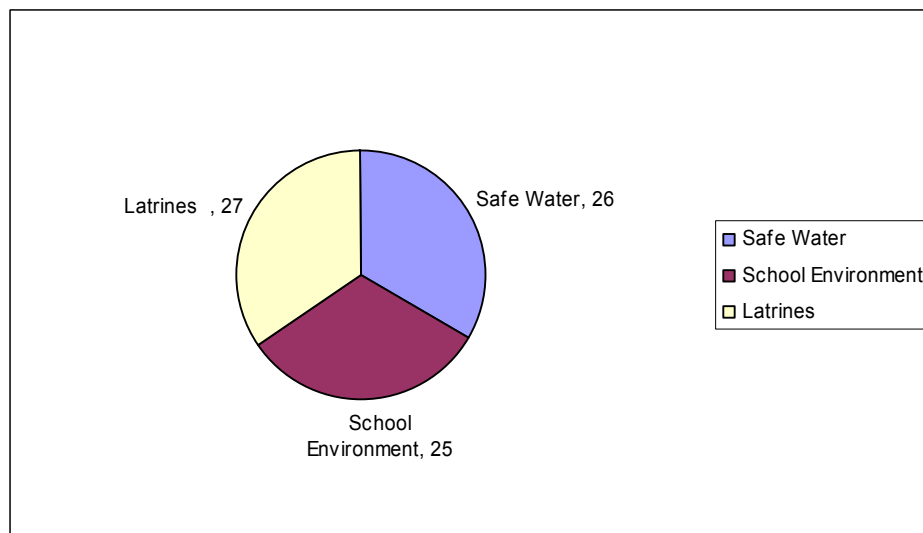


Figure 2c: Key school-based health services

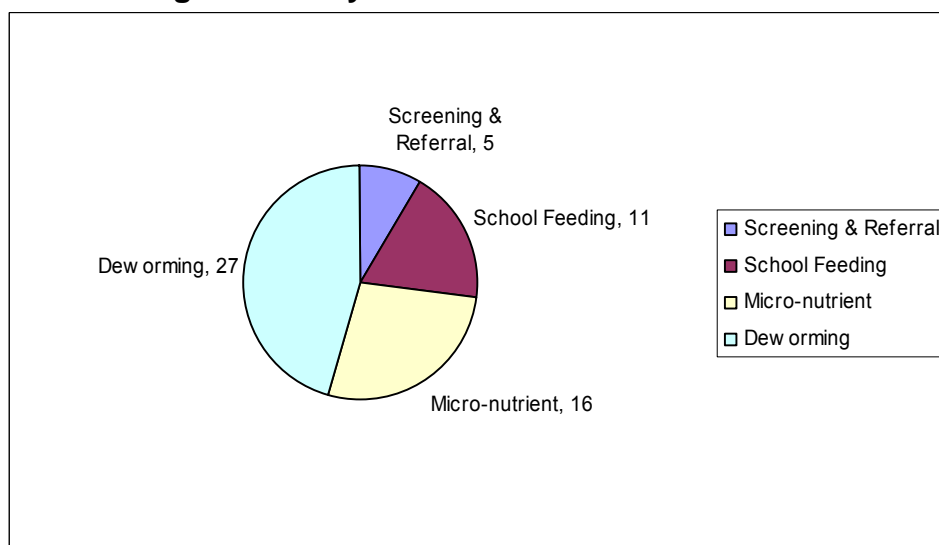
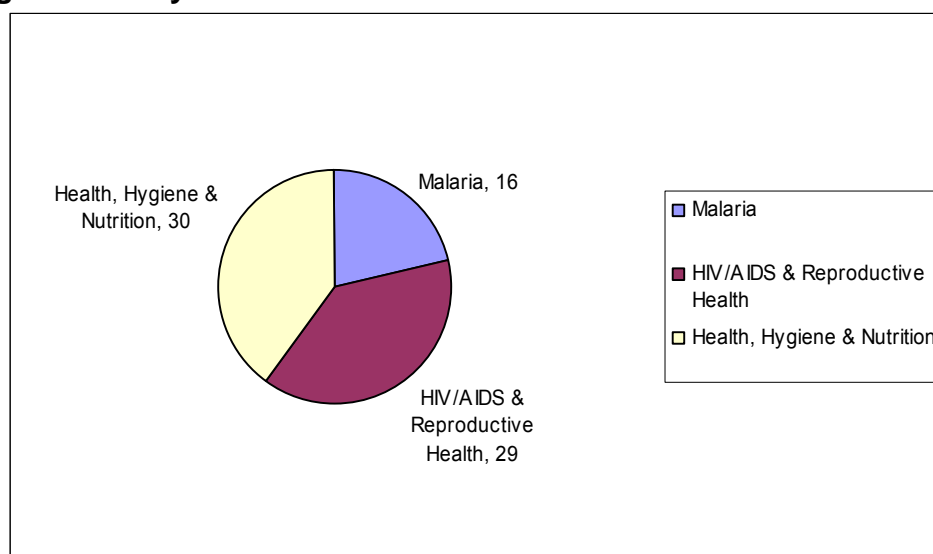


Figure 2d: Key activities in the area of skills-based health education



The survey results not only show that most organisations have an integrated package of SHN interventions comprising all four pillars of the FRESH framework but also demonstrate that there is also integrated delivery of different interventions *within* each of the pillars (*Figures 3a-d*):

1. Policy: Of the 36 organisations working on policy issues, 15 are supporting all three key areas, namely SHN, HIV prevention and promotion of gender equality, while 9 are providing support in two of the above mentioned areas. This was an improvement since the 2000, when organisations were listed as only having a gender policy. While in the past, SHN, HIV prevention and efforts to promote gender equity were viewed as separate programmes, they are now essential components of a holistic package due to their inter-relationship and the feminisation of the HIV epidemic. Only 12 organisations are supporting only one of the three areas (*Figure 3a*).

2. Water-sanitation and school environment: Over 90 percent of the 32 organisations promoting access to safe water, sanitation and promotion of safe school environment are working in at least two of these areas (*Figure 3b*). This integrated approach to water-sanitation was also found in the 2000 survey.

3. School-based health services: Of the 27 organisations providing de-worming treatment, 18 are also delivering nutritional interventions (*Figure 3c*). There were similar findings of an integrated approach in the 2000 survey.

4. Skills based education: Of the 36 organisations providing skills based education, 28 were involved in at least two of the three areas- HIV prevention/reproductive health, health/hygiene/nutrition and malaria. Eleven organisations provided education in all three areas, while 17 in two of the three areas. Only 8 organisations provided education in one area – HIV prevention/reproductive health or health/hygiene/nutrition (*Figure 3d*). There were similar findings of an integrated delivery of skills based education in 2000.

Figure 3: The following Venn diagrams represent the number of organisations operating in only one or several areas. The circles represent each operational area, and numbers represent the number of organisations taking part in each of the areas.

Figure 3a: Activities by organisations in the area of Policy Support

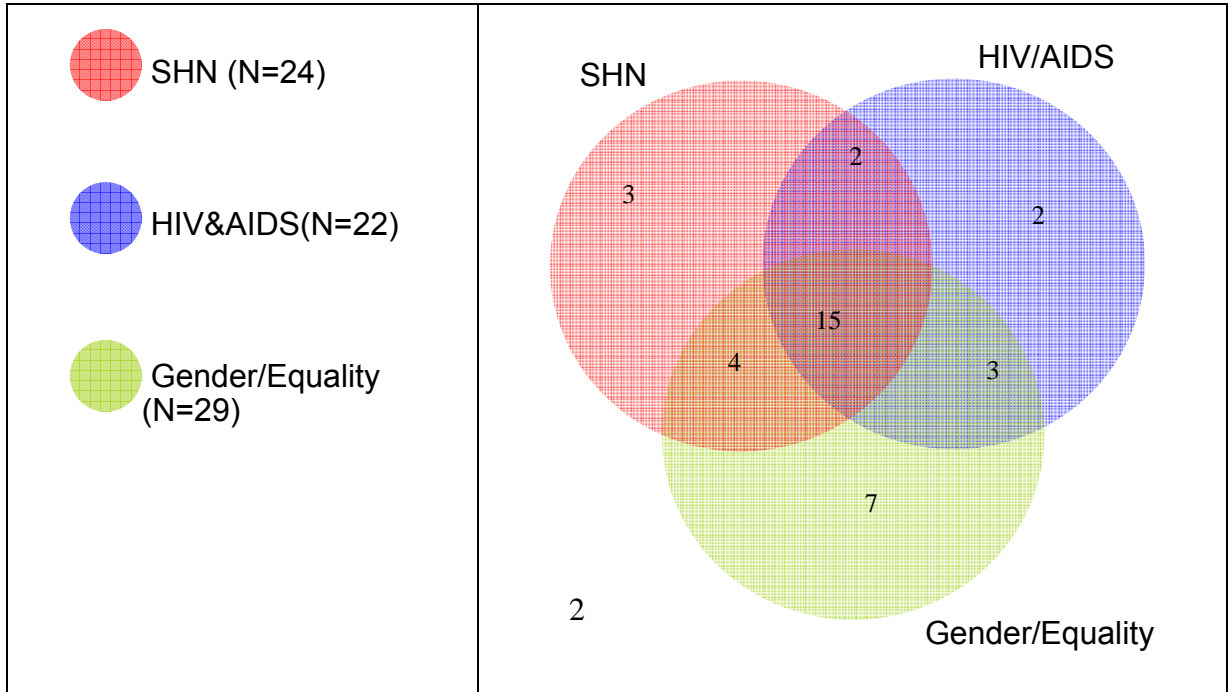


Figure 3b: Activities by organisations in Water, Sanitation and School Environment

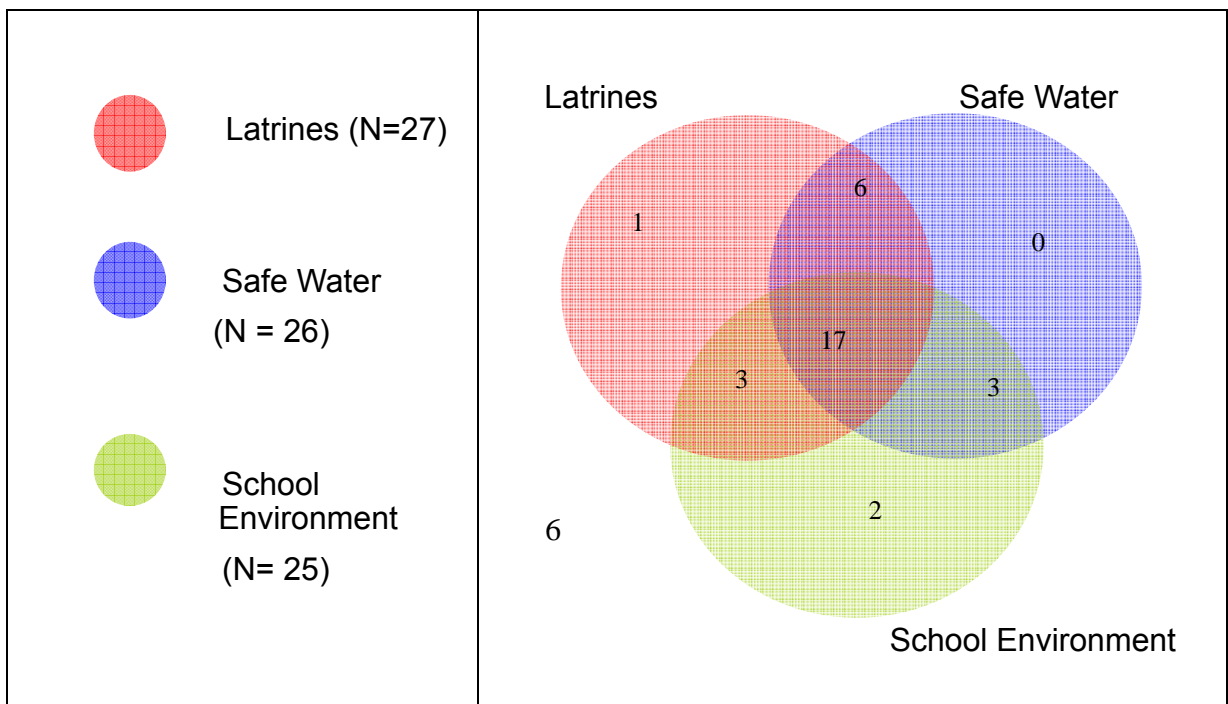
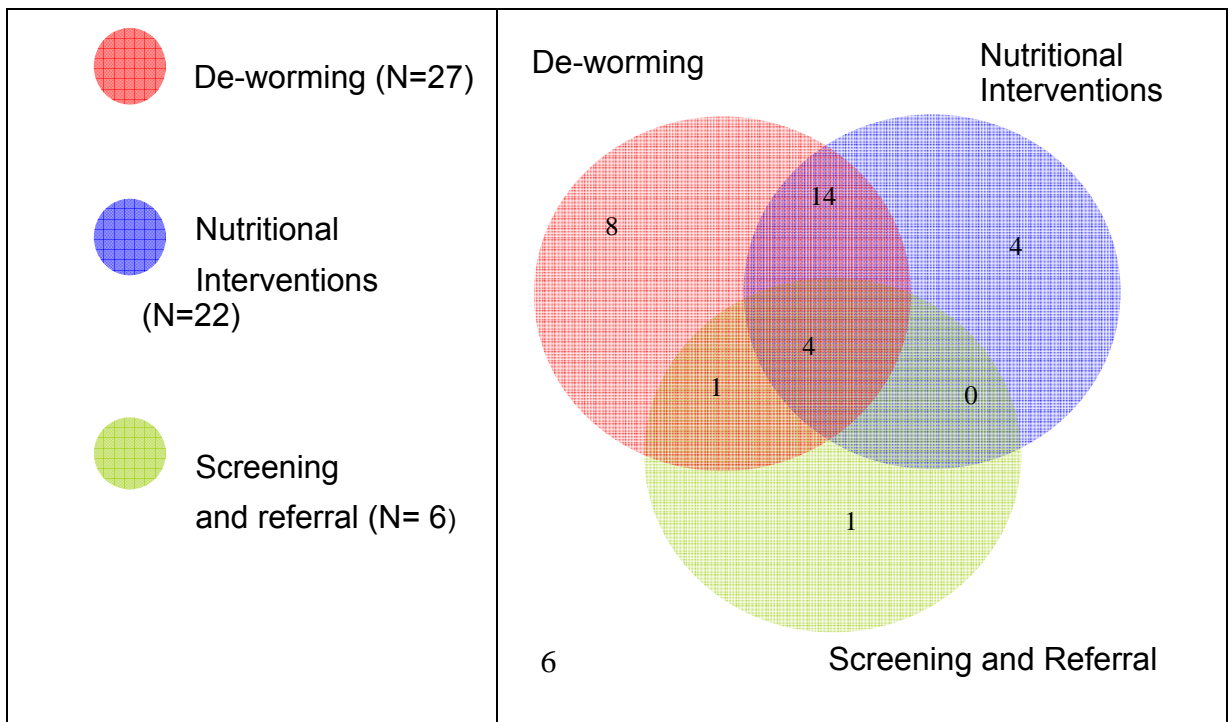
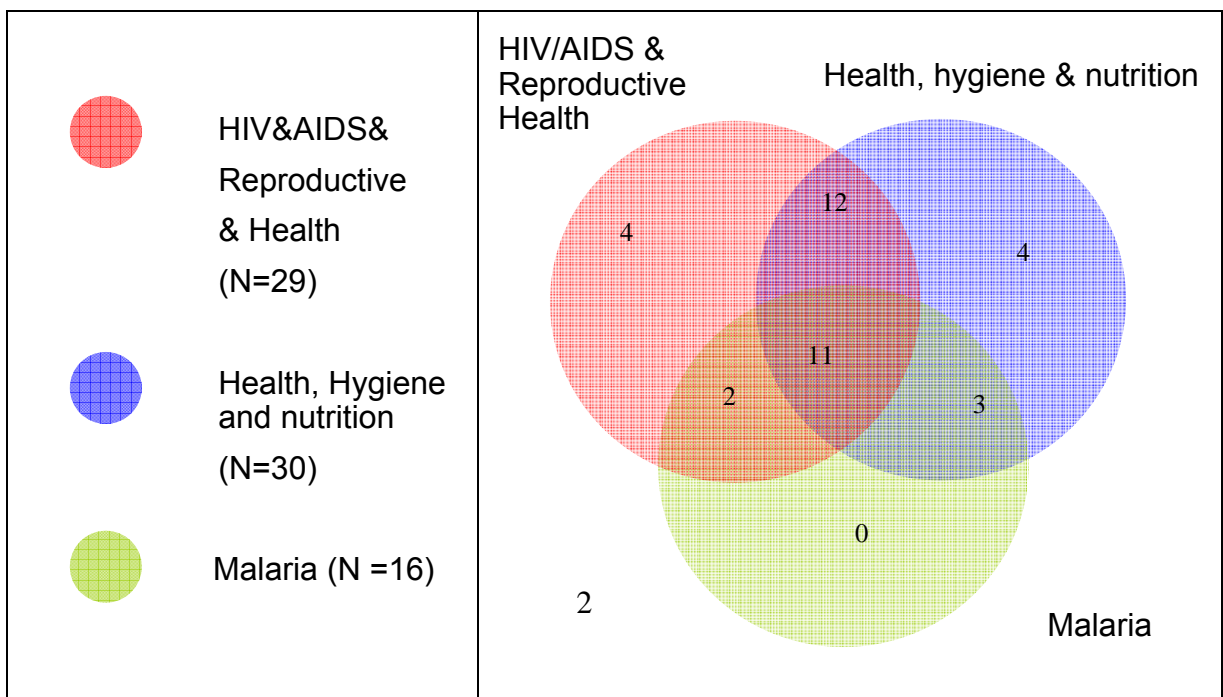


Figure 3c: Activities by organisations in the area of School-based Health Services



Note: School Feeding and Micro-Nutrient Supplementations have been combined and described as “Nutritional Interventions”. This was for ease of representation in Venn format.

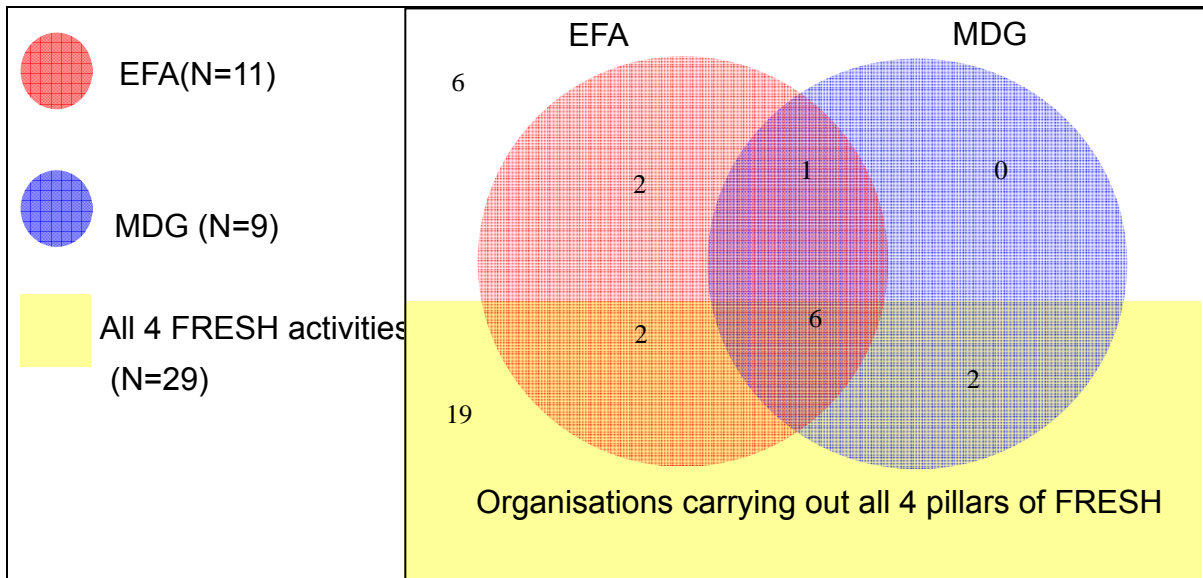
Figure 3d: Activities by organisation in skills based health education



Comparatively few organisations surveyed drew explicit links between their support for integrated school health programming and the attainment of EFA and the MDGs (Figure 4). Only 6 of the 29 organisations involved in all four pillars of FRESH provide explicit support for both the EFA and MDGs. Only two organisations provide explicit support to meeting the EFA goal and another two support meeting the

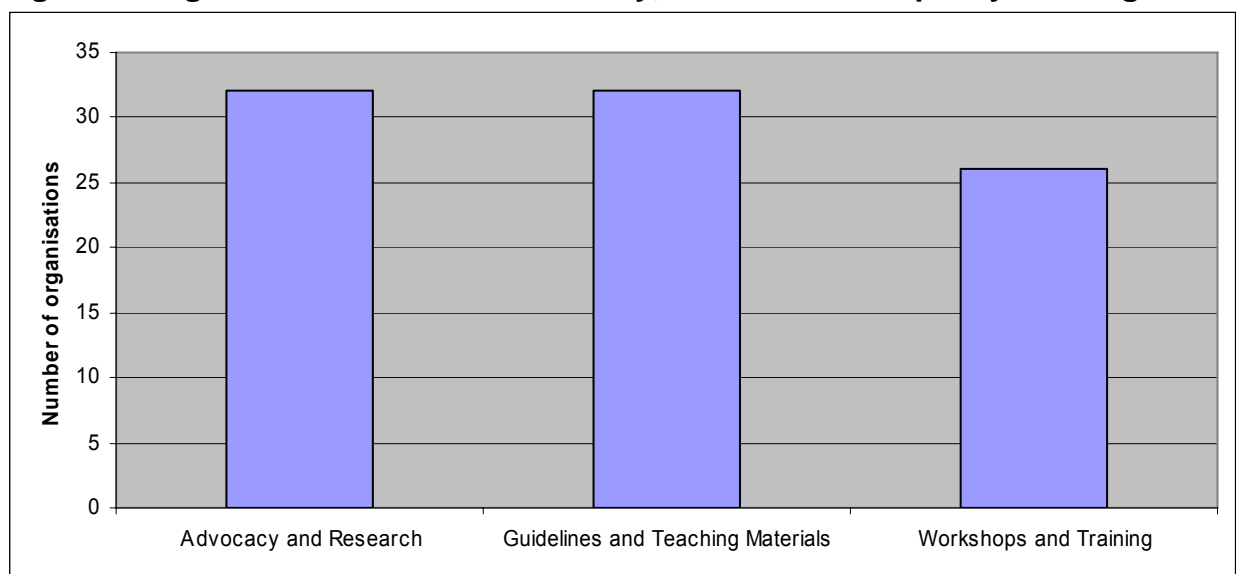
MDGs. Nineteen of the 29 organisations do not explicitly support the EFA or the MDGs. This is surprising given that SHN interventions make significant contributions to the achievement of these goals. This finding suggests that agencies and organisations may have considerable scope for enhanced advocacy for their activities by drawing clear links between their work and international priorities.

Figure 4: The overlap in explicit support for EFA and MDG, in those organisations involved in all 4 FRESH pillars, and those that are not



Additionally, nearly all organisations cite advocacy as a key component of their work, along with enabling research (used here to include analysis, surveys, synthetic research and primary field research). Capacity building activities, such as production and dissemination of guidelines, teaching materials and training also feature strongly (Figure 5).

Figure 5: Organisations active in advocacy, research and capacity building



Further details on activities of each organisation can be found in the individual entries in Section 2 and Annexes C-F.

CONCLUSION

In summary, there is an encouraging move by organisations towards holistic and integrated SHN programmes with a greater emphasis on the development of integrated school based polices to support them. Additionally, while an integrated approach to programming was seen within each pillar in the 2000 survey, there was a marked increase in the number of organisations supporting all four FRESH pillars in 2006.

The activities of organisations surveyed are diverse; some are involved in the actual 'hands on' provision of hardware and services (e.g. de-worming), others are involved in research, advocacy, production of materials and training, and others primarily provide resource/financial support. This has been enhanced by the development of synergistic and complementary partnerships, thereby leading to more consistent advice given to countries and more cost-effective, coordinated and scale led implementation of programmes.

Surprisingly few of the organisations related their SHN programs to EFA or the MDG education goals, despite this explicit link having been made at the 2000 World Education Forum in Dakar. This is clearly a missed opportunity for advocacy and the clear links between the benefits of SHN programmes and the achievement of these international goals should be made explicit.

SECTION TWO

ACTION AID

Website: www.actionaid.org

Contact person: David Archer at david.archer@actionaid.org

Introduction and background

Action AID has no specific mission related to school health. There is no earmarked person on school health and nutrition but lots of work which is highly relevant to this – especially around HIV and education which is led by Tania Boler. Action Aid works in 40 countries in pursuing the achievement of EFA goals. In many cases this involved building broad-based national coalitions on education. In the past two years a lot of work has been done to link these coalitions to health and HIV activists. The GCE report “Deadly Inertia” involved linking coalitions in 20 countries on education and HIV (see www.campaignforeducation.org) and Action Aid led this work.

Action Aid are also making these links in the area of challenging macro-economic constraints that undermine investment in health and education. Through a reductive focus on un-justifiably low single digit inflation and deficit targets. Without addressing these strategic questions Action Aid does not think that progress on school health can be sustained and mainstreamed.

Another relevant area here is Action Aid’s work on violence against girls in schools which clearly impacts significantly on health.

Materials are on the web-site or can be sent on all the above.

Activities and programs

Activities are implemented around building girls charters for school safety / non-discrimination etc. Activities include raising awareness of district and national officials and training teachers on zero tolerance of violence and harassment, and on training teachers in improving access to counselling. A wide range of work from micro-level work in schools around challenging discrimination to integrating training on gender and power analysis in teacher training colleges and on to national and international advocacy on the missed gender and education MDG (inc massive actions on this at G8 and in UN Summit).

Work on curriculum development – includes critical analysis of the UNICEF life skills curriculum and compiling of learning globally around peer education for the UK Working Group on HIV and education + Global Coalition on Women and AIDS. Lots of research has been conducted by Action Aid. Major work on teacher training is underway. Many programmes do work on peer education and out of school clubs. A major book will be coming up soon around the “Politics of Prevention”.

Development of new teaching and learning methods, teacher training, especially around HIV, violence against girls and transformatory approaches to teaching – drawing on participatory methods used with adult. This includes development of communication and interpersonal skills and development of decision making and critical thinking skills. School feeding programs happen occasionally, with a key condition being that meals are made with locally sourced food and do not use food-aid dumped on countries.

Policy topics

Topic	Y/N	Topic	Y/N
Human rights, discrimination and stigma reduction	Y	Services for students with special needs	
School feeding programs		Violence prevention	Y
Immunization, vaccination		Gender and sexual diversity	Y
Ethnic and religious diversity		Environmental concerns	
Skills-based health education including reproductive health/ HIV&AIDS prevention	Y	Access to safe water	
Tobacco, drugs, alcohol prevention		Promotion of adequate sanitation/ latrines	
Health and nutrition services, including deworming		Partnerships and participation	
Promotion of a safe school environment		Malaria care and prevention	
Work place issues		Other:	

Partnerships, advocacy, research and participation

Many significant partnerships exist at all levels, especially national coalitions on education and on HIV and links with women's movements. Also key role globally in linking education and HIV sectors, e.g. via UNAIDS and Global Coalition on Women and AIDS. Strong links in global advocacy between groups like Global AIDS Alliance and the Global campaign for Education. Action Aid strongly believes in participatory approaches / empowerment informs all our work.

Research takes place, e.g. on comparing abstinence-only approaches to HIV education with comprehensive sex education. Action Aid is also looking at different ways of transforming teacher training. Action Aid collects testimony from children and teachers who have been infected/ affected by HIV, and conducts case study research in 12 countries on violence against girls in schools.

Future plans

Action Aid plan to scale up both with our own resources and in seeking external funds. The focus is not on school health as such but on:

- Education and HIV interface
- Education and gender equality interface
- Building analysis across education, HIV and gender re macro-economics, economic literacy and budgets etc

Action Aid hopes to build macro-economic analytical work across sectors in 24 countries in 2006/7. Technically, there is the intention to have more and more focus on teacher training as the critical missing ingredient. Action Aid plans to intensify partnerships and hopefully build stronger ones with groups like Global Health Watch and People's Health movements.

AGA KHAN FOUNDATION (AKF)

Website: <http://www.akdn.org/agency/akf.html>

Introduction and background

The Aga Khan Foundation is a non-denominational, international development agency established in 1967 by His Highness the Aga Khan. Its mission is to develop and promote creative solutions to problems that impede social development, primarily in Asia and East Africa. It has branches and independent affiliates in 15 countries. It is a modern vehicle for traditional philanthropy in the Ismaili Muslim community under the leadership of the Aga Khan.

A major goal of the Foundation is to improve the quality of basic education by a programme of grants to governments and NGOs. Four objectives set the wider agenda: ensuring better early caring and learning environments for young children; increasing access to education; keeping children in school longer; and raising levels of academic achievement. In common with other donor agencies, the Foundation intends that girls, the very poor, and geographically remote populations should receive special attention. Of the many factors that influence the quality of basic education, four in particular are the focus of current grants:

- The location, timing and content of teacher training;
- Professional development for all categories of educators and caregivers;
- The role of governments, NGOs, communities and parents in financing and managing education;
- The cultural and economic relevance of the curriculum.

AKF's education portfolio interprets 'basic education' as the continuation of learning which stretches from birth to adolescence. Thus roughly half the education projects it supports and half the financial investment are concentrated on stimulating the development of the young child. In developing countries, the Young Children and the Family portfolio is experimenting in both rural and urban settings with various community-based approaches that enhance early childcare and education opportunities, while work in Europe and the USA focuses on newly immigrant or economically marginalised families. A common concern across most of these projects is the quality of experience received as a child moves from home to early childhood development settings to primary school.

The increasing inability of governments to fund even the primary cycle of schooling from tax revenue is producing an ad hoc set of 'cost-sharing' arrangements. The Foundation is attempting to turn this unsatisfactory situation to advantage by experimenting with mechanisms which allow parents and communities a wider role in managing and co-financing their children's education within specific cultural, social and economic contexts. The Foundation's geographical spread currently encompasses activities in Afghanistan, Bangladesh, Canada, India, Kenya, the Kyrgyz Republic, Mozambique, Pakistan, Portugal, Switzerland, Syria, Tajikistan, Tanzania, Uganda, the United Kingdom, and the United States of America.

Activities and programs

(Programs in 2003, taken from AKF website)

- Mountain Societies Development Support Programme - Health (Kyrgyz Republic)
- Reproductive Health and Child Survival, Tajikistan
- Water and Sanitation Extension Programme, Pakistan
- Water and sanitation programme, Afghanistan
- Allied Schools (school improvement) project, Tajikistan
- Coastal Rural Support Programme - Education (Mozambique)
- Education, Dairy and Nutrition Programme (school milk programme), Tajikistan
- Education sector reform programme, Tajikistan
- Educational facility construction and rehabilitation, Afghanistan
- Educational support for children of marginalised populations, Kenya
- Enhancing teaching of health education, Tajikistan
- Improving the quality of learning in Zanzibar, Tanzania
- Madrasa Programme Resource Centres and research, East Africa
- National early childhood development programme, Syria
- Non Formal Primary Education project, Bangladesh (BRAC)
- Programme for Enrichment of School Level Education, India
- Improving private education in urban areas, Pakistan
- Releasing Confidence and Creativity (early childhood development), Pakistan
- Rural education support programme, Afghanistan
- School improvement projects and research, East Africa
- Teachers' Resource Centre (Early childhood development), Pakistan
- Teacher training colleges, Afghanistan

Policy topics

Topic	Y/N	Topic	Y/N
Human rights, discrimination and stigma reduction	Y	Services for students with special needs	Y
School feeding programs		Violence prevention	
Immunization, vaccination		Gender and sexual diversity	Y
Ethnic and religious diversity	Y	Environmental concerns	
Skills-based health education including reproductive health / HIV&AIDS prevention		Access to safe water	Y
Tobacco, drugs, alcohol prevention		Promotion of adequate sanitation/ latrines	Y
Health and nutrition services, including deworming	Y	Partnerships and participation	
Promotion of a safe school environment	Y	Malaria care and prevention	
Work place issues		Other:	

Partnerships, advocacy, research and participation

N/A

Future plans

N/A

AMERICAN JEWISH WORLD SERVICE (AJWS)

Website: www.ajws.org

Contact person: Julia Greenberg at jgreenberg@ajws.org

Introduction and background

AJWS is an independent not-for-profit organization founded in 1985 to help alleviate poverty, hunger and disease among the people of the world regardless of race, religion or nationality. It breathes life into Judaism's imperative to pursue justice and helps American Jews act upon a deeply felt obligation to improve the chances for survival, economic independence and human dignity for all people.

The inspiration for AJWS' work is drawn from the demand for social justice expressed in traditional Jewish sources. AJWS is a Jewish response to the needs of communities throughout the globe, regardless of race, religion or nationality.

AJWS' grant making fulfils both Jewish and humanitarian responsibilities for people around the globe. Our grant making emphasizes the links between human rights and sustainable development. Our work also creates opportunities for Jews to become involved in development work while promoting the advancement of cross-cultural understanding.

Activities and programs

AJWS' grant making supports community-based organizations in the developing world that are undertaking holistic community development programs. These groups design and implement projects that creatively and effectively address economic development, education, healthcare and sustainable agriculture.

All of the initiatives also have strong components of strengthening civil society and/or promoting women's empowerment. Fundamentally, our grant making links human rights and sustainable development. We are convinced that development only contributes to creating a more just society when people understand their rights, how to articulate them, and how to secure them.

Our priorities continually adapt in response to the needs and priorities of our partner organizations and their struggles for social, economic, cultural and political justice. AJWS is one of a small number of organizations that supports grassroots organizations creating change in the developing world. Our core development projects are profiled on this site. With your support, AJWS provides help in 40 countries to over 250 grassroots projects, making a significant and sustainable difference in the lives of tens of thousands of people throughout the world.

Areas of policy / advocacy work

Topic	Y/N	Topic	Y/N
Human rights, discrimination and stigma reduction	Y	Services for students with special needs	N
School feeding programs	N	Violence prevention	Y
Immunization, vaccination	Y	Gender and sexual diversity	Y
Ethnic and religious diversity	Y	Environmental concerns	Y
Skills-based health education including reproductive health / HIV&AIDS prevention	Y	Access to safe water	Y
Tobacco, drugs, alcohol	Y	Promotion of adequate	Y

prevention		sanitation/ latrines	
Health and nutrition services, including deworming	Y	Partnerships and participation	Y
Promotion of a safe school environment	Y	Malaria care and prevention	Y
Work place issues	Y	Other:	

Partnerships, advocacy, research and participation

N/A

Future plans

N/A

ASIAN CENTER OF INTERNATIONAL PARASITE CONTROL (ACIPAC)

Website: www.tm.mahidol.ac.th

Contact person: Jitra Waikagul at tmjwk@mahidol.ac.th

Introduction and background

ACIPAC, based at Mahidol University's Faculty of Tropical Medicine (FTM) in Bangkok, Thailand provides comprehensive preventive education to health personnel and educators working in parasite control program through various departments and Asian International Centre of Parasite Control (ACIPAC). ACIPAC's objective is that parasite control programs are actively implemented in Thailand and its neighbouring countries.

ACIPAC's concepts are similar to FRESH, so it is complementary to FRESH.

Activities and programs

A training course on "School-based Malaria and Soil-transmitted Helminthiases Control for Program Managers" was organized annually during 2001-2004. A small-scale pilot project (SSPP) was supported by ACIPAC to ex-participants to establish a school-based parasite control in their country. International symposium on parasite control was organized yearly during 2000-2004 to promote linkage between implementers at regional and international levels.

School-based approach training course was provided for five main partner countries in the Greater Mekong Sub-region, and three countries outside the region (Timor Leste, Ghana and Kenya). SSPP was conducted in four main partner countries - CLMV (app. 1,000 children/country/year, total budget app. 124,000USD). Myanmar has already established a governmental structure and national policy to promote school health nationwide. In Cambodia, a school health policy has been already drafted and awaiting comments from organizations concerned. ACIPAC experts were requested to make comments on the draft by the Cambodian Ministry of Education, Youth, and Sports (MoEYS) and made substantial contributions for further improvement. In Lao, A National Policy for School Health is already drafted. ACIPAC made substantial efforts to established the organizational structure of school health that resulted in the establishment of Coordination Meeting for School Health and National Task Force of School Health.

ACIPAC works on promoting access to safe water in Lao PDR and on hygiene education in model schools. ACIPAC developed teacher education approaches for malaria prevention, using mosquito bed net, repellent, as well as teacher education for micronutrient (vitamin, mineral) and macronutrient (Protein). ACIPAC also developed teacher manuals and student text books for malaria and soil-transmitted Helminthiasis, which are available in Thai, English and Burmese.

In terms of deworming, ACIPAC promotes the selective treatment of STH using albendazole 400mg or mebendazole 500mg single dose. 1,000 primary school children/year were reached for 3 years in CLMTV (app.50,000USD/ year) and in FTM project, another 2,000 school children supported by Mahidol University Fund for 5 years (app. 12,500USD/year).

There is a school-based malaria control program in Thailand (1,000 children/year for 4 years (10,000USD/year by ACIPAC). FTM research station at Suan Phung, Ratchaburi Province (RTIC) open malaria clinic (24 hrs/day) for DX-TX, also house visit on case follow up and preventive education (5,000USD/month by FTM Foundation), responsible for 10,000 population include one Kindergarten and 2 schools. Provision first-aid kits to 8 schools near Thai-Myanmar border Suan Phung district, Ratchaburi province (FTM Foundation)

Policy topics

Topic	Y/ N	Topic	Y/N
Human rights, discrimination and stigma reduction		Services for students with special needs	
School feeding programs		Violence prevention	
Immunization, vaccination		Gender and sexual diversity	
Ethnic and religious diversity		Environmental concerns	
Skills-based health education including reproductive health / HIV&AIDS prevention		Access to safe water	Y
Tobacco, drugs, alcohol prevention		Promotion of adequate sanitation/ latrines	Y
Health and nutrition services, including deworming	Y	Partnerships and participation	Y
Promotion of a safe school environment		Malaria care and prevention	Y
Work place issues		Other: Promoting children as partners in distributing knowledge on prevention of parasitic infections to community	Y

Partnerships, advocacy, research and participation

Partnerships between health and education are promoted. A recent teacher workshop created a teacher manual on participatory learning programs. Children are not only recipient but also partners in delivering health messages to the community. ACIPAC works with other faculties and universities, Ministries of Health and Education of partner countries, and international organizations WHO, UNCEF, JICA, JAPC, JICWELS, KIA and PCD.

ACIPAC has been advocating and promoting the school based approach by utilizing every opportunity such as international training courses, symposia, and seminars. ACIPAC in collaboration with PCD, ACIPAC organized an international symposium on school health in March 2003. In collaboration with OBEC, the Office of Basic Education Commission Thailand, student textbooks and teacher manual were developed and used in schools nationwide as well as those of partner countries. ACIPAC also involved in development of National Intestinal Helminth Prevention and Control Policies, Lao PDR.

Recently two research projects were supported (Effectiveness of health education on STH prevention and control in schools in Nakhon Si Thammarat, Thailand

(Tomono et al, 2002) and Effectiveness of health education on malaria prevention and control in schools near Thai-Myanmar border (Okabayashi et al, 2006))

Future plans

Funding is likely to decrease due to the end of the project in March 2005. However, there are plans to continue activities and expand into school-based training in infectious disease control.

ASSOCIATION FOR THE DEVELOPMENT OF EDUCATION IN AFRICA (ADEA)

Website: www.adeanet.org

Contact person: N/A

Introduction and background

ADEA's mission is to:

- Promote dialogue and partnerships
- Develop consensus on policy issues facing education in Africa
- Reinforce African Ministries' capacities to develop, manage, and implement education policies
- Promote the sharing of experiences and successful strategies
- Promote nationally-driven education policies, projects, and programs

ADEA now focuses on developing partnerships between Ministers of Education and funding agencies in order to promote effective education policies based on African leadership and ownership.

Currently housed in the International Institute for Educational Planning (IIEP), ADEA's host institution, in Paris, France, the ADEA Secretariat facilitates information exchange and communication, organizes conferences and biennial meetings, publishes the ADEA Newsletter and other publications, maintains the ADEA Web site, and carries out small-scale programmatic activities.

Activities and programs

Caucus and Bureau of African Ministers

The Caucus and Bureau of African Ministers of Education are central to ADEA's efforts to strengthen policy dialogue. The Caucus, composed of all the ministers of education in Africa, and the Bureau, composed of ten ministers elected by their peers to serve on ADEA's Steering Committee, have been instrumental in moving ADEA away from being a traditional "donors' club".

Working Groups

Led and coordinated by African stakeholders and funding agencies, ADEA's eleven Working Groups are engaged in three types of activities: advocacy work, analytical work, and capacity-building. A number of Working Groups are twinned with African institutions that both benefit from and contribute to the association. For example, the close relationship between the Working Group on Higher Education and the Association of African Universities (AAU) has given new impetus to the AAU. The Working Group on Female Participation allowed for the creation of the Forum for African Women Educationalists (FAWE), one of the most innovative and respected education organizations in Africa.

Policy topics

Topic	Y/N	Topic	Y/N
Human rights, discrimination and stigma reduction		Services for students with special needs	
School feeding programs		Violence prevention	
Immunization, vaccination		Gender and sexual diversity	

Ethnic and religious diversity		Environmental concerns	
Skills-based health education including reproductive health/ HIV&AIDS prevention		Access to safe water	
Tobacco, drugs, alcohol prevention		Promotion of adequate sanitation/ latrines	
Health and nutrition services, including deworming		Partnerships and participation	
Promotion of a safe school environment		Malaria care and prevention	
Work place issues		Other:	

Partnerships, advocacy, research and participation

ADEA is a network and a partnership. This means that ADEA is neither a funding agency nor a traditional organization or investment project.

ADEA is a network of:

- African Ministries of Education
- Development Agencies
- Education specialists and researchers
- NGOs active in education

Future plans

N/A

CARIBBEAN FOOD AND NUTRITION INSTITUTE (CFNI/PAHO)

Website: www.paho.org/cfni

Contact person: Laura D Richards at richardl@cfni.paho.org

Introduction and background

The mission of the Caribbean Food and Nutrition Institute is to cooperate technically with member countries to strengthen their ability to manage, and prevent the key nutritional problems and to enhance the quality of life of the peoples of the Caribbean through the promotion of good nutrition and healthy lifestyle behaviors.

The institute was established in 1967 to forge a regional approach to solving the nutrition problems of the Caribbean. As a specialized centre of PAHO serving the Caribbean Region, CFNI's goal is to attain household food security and achieve optimal nutritional status for all the people of the Caribbean. The institute serves 18 countries with a combined population of approximately 6 million. Four main functional approaches are utilized in carrying out the institute work: planning and policy development, human resource development, surveillance and research and promotion and information dissemination.

While the institute does not utilize the specific construct of the FRESH framework, our general principles and approaches incorporate several aspects of the various elements of this initiative.

Activities and programs

As part of a holistic training programme, teachers and related personnel in two countries (Jamaica and St Kitts) have been trained on how to make water safe for use in the school feeding programme.

Our focus in the area of promotion / provision of adequate sanitation has been advocating safe and appropriate environment for school meals and hand washing at all levels for students, teachers and other school personnel specific to school meals programme.

In the fourth and final year of a project funded by the Organization of American state schools in four countries (Barbados, Belize, Jamaica and St Vincent and the Grenadines) were targeted for food safety training and public education based on survey data on consumer practices in those countries.

As part of a holistic training programme, teachers and related personnel in early childhood institutions in Jamaica have been sensitized on alternatives to waste disposal/management including recycling and composting.

CFNI provides balanced meals to students as a part of a comprehensive school nutrition programme that will contribute to their physiological development, reduce hunger and increase the capacity for cognitive development.

A curriculum was developed for nutrition and HIV&AIDS for health care workers in regions. In many countries these health care personnel serve as resource persons to schools in addressing these issues. In addition regional workshops were held on

Nutrition and HIV&AIDS, in many countries teachers participated in these workshops.

Representatives from Non-Governmental organizations were trained in all 18 member countries on Nutrition and HIV, many of whom work with schools in delivering out-of- schools programs.

The institute has a comprehensive lifestyle programme that promotes healthy lifestyle behaviour in schools called Project Lifestyle. The project materials are available from CFNI on request. There is also a proposal for anaemia/nutrition education project in schools in Antigua.

Other areas include self esteem, physical activity and food safety. The first two are components of Project Lifestyle. Food safety presentations have been done at schools, including food safety expositions, video, essay and poster competitions. Teachers have been trained to infuse nutrition concepts into all subjects in the school curriculum in schools targeted for Project lifestyle. These include: Antigua, British Virgin Islands, Trinidad and Tobago. The Delphi method is used to determine curriculum for proposed tertiary level food safety course. Equipping students to take and interpret their own body measurement and nutritional status is a key component of project lifestyle. Jamaica, St Vincent, Antigua have been assisted with various component of their school feeding programmes, to evaluate and or develop select components of these services. In all cases a mid-day meal is either served or proposed and CFNI assist with setting nutrient standards for the target group, developing menus and testing recipes for use in these programmes, developing and implementing pre implementation and evaluation instrument to measure the effectiveness and efficacy.

Physical education is a component of project lifestyle. A range of activities are proposed included aerobics, strength and flexibility exercises.

Other activities include training of school health personnel to do anthropometric assessments to assess and track nutritional status of students. St Kitts was assisted with estimating the prevalence of overweight among 13-15 year old students and determining dietary, physical activity patterns and basic nutrition knowledge. In addition nutrition related indicators are obtained from school health data collected for Montserrat, Cayman Islands and St. Vincent.

Areas of policy / advocacy work

Topic	Y/N	Topic	Y/N
Human rights, discrimination and stigma reduction	N	Services for students with special needs	N
School feeding programs	Y	Violence prevention	N
Immunization, vaccination	N	Gender and sexual diversity	N
Ethnic and religious diversity	N	Environmental concerns	Y
Skills-based health education including reproductive health /	Y	Access to safe water	Y

HIV&AIDS prevention			
Tobacco, drugs, alcohol prevention	Y	Promotion of adequate sanitation/ latrines	N
Health and nutrition services, including deworming	Y	Partnerships and participation	Y
Promotion of a safe school environment	Y	Malaria care and prevention	N
Work place issues	N	Other:	Y

Partnerships, advocacy, research and participation

In all countries that request CFNI's input in their school health and nutrition programme the recommendation is made to invite health personnel – usually public health inspectors and nutrition unit as well as other relevant departments including supplementation unit, education at both the ministerial and local levels: curriculum personnel, education officers, school feeding unit various commissions and minister representatives , agricultural personnel at the ministerial and local levels as well as other funding and policy making partners and groups.

Students and teachers are targeted for collection of health status data to guide the planning of nutritious meals, their dietary practices and perceptions are survey before during and after the programme. They are also targeted for taste testing in the development of menus and recipes for the programme. Overall they are evaluated to ascertain the success of the programme.

In terms of partnerships, various groups are involved to varying degrees in different countries. In summary these include; the Planning or statistical institute, ministries of health, education, labour and agriculture in participating countries, Office of the Prime Minister and Early Childhood Commission in Jamaica, International Development Bank, Organization of American States, World Diabetes Foundation, University of the West Indies, University of technology.

Regarding leadership and advocacy work, at the ministerial levels at Caribbean region meetings of ministers of health, education and agriculture and at one on one level in member countries. Provide and assist in the preparation of technical papers for cabinet as well as providing standards and procedural information on the planning, implementation and evaluation of the various programmes.

Research is ongoing on mobilizing schools for diabetes prevention, and on the effectiveness of a pilot school feeding project (see website).

Future plans

Activities will continue and be expanded depending on the extent to which resources can be mobilized. PAHO plans to expand to new geographical or technical areas also depend on the needs and requests of member countries in this area and in keeping with our mandate.

CATHOLIC RELIEF SERVICES (CRS)

Website: <http://www.crs.org/home.cfm>

Contact person: N/A

Introduction and background

CRS' mission is to alleviate human suffering, the development of people and the fostering of charity and justice in the world. Through an extensive network of partners around the globe CRS provides humanitarian relief and development assistance in 99 countries worldwide in the fields of agriculture, community health, education, emergency response, HIV&AIDS, microfinance, peacebuilding and safety net programming. CRS also supports programs in the United States to inform and engage American Catholics about poverty and injustice overseas.

Activities and programmes

In terms of school health, it has been involved in a deworming project in Ghana to improve the health and nutrition of school children by reducing intestinal infestation.

CRS conducts community health programs, it focuses on child survival, maternal and child health development and HIV&AIDS and it conducts child survival projects in Kenya, The Philippines, Angola, and India.

Water and sanitation projects in Bolivia, Honduras and Morocco,

Food assisted child survival projects in India, Guatemala, Madagascar, Ethiopia, Benin, Ghana, The Gambia, Haiti, Cambodia,

HIV&AIDS education and care projects in Kenya, Zimbabwe, Tanzania and Uganda.

Policy topics

Topic	Y/N	Topic	Y/N
Human rights, discrimination and stigma reduction	Y	Services for students with special needs	Y
School feeding programs	Y	Violence prevention	Y
Immunization, vaccination	Y	Gender and sexual diversity	Y
Ethnic and religious diversity	N	Environmental concerns	Y
Skills-based health education including reproductive health / HIV&AIDS prevention	Y	Access to safe water	Y
Tobacco, drugs, alcohol prevention	N	Promotion of adequate sanitation/ latrines	Y

Health and nutrition services, including deworming	Y	Partnerships and participation	Y
Promotion of a safe school environment	Y	Malaria care and prevention	Y
Work place issues	N	Other:	Y

Partnership, advocacy, research and participation.

CRS works closely with the church and other agencies where the agency operates. It capitalises on the contemporary capacities to achieve the optimum benefit for the poor and marginalized people. At their best, the relationship reflects on the concept of partnership embodies essential principles of catholic Social teaching such as respect for human dignity, the life of the person in the community, and people's ownership of their development process.

It empowers the US Catholics to be global disciples in advocacy work which seeks to alleviate human suffering, advance full human development and foster charity and justice.

CRS conducts quality peace building programmes and engages in continuing research, it has been involved in the following programmes

- The CRS Justice studies
- A project on Peace building and Health program integration
- The local capacities for peace project
- Reflections on peace practice project
- Linking peace building and short-term programming.

Future Plans

CRS has plans to continue doing peace building work in 16 categories, these include;

Education, training and workshops, prevention and early warning, institutions/peace and justice commissions, women and peace building, security, inter-religious dialogue, business and micro- enterprise development, media and communications, development and reconstruction, advocacy and citizen diplomacy, high level diplomacy, research, intervention roles, trauma healing and psychosocial work, demobilization, emergency response and post conflict reconstruction.

CENTER FOR INTERNATIONAL CHILD HEALTH (CICH)

Website: www.cich.ich.ucl.ac.uk

Contact person: Madeleine Green at cich@ich.ucl.ac.uk and Andrew Tomkins at a.tomkins@ich.ucl.ac.uk

Introduction and background

Our Mission is “working for improvement in health, nutrition, development and welfare of children in developing countries through excellence in research, teaching and advocacy”.

Activities and programs

CHIC is a research organization. It has 4 main areas of research:-

1. Perinatal Health
2. Maternal and Child Nutrition
3. Child Development and Disability
4. Children in Difficult circumstances

CICH has a PhD programme in each of the above areas, and runs several MSc Programmes, including:-

1. MSc Mother and Child Health
2. MSc in Disability Studies in Developing Countries
3. MSc in International Child Health

Furthermore, CICH runs modules and short courses in a range of international child health topics

Areas of policy / advocacy work

Topic	Y/N	Topic	Y/N
Human rights, discrimination and stigma reduction	Y	Services for students with special needs	Y
School feeding programs	Y	Violence prevention	Y
Immunization, vaccination		Gender and sexual diversity	Y
Ethnic and religious diversity	Y	Environmental concerns	Y
Skills-based health education including reproductive health / HIV&AIDS prevention	Y	Access to safe water	Y
Tobacco, drugs, alcohol prevention	Y	Promotion of adequate sanitation/ latrines	Y
Health and nutrition services, including deworming	Y	Partnerships and participation	Y
Promotion of a safe school environment	Y	Malaria care and prevention	Y
Work place issues	Y	Other:	

Partnerships, advocacy, research and participation

CICH works closely with Research and Training Organizations in many developing countries, with UN agencies (WHO, UNICEF, WFP and ILO), non government organizations (Tear Fund, SCF, Valid) and national governments (departments of health, education and social welfare)

Future plans

New foci of research and engagement with governments and research organisations include:

1. Children in Difficult Circumstances – especially orphanhood and child labour
2. Nutrition – especially in the health of the older child (age 5-10 years)
3. Child Development – especially the links between nutrition and mental health and child development
4. Community based interventions for promotion of child health and nutrition

CHILD-TO-CHILD TRUST (CtC)

Website: www.child-to-child.org

Contact person: Tashmin Khamis at T.Khamis@ioe.ac.uk

Introduction and background

The Child-to-Child Trust acts as the central core of a worldwide movement of health and education workers and programmes. Our objectives are to protect and preserve the health of communities worldwide by encouraging and enabling children and young people to play an active and responsible role in the health and development of themselves, other children and their families. The work of the Trust centres on the belief that children, a large proportion of the world's citizens, can play a positive role in raising the health of others and in so doing improve their own knowledge and self-belief, and develop attitudes of caring responsibly for others.

Operational Priorities: The production and dissemination of appropriate and up-to-date health education materials. This process includes reviewing and revising existing international Child-to-Child materials, filling in important gaps in international materials and supporting national materials development, including the development and publication of materials in local first languages with local publishers.

CtC conducts training, implementation and evaluation support within countries to projects in Africa, the Arab world, Latin America and Asia. This support is provided to meet the requests of local organisations. It aims to strengthen the skills of local people and help ensure the sustainability of their activities.

Thematic Priorities of CtC:

1. Health Promotion in Schools, with an emphasis on water and sanitation needs and on development of links between primary and pre-school children.
2. Children and HIV/AIDS, including the reduction of risks of HIV infection and supporting children affected by HIV&AIDS(including orphans).
3. Inclusive education, meaning making learning accessible to all children, including those with disabilities and those prevented from attending school for economic and social reasons.

CtC puts particular focus on the needs of two groups - the maturing child and the very young child - especially when reviewing and developing materials. Although we are a small coordinating body our work in promoting children as agents and partners in health has high international status and profile. Child-to-Child ideas and materials are widely used by government and non-governmental organisations and international agencies.

Activities and programs

An agreement has been developed between the Child-to-Child Trust and the World Health Organisation Global School Health Initiative to foster integrated and coordinated school health programmes, in which children themselves play a full and active role. The agreement can be downloaded from our website.

The Health Action Schools (HAS) programme, run in partnership with Save the Children UK, aims to develop prototypes of health-promoting schools in Pakistan. One objective is to study the effectiveness of the Child-to-Child approach as a

means of improving the methodology of teaching health education, through linking learning with action. For more information on this programme, see our website

The Child-to-Child Trust and Healthlink Worldwide are the UK partners in a four-year project that started in July 2000, funded by Comic Relief. Project partners in Uganda and Kenya are working with other community-based organisations there to identify, develop and disseminate effective and practical strategies to mitigate the impact of HIV&AIDS on children and young people and respond to their need.

The Mpika Inclusive Education Project in Zambia supports a programme of experimentation and documentation of the use of the Child-to-Child approach by schools and communities to promote inclusive education. The project aims are twofold: to raise the awareness of schools and communities of the benefits of inclusive education, and to develop strategies that fully involve children with disabilities in school and community life.

Policy topics

Topic	Y/N	Topic	Y/N
Human rights, discrimination and stigma reduction	Y	Services for students with special needs	Y
School feeding programs		Violence prevention	Y
Immunization, vaccination	Y	Gender and sexual diversity	Y
Ethnic and religious diversity	Y	Environmental concerns	Y
Skills-based health education including reproductive health / HIV&AIDS prevention	Y	Access to safe water	Y
Tobacco, drugs, alcohol prevention	Y	Promotion of adequate sanitation/ latrines	Y
Health and nutrition services, including deworming	Y	Partnerships and participation	Y
Promotion of a safe school environment	Y	Malaria care and prevention	Y
Work place issues		Other: youth participation	Y

Partnerships, advocacy, research and participation

The Child-to-Child Trust is a cosponsor of FRESH and has contributed greatly to the UNESCO FRESH website with tools and materials. It has also recently published with WHO the book Children for Health: Children as partners in health promotion, that advocates for the FRESH approach to school health promotion and also is the only publication containing the latest Facts for Life (UNICEF). This is available through TALC at www.talcuk.org

As a pioneer in children's participation the Child-to-Child approach has been shown to be a practical way to increase children's participation in health and education. Based on learning from various programmes using the approach in over 70 countries worldwide, a manual of monitoring and evaluation indicators for children's participation in the CtC approach is being developed.

Through a Comic Relief Investment Grant (2003-2008) we are currently partnering with 4 organizations, namely The Arab Resource Collective (Lebanon), The Aga Khan University's Institute for Educational Development (Pakistan), The Centre for Health Education Training and Nutrition Awareness (India) and The Kenya Aids NGO Consortium (Kenya) to strengthen the international network to promote children's participation in health and development.

The Trust also runs international short courses on FRESH and the Child-to-Child approach, the most recent being held in Karachi in February 2006, jointly with the Health Action Schools programme.

Future plans

N/A

CREATIVE ASSOCIATES INTERNATIONAL INC.

Website: www.caii.com

Contact person: N/A

Introduction and background

Creative Associates addresses urgent challenges facing societies today. Whether they are shifts in demographics, the workplace, the classroom, technology, or the political arena at home and abroad, Creative Associates views change as an opportunity to improve. We help clients turn transitional environments into a positive force - an impetus for creating more empowered and effective systems and institutions. We approach change as an opportunity to transform and renew.

Activities and programs

Afghanistan/Afghanistan Primary Education Program (APEP) — In 2003 Creative Associates launched the USAID-funded APEP to address crises facing Afghanistan's educational system. Creative has targeted primary education in four key areas—accelerated learning, with emphasis on serving overage girls; teacher training; textbook production and distribution; and capacity-building in the Afghan Ministry of Education. It is expected that APEP's accelerated-learning program will reach 170,000 students. APEP has devised a program, conducted via radio, to train teachers even in isolated areas in child-centered instruction in literacy, numeracy and life skills. During APEP's first year, Creative contracted with a printer in Indonesia to produce 10 million textbooks in both Dari and Pashto in less than four months. The books were flown to Afghanistan and distributed before the start of the new school year. APEP will print and distribute 15.6 million textbooks in its second year. APEP also is providing advice and technical support to the Ministry of Education.

Benin/Equity and Quality in Primary Education (EQUIPE) — In 2003, Creative Associates began working with the government of Benin to ensure that more children, especially girls, receive high-quality basic education on an equitable basis. Called EQUIPE and funded by USAID, this project aims to improve educational equity and quality by transforming learning environments, and by increasing decentralization and community participation in Benin's primary education system.

BEPS/Philippines/Education Quality and Access for Learning and Livelihood Skills — Only four of 10 students in Mindanao (Philippines) complete elementary school, and nearly 30 percent of the population above age 10 are illiterate. In October 2004, Creative Associates began work on USAID's five-year EQuALLS project, part of the Basic Education Policy Support Activity. EQuALLS is designed to increase access to formal and nonformal basic education on Mindanao; improve the quality of instruction, particularly in English, math and science; facilitate policy reforms; and complement private-sector initiatives that provide livelihood skills for out-of-school youths. EQuALLS' ultimate goals are to improve the quality of life on Mindanao and to support peace and stability in its conflict-affected areas.

Ethiopia/Strengthening Community Partnerships in Education (SCOPE) — Since 2002 Creative Associates has been providing technical expertise in girls' education to SCOPE, a project in Ethiopia funded by USAID, working with Save the Children and CARE. Through training workshops and the use of participatory methods, Creative's team has trained school development coordinators in gender

equity issues. The project also has supported planning at the community and health district level to create child-friendly school environments. Creative has provided ongoing technical advice on strategies to remove barriers that prevent girls, nomads and other vulnerable children from accessing education, and it has helped design training materials and manuals for educators.

Global/Basic Education and Policy Support (BEPS) Activity IQC — Creative Associates is in its fifth and final year of the BEPS Activity, a USAID-funded initiative designed to further improve the quality, effectiveness and access to formal and non-formal education. Since March 2000, Creative and its partners--CARE, George Washington University and Groundwork--have been providing short- and long-term assistance to USAID missions and regional bureaus in four key areas: basic education, educational policy analysis and reform, education in countries in crisis, and education to combat abusive child labour. The BEPS partners provide this assistance through a variety of services. During the 4½ years of the program, more than 65 activities have been completed in more than 40 countries. For more information, see www.beps.net

Global/Lifelong Education Assistance through Rapid Response to Needs (LEARRN) IQC — In 2004, Creative Associates will begin working on activities related to the USAID-funded LEARRN project. Creative Associates will provide assistance to developing countries in the areas of education (from early childhood development through higher education), training and capacity building, telecommunications and information technologies, and related areas of human development. The services contracted under this three-year project will be quick-response, iterative, and short-term (up to 150 days) in nature.

Guinea/Fundamental Quality and Equity Levels (FQEL) — Guinea is undertaking major reforms designed to improve the quality of and access to education for girls in the country's 3,500 elementary schools. Since 1997, Creative Associates has been providing support, through the USAID-funded FQEL project, to the Guinean government in designing and implementing these reforms. Emphasis has been on changes in classroom practices—through reform of curricula; development of materials and delivery systems; and teacher training, supervision and assessment—as well as on changes in policy, planning and management of the education system at all levels. FQEL is scheduled to close in July 2005.

Iraq/Education II — USAID enlisted Creative Associates to implement Support for Iraqi Basic Education (Education II), a two-year project begun in July 2004. Creative is working with the Iraqi Ministry of Education to effect systemic reforms that build on the urgent education-sector rehabilitation achieved under the Revitalization of Iraqi Schools and Stabilization of Education (RISE) project, which Creative also managed. During the first year of the project, Education II rehabilitated schools and teacher training centers throughout Iraq, and distributed more than half a million secondary school supply kits to secondary school students. Among the major ongoing goals of the project is the creation of 84 model schools throughout Iraq. These "laboratories for excellence" within the Iraqi context will serve as a platform to improve the quality of basic education in Iraq, and will provide a safe, healthy environment to encourage the introduction of new ideas and approaches to teaching. The project is on track to reach its goal of training more than 35,000 teachers and administrators in general and subject-specific pedagogical techniques

through workshops that stress interactive, student-centered learning and critical thinking skills.

Iraq/Revitalization of Iraqi Schools and Stabilization of Education (RISE) — Creative Associates, through the USAID-funded RISE project, distributed equipment and supplies to schools and students in Iraq. More than 1.5 million school kits were delivered to students, following Creative’s assessment of the condition of secondary schools in the country and their capacity to provide basic services. The project helped communities refurbish more than 600 primary and secondary schools damaged or destroyed by war, looting and years of neglect. RISE, which ran from April 2003 to July 2004, also provided accelerated learning to about 650 students whose schooling had been interrupted by pre-war conditions and ensuing instability. RISE worked with the Ministry of Education to plan reforms for Iraq’s education system. About 28,500 teachers and 3,250 school administrators were trained in modern instructional methods, previously inaccessible in Iraq.

Nigeria/Community Participation for Action in the Social Sectors (COMPASS) — In partnership with the Nigerian government, USAID launched COMPASS. This five-year project combines the expertise of five American and four Nigerian partner organizations to engage local communities in building high quality, integrated health and education services. Creative Associates, an implementing partner, provides technical assistance in primary education and school health, and will mobilize parent-teacher associations to improve school infrastructure and develop instructional materials.

Areas of policy / advocacy work

Topic	Y/N	Topic	Y/N
Human rights, discrimination and stigma reduction		Services for students with special needs	
School feeding programs		Violence prevention	
Immunization, vaccination		Gender and sexual diversity	
Ethnic and religious diversity		Environmental concerns	
Skills-based health education including reproductive health / HIV/AIDS prevention		Access to safe water	
Tobacco, drugs, alcohol prevention		Promotion of adequate sanitation/ latrines	
Health and nutrition services, including deworming		Partnerships and participation	
Promotion of a safe school environment		Malaria care and prevention	
Work place issues		Other:	

Partnerships, advocacy, research and participation
N/A

Future plans
N/A

DANISH INTERNATIONAL DEVELOPMENT ASSISTANCE (DANIDA)

Website: <http://www.um.dk/english/udenrigspolitik/udviklingspolitik/>

Contact person: Lise Kaalund-Jørgensen at liskaa@um.dk

Introduction and background

DANIDA do not have a defined strategy for support towards school based health programmes although they are supporting other agencies through their bilateral programme.

Members of the education and health sector in DANIDA have discussed the need for school-based health and nutrition programming on a number of occasions but constraints on time and finances have prevented them from taking this further.

Although DANIDA's water and sanitation strategy, "Water, Sanitation and Hygiene (WASH)" does not refer to schoolchildren directly, DANIDA supports the provision of water supplies to primary schools within their rural water supplies programmes in developing countries. The health education component of their water strategy, which incorporates messages about hygiene behaviour and water-related diseases also, targets primary schools.

Activities and programs

Examples of the DANIDA approach include:

DANIDA supports World Food Programme projects giving assistance to school feeding for the most needy. The aims of the project are to increase school attendance and reduce absenteeism and to enhance the attention span and learning capacity of children by reducing short-term hunger. The project also aims to heighten awareness of the importance of girls' education and includes deworming to strengthen the project's nutritional and educational benefits.

DANIDA has supported several Child-to-Child programmes (in Zambia and Kenya, for example).

Policy topics

Topic	Y/N	Topic	Y/N
Human rights, discrimination and stigma reduction		Services for students with special needs	
School feeding programs		Violence prevention	
Immunization, vaccination		Gender and sexual diversity	
Ethnic and religious diversity		Environmental concerns	
Skills-based health education including reproductive health / HIV&AIDS prevention		Access to safe water	
Tobacco, drugs, alcohol prevention		Promotion of adequate sanitation/ latrines	
Health and nutrition services,		Partnerships and participation	

including deworming			
Promotion of a safe school environment		Malaria care and prevention	
Work place issues		Other:	

Partnerships, advocacy, research and participation

N/A

Future plans

N/A

DBL INSTITUTE FOR HEALTH RESEARCH AND DEVELOPMENT (DBL)

Website: www.dblnet.dk

Contact person: Dr Pascal Magnussen at pmagnussen@dblnet.dk

Introduction and background

DBL - Institute for Health Research and Development is a private foundation committed to meeting the needs for relevant, health-related knowledge and expertise in support of sustainable development. DBL is core-funded by the Danish Ministry of Foreign Affairs/DANIDA.

DBL's objective is to contribute to the improvement of public health conditions in developing countries through research and research-stimulated activities by focusing on selected, poverty-related health problems.

DBL's visions are twofold:

1. The generation and dissemination of new knowledge, methods and tools for use in the promotion of health and the prevention and control of disease;
2. The building of research capacity and capacity for integrated disease control at institutions and in networks, primarily in Danida programme countries, but also in Denmark.

The core funding is from DANIDA, but a substantial part of the research is externally funded. DBL has the double aim of strengthening research capacity and carrying out applied research, through extensive course activities and collaborative research projects.

DBL's approach is cross-disciplinary and inter-sectoral, viewing research, capacity building and technical and advisory services in a wider public health context.

Activities and programs

In terms of school health, DBL has been and still is involved in school based research projects in Kenya, Tanzania, Zambia, Malawi, Mozambique, Mali and Uganda. The various projects are mainly research projects which aim at improving and developing school health programmes rather than providing services as such. DBL is now involved in capacity building for operational research to support control of schistosomiasis and soil-transmitted helminth infections in school aged children through National control Programmes (Mali, Burkina Faso, Niger in West Africa and Uganda, Tanzania, Zambia in East Africa) in collaboration with ministries of health and, ministries of education and in partnership with e.g. SCI (Schistosomiasis Control Initiative and PPC (Partnership for Parasite Control)

Policy topics

Topic	Y/N	Topic	Y/N
Human rights, discrimination and stigma reduction	Y	Services for students with special needs	Y
School feeding programs	N	Violence prevention	
Immunization, vaccination	N	Gender and sexual diversity	Y
Ethnic and religious diversity	Y	Environmental concerns	Y

Skills-based health education including reproductive health / HIV&AIDS prevention	Y	Access to safe water	N
Tobacco, drugs, alcohol prevention	N	Promotion of adequate sanitation/ latrines	Y
Health and nutrition services, including deworming	Y	Partnerships and participation	Y
Promotion of a safe school environment	Y	Malaria care and prevention	Y
Work place issues	N	Other:	

Partnerships, advocacy, research and participation

DBL is a WHO Collaborating Center for Health and Environment in Sustainable Development and a WHO Collaborating Centre for Integrated Control of Helminth Infections. DBL is officially associated with the Faculty of Science, University of Copenhagen and the Royal Veterinary and Agriculture University, Copenhagen. Other partners include SCI and DANIDA.

For an overview of DBL's ongoing research projects, see <http://www.dblnet.dk/index.php?option=content&task=view&id=96>

Future plans

Funding is likely to be maintained at the same level for the next years with increasing external funding being sought. There are plans for new geographical areas of work (Bhutan) and technical areas of work (programme management, monitoring and evaluation).

DEPARTMENT FOR INTERNATIONAL DEVELOPMENT (DFID)

Website: www.dfid.gov.uk

Contact person: Halima Begum at H-Begum@dfid.gov.uk

Introduction and background

Objectives and approach of DFID include:

1. Exclusive focus on poverty: Millennium Development Goals mirrored directly in Public Service Agreement targets (conflict, trade shared with FCO and others).
2. Wider remit than ODA: from 'aid delivery' to global policy player.
3. Policy coherence agenda: trade, agriculture, debt, conflict.
4. Stronger partnerships with country governments and range of other stakeholders.
5. Working jointly with others internationally: finding a niche, not doing everything.
6. Lowering the flag: respecting country ownership and aligning behind Poverty Reduction Strategy to build effective States.

Instruments: moving away from supply-driven projects to Direct Budget Support (supported by capacity building and policy influencing work).

Activities and programs

Our overall aim is to get rid of world poverty. As a result we channel most of our aid to the poorest countries. Our policy and advocacy work is in support of country-led development.

On education our mission is to push forward policy thinking, provide advisory support and facilitate knowledge sharing in support of the achievement of the education and gender MDGs and the elimination of poverty.

In relation to child health our aim is to work towards a world where reproductive and child health and rights are respected and reflected in international and national policy; and where there are sufficient resources and expertise to bring about a sustainable improvement in maternal and child health.

Areas of policy / advocacy work

Topic	Y/N	Topic	Y/N
Human rights, discrimination and stigma reduction	Y	Services for students with special needs	
School feeding programs	DFID used to support school feeding in the past but is now moving towards broad social protection mechanisms in health and education	Violence prevention	Y
Immunization, vaccination	Y	Gender and sexual diversity	Y
Ethnic and religious diversity	Yes, DFID support to education programmes	Environmental concerns	

Skills-based health education including reproductive health / HIV&AIDS prevention	Y	Access to safe water	Y
Tobacco, drugs, alcohol prevention	Not sure	Promotion of adequate sanitation/ latrines	Y
Health and nutrition services, including deworming	Y	Partnerships and participation	Y
Promotion of a safe school environment	Y	Malaria care and prevention	Y
Work place issues	Y	Other:	

Partnerships, advocacy, research and participation

Our Policy Division supports the take up of innovative approaches and research findings developed by DFID; progress on global issues with major impact on poor people; increased coherence and quality in the international system for reporting progress against the MDGs; analytical methods to integrate poverty-environment issues into PRSPs and other development plans.

Our Information and Civil Society Division supports development communications and partnership, provides funds to support civil society organisation's in developing countries and builds support for development in the UK.

In addition, our Central Research Department works to bridge the gaps in new science and technology and the demand for global research investment that match the priorities of the poor. Our research department also seeks to influence the international and UK research agendas, putting poverty reduction and the needs of the poor at the forefront of global research efforts. DFID programmes and policies are responsive to partner stakeholder analysis and joint consultation with a range of countries, organisations and people involved and interested in development.

Future plans

In relation to supporting the education and gender MDGs, we will develop and share evidence based policy on child and reproductive health with a particular emphasis on human rights. DFID's Reproductive and Child Health team is also working towards strengthening the commitment and capacity of DFID and the international community to deliver and monitor progress towards international goals, the Millennium Declaration and the International Conference on Population and Development targets as covered by the targets on child health, maternal health and reproductive health and rights.

DEVELOPMENT COOPERATION IRELAND (DCI)

Website: www.dci.ie

Contact person: Maire Matthews at Maire.Matthews@dfa.ie

Introduction and background

Irish Aid recognises the importance of school health and nutrition and provides support for health, education and water sectors through our bilateral and multilateral programmes. This includes support to governments, including local government and to civil society organisations and multilateral organisations.

Activities and programs

The majority of support at programme country level takes the form of sector wide approaches. Irish Aid advocates for a holistic approach and ensures that linkages between the sectors are made in delivering effective school health and nutrition.

Policy topics

Topic	Y/N	Topic	Y/N
Human rights, discrimination and stigma reduction		Services for students with special needs	
School feeding programs		Violence prevention	
Immunization, vaccination		Gender and sexual diversity	
Ethnic and religious diversity		Environmental concerns	
Skills-based health education including reproductive health / HIV&AIDS prevention		Access to safe water	
Tobacco, drugs, alcohol prevention		Promotion of adequate sanitation/ latrines	
Health and nutrition services, including deworming		Partnerships and participation	
Promotion of a safe school environment		Malaria care and prevention	
Work place issues		Other:	

Partnerships, advocacy, research and participation

N/A

Future plans

N/A

EASTERN & SOUTHERN AFRICA CENTRE OF INTERNATIONAL PARASITE CONTROL (ESACIPAC)

Website: www.esacipac.org

Contact person: Dr. Charles Mwandawiro at cmwandawiro@kemri.org

Introduction and background

ESACIPAC was established to coordinate parasite control in the region through capacity building, operational research and networking. Human resource development is through training of personnel from 8 participating countries (Kenya, Uganda, Zanzibar, Tanzania mainland, Malawi, Zambia, Zimbabwe and Botswana) once a year. Our training courses are mainly on school-based parasite control and school health and nutrition. To assist in training, we establish a model project in Central Kenya on school health with health education and deworming as the core activities.

ESACIPAC actively promotes the FRESH framework. We are involved in policy dialogue with policymakers for development of policy documents on school health & nutrition in Kenya and the region. Some countries now have guidelines on school health and school health & nutrition is reflected in national health sector strategic plans. In our project sites we have dewormed over 40,000 school-age children, we have introduced health education in all schools and we have started toilet construction in needy schools. Children and teachers are now having clean water using leaky tins in the schools. These efforts have ensured that basic hygienic practices are observed in school and at home.

Activities and programs

We organize and attend meetings on policy document development that bring together ministries of health and education. We have a national inter-agency coordinating committee on school health (SH-ICC) and ESACIPAC is a member. SH-ICC comprises relevant ministries, NGOs, and donor organizations. Our organization works in Mwea division, Central Kenya where we reach all the 92 schools in the division with a population of 45,000 school children. The project has a budget of about 200,000 US\$ a year.

KEMRI-ESACIPAC is promoting water containers (leaky tins) in all schools. Some of these are plastic containers fitted with taps. They are regularly filled with clean water for hand washing and are mainly used in schools without piped water. We have helped construct modern toilets in schools with community participation. The community provides locally available material, labour and also pays the constructor. Separate toilets are built for girls and boys. We have developed health education materials for use in schools. Hygiene education is emphasized in the materials. Teachers are trained by us on how to deliver sound health education in schools. Each school has a rubbish pit within the compound for garbage disposal. Part of litter is burnt in the pit.

All children are given equal opportunity without gender discrimination in all the services we provide in the schools. In role-plays, drama, song and dance, all are given equal chance to participate.

We deworm with praziquantel (schistosomiasis) and albendazole (intestinal worms) once a year. Deworming tablets are given by trained teachers with supervision by health personnel.

We have developed a booklet on personal protection against malaria that is used for health education in schools.

Policy topics

Topic	Y/N	Topic	Y/N
Human rights, discrimination and stigma reduction		Services for students with special needs	
School feeding programs	Y	Violence prevention	
Immunization, vaccination	Y	Gender and sexual diversity	Y
Ethnic and religious diversity		Environmental concerns	Y
Skills-based health education including reproductive health / HIV&AIDS prevention	Y	Access to safe water	Y
Tobacco, drugs, alcohol prevention		Promotion of adequate sanitation / latrines	Y
Health and nutrition services, including deworming	Y	Partnerships and participation	
Promotion of a safe school environment	Y	Malaria care and prevention	Y
Work place issues		Other:	

Partnerships, advocacy, research and participation

Our programme is promoting partnership. At national level the Divisions of child health, vector-borne diseases, environmental health, health education and public health from the ministry of health and the department of child health & nutrition and the Kenya Institute of Education from the ministry of education form our national team with ESACIPAC. The two ministries come together at district and divisional levels where we have implementation teams. At divisional level the team works closely with the community.

Teachers were sensitised and their consent sought before they were trained for drug and health education delivery. They asked all the questions they had and all their concerns addressed. Children are also sensitised on why they should be treated and are usually requested to provide stool samples for examination without coercion. Their suggestions on how to make the logistics more efficient are always taken into consideration.

The WHO, DBL, World Bank and JICA send facilitators to our training courses. PCD jointly organized our third training course in 2005 with us. The governments in the region send participants to our courses and they are fully supported by JICA.

We conduct advocacy visits to our participating countries in the region aimed at making governments give more attention to school health and nutrition. The governments have included SH&N in their strategic plans which are either developed or are under development. National structures on SH&N are either being formed or re-vitalized. The training courses we conduct are highly valued by policymakers who usually nominate participants.

Some of the research areas we focus on are 1) Evaluation of peoples attitudes, perceptions and knowledge of parasitic diseases after deworming in Mwea 2) Drug efficacy and side effects monitoring 3) Risk factors of *S. mansoni* infection among the adult population in Mwea 4) Anaemia in pregnancy and associated factors (malaria, hookworm and schistosomiasis 5) Integrated control of lymphatic filariasis, soil-transmitted worms and schistosomiasis

Future plans

Funding will be continued and probably scaled up because we plan to expand our activities in the district and beyond since the model project has generated good results.

Geographically, we wish to expand from Mwea to the other 4 divisions in the district. We also intend to expand our activities to 2 districts at the coast. At international level, we plan to include Mozambique and Ethiopia in our list of countries to benefit from our training.

Technically, we want to include micronutrient supplementation in our service delivery and HIV&AIDS in our health education activities. We plan to form new partnership with UNICEF, SAVE, and UNDP as we continue to intensify existing ones.

EDUCATION DEVELOPMENT CENTER (EDC)

Website: www.edc.org and www.hhd.org

Contact person: Carmen Aldinger at caldinger@edc.org

Introduction and background

Established in 1958, Education Development Center, Inc. (EDC) is a non-profit organization which joins research and practice to meet challenges in education, health, and employment. The mission of Health & Human Development Programs (HHD) is to create innovations that promote health worldwide. HHD strategies and experiences for promoting health through schools include research on evidence-based strategies, development of tools, curriculum and training materials, leadership and professional development, coordination and development of networks, policy, institutional development and support to governments and international agencies and use of technology for technical assistance and sharing of information.

HHD/EDC was instrumental in initiating the FRESH framework. We prepared and presented the background paper ("Thematic Study on School Health and Nutrition") for the session at the World Education Forum in Dakar, Senegal, April 2000, in which FRESH was launched. We are promoting the FRESH framework as a conceptual framework for most of our international work in school health and through professional presentations at conferences.

Activities and programs

We synthesize research and develop guidelines for school health policies, for worldwide use, such as:

- The Thematic Study for School Health and Nutrition, which was part of the EFA 2000 Assessment
- We also contributed to the UNESCO FRESH School Health Toolkit, which contains guidance and a collection of tools to help teachers, policy-makers, curriculum planners and other education personnel to put into practice the principles of FRESH.
- On behalf of WHO and UNICEF, we developed a document on skills-based health education ("Skills for Health") which defines key concepts and explains how skills-based health education, including life skills, fits into the broader context of what schools can do to improve education and health.
- Together with WHO and partners, we have developed a process and tools (Rapid Assessment and Action Planning Process, RAAPP) to assess national school health capacities and develop action plans to improve the national school health capacity. RAAPP has been pilot tested in Indonesia, and implemented in Nigeria and India.
- For the WHO Information Series on School Health, we developed several documents that synthesize best practice and outline steps to address various health topics in health promoting schools: Healthy Nutrition; Violence Prevention; Family Life, Reproductive Health and Population Education; Alcohol Use Prevention (in press); Local Action: a manual for creating Health-Promoting Schools; Tobacco Control Policy Guide for Schools (in press).

Other project activities include:

Health-promoting schools in China - Together with WHO, the provincial Zhejiang Health Education Institute, and other partners, we provided technical assistance to a pilot project on comprehensive school health interventions with a focus on nutrition. This project was later expanded to schools throughout the province and to address various health topics. We conducted qualitative evaluation through group interviews. http://www.hhd.org/hhdnews/hhdstories/fs_01_2006c.asp

In the Caribbean a Regional Curriculum Framework was developed. The content of the curriculum framework includes sexual health, health and wellness, eating and fitness, interpersonal relationships, and the environment: http://www.hhd.org/hhdnews/hhdstories/fs_09_2005.asp

A three-year study involving implementation, monitoring, and evaluation of an HFLE curriculum based on this framework began in 2005 in four pilot countries: St. Lucia, Barbados, Grenada, and Antigua.

Water Filter Project in the Dominican Republic. We have collaborated with partners in the distribution of water filters in the Dominican Republic. This project includes a health and sanitation educational component.

HIV&AIDS curriculum activities in Botswana. Together with partners and teachers, we facilitated the development of national curricula in Botswana for lower and upper primary school. The curriculum contains activities and information related to life skills and HIV, AIDS, and STI prevention. http://hhd.org/hhdnews/hhdstories/fs_07_2003.asp

We collaborate closely with teachers and teacher unions in Africa and in the Caribbean to develop curricula and conduct participatory teacher training on HIV/AIDS. A Teachers Exercise Book with participatory learning activities was developed recently, and we provide training, together with Education International and WHO, utilizing the manual. In 17 African nations and two Caribbean countries we have trained about 130,000 teachers about HIV prevention to protect themselves, their students and communities, and to support Education for All (EFA). http://www.hhd.org/hhdnews/hhdstories/fs_03_2006a.asp

We have conducted an advocacy and leadership campaign for the education sector for a comprehensive approach to addressing HIV&AIDS in the Caribbean, and will develop a policy document. http://www.hhd.org/hhdnews/hhdstories/fs_02_2006b.asp

In South East Asia peer education for orphans and vulnerable children is taking place. Through peer education programs, mass trainings, sports activities, and youth camps, the project reached over 1000 youth. http://www.hhd.org/hhdnews/hhdstories/fs_04_2005b.asp

In the United States a project called Saving Sex for Later: Stories to Help Parents Talk to Their Sons and Daughters is implemented. This NIH-funded project employed both qualitative and quantitative research findings with African American and Hispanic middle school students and their parents to produce three audio-

compact disks (CDs) designed for communities where adolescents are at high risk of initiating sex prior to or early in high school.

http://www.hhd.org/hhdnews/hhdstories/fs_02_2006a.asp

Especially for Daughters: Delaying Alcohol Use and Saving Sex for Later. This project addresses the combined risks of early alcohol use and early sexual initiation among middle school girls via a set of four culturally relevant audio compact discs.

In the US, we developed an occupational safety and health curriculum for high school students. We developed, and continue to update and provide training on, the Teenage Health Teaching Modules (THTM), a successful, nationally used, and independently evaluated comprehensive school health curriculum for grades 6 to 12. It provides adolescents with the knowledge and skills to act in ways that enhance their immediate and long-term health. <http://www.thtm.org/>

In the United States, funded by the Centers for Disease Control and Prevention, a joint project with the Columbia University Center for Youth Violence Prevention produced a middle school program to address the role bystanders can play in preventing – or increasing – youth violence.

In the United States, we operate regional and national technical assistance centers, including a National Center for Mental Health Promotion and Youth Violence Prevention that provides technical assistance and training to school districts and communities and a Center for the Application of Prevention Technologies that supports the application of evidence-based substance abuse prevention programs and strategies at regional, state, and local levels. <http://www.promoteprevent.org/>
<http://captus.samhsa.gov/northeast/northeast.cfm>

Policy topics

Topic	Y/N	Topic	Y/N
Human rights, discrimination and stigma reduction	Y	Services for students with special needs	
School feeding programs		Violence prevention	Y
Immunization, vaccination		Gender and sexual diversity	Y
Ethnic and religious diversity		Environmental concerns	
Skills-based health education including reproductive health / HIV&AIDSprevention	Y	Access to safe water	Y
Tobacco, drugs, alcohol prevention	Y	Promotion of adequate sanitation/ latrines	
Health and nutrition services, including deworming	Y	Partnerships and participation	Y
Promotion of a safe school environment	Y	Malaria care and prevention	
Work place issues	Y	Other: mental health	Y

Partnerships, advocacy, research and participation

Our programs promote partnerships between the health, education and other relevant sectors. We invite representatives from both sectors to participate in trainings and materials development. The RAAPP "requires" participants from both the health and education sector as part of the core team. Teachers take part in curriculum development. Students give input during the pilot-testing of materials.

We work in partnership with many other organizations. At global level, we work with WHO, UNESCO, UNICEF, and other UN agencies, as well as with Education International. Regionally and locally we work with the relevant health and education ministries, with regional offices of UN agencies, and with local NGOs and community-based organizations.

We are the World Health Organization Collaborating Center to Promote Health through Schools and Communities.

We are the secretariat of the International Alliance for Child and Adolescent Mental Health and Schools, a new alliance that aims to promote the mental health and wellbeing of children and young people. The Alliance currently has almost 300 members from 35 countries.

In our projects in South-East Asia and the Caribbean, we also work with businesses, such as Deutsche Bank and Adidas, and the Inter-American Development Bank.

Future plans

Funding for some of the activities described above has been depleted. We are pursuing funding for scaling up or similar activities in other locations

We plan to expand our activities in South (East) Asia, Africa, and the English-speaking Caribbean, and explore "new geographical" areas in Latin America and Eastern Europe. Technically, we are planning to address migration issues. We will intensify existing partnership as well as seek partnerships with other organizations in the field.

Examples of publications and studies can be found on our website <http://www.hhd.org/globalwork/examplesofwork.asp>

EDUCATION INTERNATIONAL (EI)

Website: <http://www.ei-ie.org/ef aids/en/index.htm>

Contact person: Wouter van der Schaaf at wouter.vanderschaaf@ei-ie.org

Introduction and background

Since 1994, Education International (EI) works in close cooperation with the World Health Organisation (WHO) in the field of health education and more specifically on HIV&AIDS prevention. Recognizing the urgency for a broad, strong school health response to HIV/AIDS, EI and WHO were joined by Education Development Center, Inc. (EDC) to work hand in hand with EI affiliates to prevent the further spread of the disease.

The EI/WHO/EDC partnership led to the launch in 2001 of the EI/WHO/EDC Teachers Training Programme on HIV&AIDS prevention in schools. The programme is currently being implemented in 10 Anglophone countries, i.e: Botswana, Guyana, Lesotho, Malawi, Namibia, South Africa, Swaziland, Tanzania, Zambia and Zimbabwe and 7 francophone countries, i.e: Burkina-Faso, Côte d'Ivoire, Guinea, Haiti, Mali, Rwanda and Senegal.

The main objective of the 17 national projects run by the 26 EI-affiliated teacher unions is to provide teachers with the skills necessary to prevent HIV infection for themselves, their colleagues and students. The programme also enables teachers to advocate for the role of schools in preventing HIV infection and to raise awareness on a number of HIV related issues including ARV therapy, voluntary testing, stigma and discrimination etc. The main goal of the programme is to have in each school of the countries involved, a trained teacher with valuable expertise in HIV/AIDS.

Owing to its dedication to combating HIV/AIDS, to the involvement of its affiliates on the ground as well as to the unique partnership with WHO and EDC consolidated throughout the years, the EI/WHO/EDC teacher training programme on HIV&AIDS prevention in schools is now being successfully implemented in 17 countries and looking to further expand in the months and years to come. To date over 133, 000 teachers have been trained on HIV&AIDS prevention in more than 25, 000 schools.

Launched in January 2006, the new EFAIDS Programme is an initiative of EI and its partners WHO and EDC. It combines the efforts of teachers' unions in advocating for Education For All (EFA) at national level with their commitment to HIV&AIDS prevention in schools locally. The Programme is essentially a fusion of two previously separate initiatives, namely the HIV&AIDS Prevention Programme and the EFA Programme.

Activities and programs

The EI/WHO/EDC Programme on HIV&AIDS prevention in schools is being implemented by 26 teachers' unions in 17 countries worldwide. The unions seek partnership with the Ministries of Education and of Health. Such partnerships are intended to strengthen the response from the education sector to the HIV epidemic. In many instances Ministries give their full support to the union efforts since they realise that the union has the best network to reach out to all schools and teachers.

Each of the participating unions has made HIV&AIDS part of its policy, working programme and structure. Through the cascade model, the 26 unions involved have succeeded in training and reaching out to thousands of teachers and schools worldwide.

All trained teachers are provided with the Teachers' Exercise Book for HIV prevention (available in French and English from www.ei-ie.org/aids). The Exercise Book forms the basis and framework for the training provided to teachers and tens of thousands of copies have already been distributed to trained teachers around the world. The book contains a number of participatory learning activities on how to prevent HIV infection and related discrimination. With these activities, teachers can help adults and students develop skills relevant to HIV&AIDS prevention. Skill-based activities are seen as essential to complement their existing knowledge. This makes the EI/WHO/EDC programme unique and sets it apart from many other HIV&AIDS prevention efforts.

Teachers and quality education are essential elements of an effective response to HIV/AIDS. This is why EI is urging governments and non-governmental organisations to support the EI/WHO/EDC programme on HIV prevention in schools and the work of teachers' unions in the fight against the pandemic.

The recently established (January 2006) EFAIDS program aims to link HIV prevention activities and EFA activities (see under Future activities below). This programme will include the unions previously involved in the EFA programme and the HIV and AIDS training programme. Combining these two will lead to the involvement of 36 unions from 25 countries.

Areas of policy / advocacy work

Topic	Y/N	Topic	Y/N
Human rights, discrimination and stigma reduction	Y	Services for students with special needs	Y
School feeding programs	N	Violence prevention	Y
Immunization, vaccination	N	Gender and sexual diversity	Y
Ethnic and religious diversity	Y	Environmental concerns	N
Skills-based health education including reproductive health / HIV&AIDS prevention	Y	Access to safe water	N
Tobacco, drugs, alcohol prevention	Y	Promotion of adequate sanitation / latrines	N
Health and nutrition services, including deworming	N	Partnerships and participation	Y
Promotion of a safe school environment	Y	Malaria care and prevention	N
Work place issues	Y	Other:	

Partnerships, advocacy, research and participation

EI works in partnership with its affiliates (teacher unions in 25 countries), with Ministries of Education in these countries, and with WHO and EDC.

Future plans

The activities of the EFAIDS Programme will cover two main areas. The first is related to Education for All. The main thrust of the previous programme on EFA was policy development with particular emphasis on the involvement of union leadership. In addition to this, the new EFAIDS Programme will stress involving local leadership and membership in EFA policy development.

The second area is related to HIV/AIDS, focusing on two components: policy related issues (new) and skills based training on HIV prevention (existing and ongoing).

It is intended that all unions will include EFA and the two components of the HIV and AIDS in their activities, thus building the link between these two areas. This will imply that:

Working towards reducing HIV infection they will carry out one or more of the following:

- Train teachers to prevent their own infection from HIV or other STIs and help other adults prevent infection and related discrimination
- Train teachers to advocate for effective HIV prevention and education programmes in schools for learners and adults
- Train learners to help young people acquire the skills they need to prevent HIV infection and related discrimination

Working to mitigate the effect of HIV and AIDS on achieving EFA goals they will carry out one or more of the following:

- Draft union policy
- Advocate for national policy
- Train union leadership to conduct situation analysis of orphans and vulnerable children
- Create an advocacy plan
- Sensitise membership to the importance of HIV-related services such as testing and treatment
- Advocate for HIV-related services such as testing and treatment
- Advise membership how to access services
- Commission research

Working to increase the number of learners completing basic education they will carry out one or more of the following:

- Complete environmental scans of complementary organisations
- Circulate policy through unions structures
- Train membership in needs analysis and policy development
- Advocate for the inclusion by government of teachers in planning and policy discussions

EQUAL ACCESS

Website: www.equalaccess.org

Contact person: Michael Bosse at mbose@equalaccess.org

Introduction and background

Equal Access' mission is to create positive change for large numbers of people in the developing world by providing critically needed information and education through locally produced and targeted content, the use of appropriate and cost-effective technology, and effective partnerships and community engagement.

Equal Access closely works with the agencies that established the FRESH framework, but does not support or promote it.

Activities and programs

Equal Access has two programs in Nepal that promote child health and education through radio and outreach. One radio program, Learning While Playing, covers early childhood development (ECD) issues, with content designed for children, parents, ECD center workers and teachers. Information about health and nutrition for young children is a key aspect of the program. The other radio series, Welcome to School, discusses the importance of school attendance and encourages communities to help make schools safe, comfortable places for all children. Special attention is placed on sending girls to school as well as boys. Radio programs are a mix of drama, chat and vox pops. Equal Access' satellite and FM radio network give over 9 million Nepalis access to the programs. Learning While Playing has been supported by the World Bank with \$79,050 and the Banyan Tree Foundation's grant of \$84,825, while UNICEF contributed toward Welcome to School.

In Afghanistan, Equal Access produces and broadcasts a teacher training radio program, Teacher, to nearly 7,000 rural communities via satellite. With many Afghan teachers having never completed secondary school, the program provides much needed advice to teachers not only on conducting effective lessons, but also in creating safe, happy classroom environments. Among the programs broadcast on Equal Access' Afghanistan satellite channel, Radio Danesh, produced by other organizations, are several that provide hygiene education as well as information about deworming. \$60,000 from the Flora Family Foundation made this program possible.

Welcome to School as well as other Equal Access programs promote the empowerment of women and gender equality.

Equal Access' youth radio program, Chatting with My Best Friend, provides a forum for Nepal's youth to learn about and discuss critical issues like HIV&AIDS and reproductive health, issues which have often been considered permissible to discuss. Now, nearly 900 youth listening clubs have been created across Nepal. Thousands of letters are received each month from youth, some of which are read and discussed on-air.

At Home and Abroad educates migrant Nepali youth in India about HIV/AIDS, as they are a high-risk population for contracting it.

Other Equal Access programs targeted to adults also include HIV&AIDS and reproductive health. Outreach activities and leadership training encourage listeners – particularly women – to discuss these issues.

Parents, ECD workers and teachers learn about child nutrition needs through Learning While Playing. A key goal of Learning While Playing is to teach parents about activities that promote their children’s intellectual development, such as stories or songs. Children’s emotional development is also discussed, the impact of which has been observed in program assessment

Equal Access’ teacher training radio program in Afghanistan, Teacher, provides distance-learning teacher training to thousands of teachers in remote Afghanistan. For many of these teachers who are unable to travel, the radio program provides their sole training resource. Teacher discusses a range of learning techniques for teachers, such as the benefits of group learning, the importance of creating lesson plans, managing the different learning needs and ages of the students, the importance of creating a safe, happy classroom and encouraging the students to be confident and take pride in their work.

In its radio programs, Equal Access not only provides information and education, but also inform listeners of places they can go if they need help or services. Linkages with local NGO service providers are key.

Policy topics

Topic	Y/N	Topic	Y/N
Human rights, discrimination and stigma reduction	Y	Services for students with special needs	
School feeding programs		Violence prevention	Y
Immunization, vaccination		Gender and sexual diversity	Y
Ethnic and religious diversity	Y	Environmental concerns	
Skills-based health education including reproductive health / HIV&AIDS prevention	Y	Access to safe water	
Tobacco, drugs, alcohol prevention		Promotion of adequate sanitation / latrines	Y
Health and nutrition services, including deworming	Y	Partnerships and participation	Y
Promotion of a safe school environment	Y	Malaria care and prevention	
Work place issues		Other: women’s empowerment, sustainable livelihoods, teacher training, human rights, peace building, anti-narcotics, anti-trafficking	Y

Partnerships, advocacy, research and participation

Equal Access promotes cooperation between different sectors through its inclusive program methodology. When preparing to launch a new radio program, Equal Access invites experts and practitioners from all of the relevant program fields to advise on the best approaches for the program to be most effective at a Stakeholders' Workshop. These workshops bring together organizations in rare group discussions that often highlight potential for future collaborations.

The voices of program beneficiaries are key to Equal Access' program monitoring and assessment activities, as Equal Access actively seeks listener feedback to improve the program and better target it toward beneficiary needs.

Equal Access places a high importance on partnering with other stakeholders. Local Nepali NGO Seto Gurans provides input for Learning While Playing's content and facilitates outreach to ECD centers. Equal Access has strong partnerships with several ministries in Afghanistan, including the Ministry of Education and the Ministry of Women's Affairs.

Equal Access trains individuals from targeted communities in leadership, specifically so they will be able to lead group discussion around the issues in the radio programs and lead their community toward change.

Future plans

Funding is likely to be scaled up as Equal Access expands to produce new programs and projects in new countries. As a key program area, child development, health and education programs will likely be expanded. Equal Access is currently implementing a country program in Cambodia. It will likely expand to another country in 2006.

Equal Access has begun piloting the use of multimedia broadcasts to allow people to receive visual social development information via satellite. In the next year, Equal Access plans to dramatically expand the number of rural communities that have a computer to access the multimedia content.

Partnerships are key to Equal Access' success in producing effective programs. In Nepal, UNICEF, the World Bank and local NGO Seto Gurans have contributed to the child health and education programs. In the upcoming months, Equal Access plans to work with Seto Gurans to increase the number of outreach sites for the early childhood development program.

FOOD AND AGRICULTURE ORGANIZATION of the United Nations (FAO)

Website: www.fao.org

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Introduction and background

Access to adequate nutrition and education are key elements for the health and development of children and their future livelihoods. The reality facing millions of children is that both these goals, relating to MDGs 1 and 2 - ensuring that all children have access to adequate nutrition and universal primary education - are far from being met.

.The objective of FAO's programme on school nutrition education is to promote adequate nutrition and encourage lifelong healthy eating habits among school children and adolescents, and to prevent malnutrition in all its forms. FAO promotes strategies and actions that enable children to access safe and nutritious foods within the school environment, the family and the community, and provides the information, education and skills needed to enable children and their families to choose healthy diets and practice lifelong healthy eating habits.

FAO specifically works in food and nutrition education and advocates a "whole school" approach. Nutrition education forms part of a broader set of activities, such as food, nutrition and health services that are reinforced and complemented with information and education, promoting synergy among existing school-based health and nutrition interventions.

FAO has adopted a wide concept of nutrition education, which takes as its point of departure the concept of "health promotion".

Nutrition education in schools emphasises the following aspects:

- Tripartite curriculum: classroom learning is only one element of nutrition education. Dialogue with families and communities and making the school environment conducive to healthy nutrition are equally important elements of a 'tripartite' curriculum for nutrition education;
- A wide idea of learning: nutrition education is intended to reinforce good dietary and lifestyle practices, and aims at changing children's behaviours, attitudes and skills, as well as knowledge;
- An inter-sectoral approach: nutrition education requires expertise, support and commitment from the education, agriculture, health and community development sectors;
- Emphasis on environment, local issues: nutrition education needs to address local food and nutrition needs and focus on the promotion of locally available, affordable foods within the context of existing dietary practices.

FAO actively participates and contributes to the FRESH framework (i.e. FRESH Toolkit and CD ROM).

Activities and programs

As part of integrated household food security and nutrition projects in Ethiopia, Zambia and Mozambique, FAO trains headteachers and education officials to

prepare project proposals for submission to local authorities and donor agencies, to access funds for provision of safe water.

FAO has produced nutrition, food safety, health and hygiene education materials that have been approved by the Ministry of Education of the Republic of Zambia for use in basic schools (Grade 2 published; Grades 4 and 6 forthcoming). Hygiene education, including improvement of litter disposal, is part of the suggested curriculum for Nutrition Education in Primary Schools.

In terms of health education, malaria prevention education forms part of the integrated food, health and nutrition education approach that FAO promotes and features in the integrated nutrition education curriculum, where appropriate. FAO has prepared nutrition and health education materials for use in Zambia, which contain a section on malaria prevention (co-published with UNICEF and Ministry of Education).

Collaboration with Ministries of Education in Zambia, Mozambique, South Africa, China, Bangladesh, Chile, Argentina, Honduras, El Salvador, Dominican Republic and others in the integration of nutrition education and school gardening activities in primary schools, including development of new teaching and learning methods, teacher training and development of learning materials in accordance with the approach advocated in the “Planning Guide for Curriculum Development for Nutrition Education in Primary Schools” (NEPS) and the material on “Setting up and Running a School Garden: A Manual for teachers, parents and communities”.

These materials advocate the use of inter-active and experiential learning methods, develop communication and inter-personal skills, decision-making and critical thinking skills, as well as practical food and nutrition skills.(For an article on the Zambia NEPS project, presented at the International Congress of Nutrition, Durban, South Africa, 2005, please contact the focal point of FAO).

Policy topics

Topic	Y/N	Topic	Y/N
Human rights, discrimination and stigma reduction	Y	Services for students with special needs	
School feeding programs	Y	Violence prevention	
Immunization, vaccination		Gender and sexual diversity	
Ethnic and religious diversity		Environmental concerns	Y
Skills-based health education including reproductive health / HIV&AIDSprevention	Y	Access to safe water	Y
Tobacco, drugs, alcohol prevention		Promotion of adequate sanitation / latrines	Y
Health and nutrition services, including deworming	Y	Partnerships and participation	Y
Promotion of a safe school environment		Malaria care and prevention	Y
Work place issues		Other: food gardens in schools; small-animal raising; school and environmental	Y

		greening; project planning, entrepreneurship; awareness raising on hunger and malnutrition.	
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Partnerships, advocacy, research and participation

FAO programmes in nutrition education promote inter-sectoral collaboration among the education (school and health nutrition programme, curriculum development, and teacher education), health, agriculture and social development sectors at central and provincial levels through the establishment of inter-sectoral project steering committees. At community and school levels, partnerships and collaboration take place with various sectors (especially health, nutrition and education), parent-teacher organizations and school governing bodies.

In accordance with the FAO NEPS Planning Guide, pupils, teachers and parents are involved in an initial situation analysis as well as participatory curriculum development.

FAO actively collaborates with School Health Initiative promoted by WHO and its respective regional networks of health promoting schools. FAO is an active partner of the FRESH initiative and collaborates with UNESCO, UNICEF, PAHO, and the Education Development Centre (EDC) in the review, preparation and publication of materials. FAO and WFP collaborate in the promotion of school gardens within the context of WFP-supported school feeding programmes.

A major avenue for outreach to school children is the “Feeding Minds, Fighting Hunger,” global education initiative, created in 2000 as an international classroom to enable and encourage children and youth to become actively involved in helping achieve a world free from hunger and malnutrition. Developed by FAO, in collaboration with a broad coalition of UN agencies, NGOs and other international and regional organisations, the Feeding Minds school initiative provides model lessons and materials designed to enhance classroom teaching on key aspects of hunger, nutrition and food security, as well as an interactive web-based discussion forum for teachers and students to share their lessons, ideas and experiences with others around the world.

Future plans

Funding is unlikely to be scaled up due to general budget cuts. FAO plans to set up two or three country pilot programmes for the implementation of nutrition education curricula using the approach set out in the NEPS Planning Guide. In recent years, there has been a growing demand for support to nutrition information and education initiatives in schools, especially from countries in economic transition that experience problems of under-nutrition alongside the rapidly growing burden of obesity and associated chronic diseases. Children of school age are increasingly suffering from overweight and obesity. Proposed new areas of work: a global review of nutritional guidelines and standards of national school feeding programmes and policies. FAO is highly interested in collaboration with all relevant partners and plans to intensify and expand partnerships in the implementation of NEPS.

HELEN KELLER INTERNATIONAL (HKI)

Website: www.hki.org

Contact person: Chad MacArthur at cmacarthur@hki.org

Introduction and background

The mission of Helen Keller International is to save the sight and lives of the most vulnerable and disadvantaged. We combat the causes and consequences of blindness and malnutrition by establishing programs based on evidence and research in vision, health and nutrition.

School health is seen as a key intervention in HKI's life cycle approach to improved nutrition and thus improved school attendance and improved learning. The promotion of eye health is also essential to allow students to achieve their full potential. HKI views schools as a doorway to the community allowing students to share their knowledge and positive health behaviors with parents, siblings and out-of-school peers.

The HKI school health strategy is based on the FRESH framework. In the countries HKI works in, the agency makes a point of promoting this framework to our counterparts and particularly those working in the Ministries of Health and Education.

Activities and programs

HKI has worked with a number of Ministries of Health and Education to have school health included in primary level curriculum to ensure that health knowledge and practices are routinely taught. Tanzania has recently integrated trachoma into its curriculum and Burkina Faso is moving is working towards that same end. In Mozambique, nutrition and trachoma are taught in a number of schools in Manica Province capitalizing on the flexibility provinces have to include a certain percentage of province-specific curricular components.

Many of HKI's school health programs have a focus on trachoma of which water is essential. In Tanzania, we have worked with communities to install rain-harvesting systems at schools to extend water availability to allow for face washing. In Burkina Faso, Mali, Nepal and Niger HKI has also installed wells at schools. Latrines are another important component of trachoma control, the predominant school health program HKI has been working in. Latrine construction due to budgetary constraints has been limited though the organization promotes their construction among national and international partners. Gender segregated latrines are critical. Face washing and latrine usage are the two primary components in HKI's trachoma school health programs. The development of curricular activities, lessons and teaching materials constitute the major thrusts of HKI. Trachoma school health programs are being implemented in Burkina Faso, Mali, Nepal, Niger, and Tanzania.

In HKI programs that focus primarily on nutrition, most notably in Mozambique, hygiene education is also critical particularly to complement de-worming efforts. Litter disposal and maintaining a clean school environment is an integral part of the programs.

In Indonesia and Bangladesh, HKI in collaboration with the government promotes the inclusion of visually impaired children in the classroom. Furthermore, HKI has a

number of programs in the US and Mexico to screen school children for refractive error and to provide spectacles as needed.

In Mozambique, HKI has developed class-specific teaching guides and student workbooks for nutrition. In Burkina Faso, HKI has been working with community and school gardens to increase nutritional knowledge and to promote a diversified diet. Also in Mozambique, HKI has developed class-specific teaching guides and student workbooks for nutrition. In Burkina Faso, HKI has been working with community and school gardens to increase nutritional knowledge and to promote a diversified diet. In its Mozambique school health program, iron/folate supplements are provided to adolescent boys and girls. Deworming is a key component for HKI's program in Mozambique. Mebendazole is the anti-helminth used.

In Burkina Faso, a consortium of NGOs (Catholic Relief Services, Save the Children/US and HKI) are beginning a school health project under the auspices of the Ministry of basic Education and literacy for a comprehensive school health project which will include iron and VA supplementation.

In most HKI school health programs, teacher training is a key component and particular emphasis is put on participatory methodologies. In Tanzania and Burkina Faso, HKI has been working with the Ministries of Education to include trachoma in the curriculum of teacher training institutes.

In the school health trachoma programs, screening services are provided for the students and communities. Topical antibiotic ointment is distributed in a number of the programs to treat those infected and their families.

HKI has both domestic and international refractive error programs in which eyeglasses are provided to students in need of them. More complex cases related to eyes are referred to near hospitals.

Policy topics

Topic	Y/N	Topic	Y/N
Human rights, discrimination and stigma reduction		Services for students with special needs	Y
School feeding programs		Violence prevention	
Immunization, vaccination		Gender and sexual diversity	
Ethnic and religious diversity		Environmental concerns	
Skills-based health education including reproductive health / HIV&AIDS prevention		Access to safe water	Y
Tobacco, drugs, alcohol prevention		Promotion of adequate sanitation / latrines	Y
Health and nutrition services, including deworming	Y	Partnerships and participation	Y
Promotion of a safe school environment	Y	Malaria care and prevention	

Work place issues		Other:	
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Partnerships, advocacy, research and participation

HKI's school health programs promote partnerships between the Ministries of Health and Education. Other critical partners are those representing the water sector and agriculture. This takes place both at the national level as well as the provincial/district levels. Information dissemination, periodic workshops, sharing of results are the main means to foster these partnerships.

In developing curriculum, HKI takes into account the teachers' experiences, needs and refines efforts accordingly. In Tanzania, teachers have been instrumental in the design of curricular activities. In a number of countries, teachers have also been surveyed to identify their levels of comfort with the teaching materials and their reactions have also been used to improve the materials to ensure effective teaching. Students' reactions are also taken into account in curriculum design as a means to ensure effective learning.

HKI has been working with a number of NGOs, most notably CRS and Save the Children/US, as well as local NGOs and community volunteer groups. As a technical assistance organization, governmental partnerships at all levels of the health and education systems are considered critical to successful implementation and sustainability.

HKI uses whatever opportunity possible to advocate to in-country partners and particularly governments and to donors the importance of school health for improved health for the students and for improved educational outcomes. The inclusion of trachoma into the primary level curriculum in Tanzania has been the most notable result in this regard.

Future plans

Funding for HKI school health programs has for the most part been decreasing though several country programs such as Burkina Faso, Mozambique and Tanzania have either maintained or slightly increased their levels.

Thus far the majority of HKI school health programs have been in Africa. Increased programming in the Asia-Pacific region beyond current programs in Nepal and Indonesia is being explored as well as expansion of the Mexico program.

Technically, HKI strives to develop a broad-based integrated school health package, which builds on the on-going nutrition, trachoma and refractive error programs currently being implemented in schools.

Partnerships are recognized as being essential in terms of maximizing resources and allowing for greater technical expertise.

INTERNATIONAL WATER AND SANITATION CENTRE (IRC)

Website: www.irc.nl

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Introduction and background

The lack of proper water and sanitation is one of the major factors influencing children's performance in schools throughout numerous developing countries. Recent research has shown that lack of proper sanitation facilities is a prominent factor influencing children's performance in primary schools (Carasco et al, 1996). In many developing countries the most populated institutions are schools which are usually the most important places of learning for children. They are a central place in the community where people of different beliefs and practices are gathered together. The promotion of personal hygiene and environmental sanitation within schools can help children to adopt good habits during the formative years of childhood. Sanitation habits can be fostered among children, parents and the communities through the school sanitation and hygiene program.

School sanitation and hygiene education is an essential part of development work for a number of reasons which include:

- Right-based: children have the right to be as healthy and happy as possible. Good health and sanitation contributes to a happy childhood;
- Effective based: Better performance of children if surrounded by a hygienic and clean environment;
- Gender based: The lack of private sanitary facilities for girls discourages parents from sending girls to school, contributes to the drop out of girls at puberty, and is a contributing factor to fewer women teachers, who are needed to encourage girls to attend school;
- Disease transmission based: In reality, schools are often more than just places for learning and behaviour change. If school sanitation and hygiene facilities are absent, or are badly maintained and used, schools become a health hazard; and
- Environmental based: Schools can also pollute the natural environment in such a way that it causes health hazards for the community at large. It is therefore important that schools have proper facilities.

The provision of safe water and sanitation facilities is the first step towards a healthy physical learning environment. However, the mere provision of facilities does not make them sustainable or produce the desired impact. It is the use of the facilities-the related hygiene behaviour of people that provides health benefits. In schools, hygiene education aims to promote those practices that will help to prevent water and sanitation-related diseases as well as healthy behaviour in the future generation of adults (Burgers, 2000). The combination of facilities, correct behavioural practices and education are meant to have a positive impact on the health and hygiene conditions of the community as a whole, both now and in the future.

Activities and programs

Topic	Y/N	Topic	Y/N
Human rights, discrimination and stigma reduction	N	Services for students with special needs	N
School feeding programs	N	Violence prevention	N
Immunization, vaccination	N	Gender and sexual diversity	N
Ethnic and religious diversity	N	Environmental concerns	Y
Skills-based health education (life skills based education) including reproductive health / HIV&AIDS prevention	Y	Access to safe water	Y
Tobacco, drugs, alcohol prevention	N	Promotion of adequate sanitation / latrines	Y
Health and nutrition services, including deworming	Y	Partnerships and participation	Y
Promotion of a safe school environment	Y	Malaria care and prevention	
Work place issues		Other:	

Partnerships, advocacy, research and participation

There are various activities around school sanitation and hygiene education (SSHE) which IRC has undertaken in partnerships, advocacy, research and participation. Activities over this past year have included especially partnership and advocacy through:

- Roundtable event with UNICEF, Oxfam (January, 2005)
- Continue updating SSHE pages on the IRC Website
- Promotion package on IRC SSHE material
- Articles on SSHE (Waterlines edition on SSHE, June 2005)
- A number of SSHE missions (via UNICEF Delhi, etc.)
- Two SSHE trainings in Delft, The Netherlands and Nairobi, Kenya (with NETWAS International)
- Training manual on SSHE based on workshop Delft, 2003, symposium and trainings in 2004
- Notes and News- last publication in collaboration with UNICEF, WB

Future plans

For this year (2006) we have a partnership agreement with UNICEF NY. This project cooperation agreement between UNICEF and IRC focuses on entering into a partnership agreement to resume global information sharing in support of UNICEF's global leadership role for SSHE. The partnership for global information sharing on SSHE aims to provide stakeholders worldwide with high quality information necessary for programming in school sanitation and hygiene education, including most recent learning and best practices. The partnership also aims to promote the worth of SSHE so that this aspect is given due priority in education and public health sectoral programmes.

The activities under this agreement for the year 2006 will include:

- Creating new content for the UNICEF-IRC SSHE web pages
- Maintaining and updating the present content of the UNICEF-IRC webpage
- Producing and disseminating six case studies on SSHE
- Similarly, producing and disseminating six human interest stories related to SSHE
- Similarly, producing and distributing two issues of the SSHE newsletter "Notes and News"
- Translating the World Bank/UNICEF/WSP Toolkit on hygiene, sanitation and water in schools in French and Spanish language
- Producing the final draft of the UNICEF/IRC SSHE manual.

The outcome of this project will directly and indirectly influence the methodology and field practice of UNICEF's work in SSHE in more than 70 countries worldwide. Stakeholders are government representatives, non-governmental field workers, teachers and youth facilitators in the field, UNICEF programme professionals and, through them, millions of children who are currently enrolled in school in the developing world.

JAPAN INTERNATIONAL COOPERATION INITIATIVE (JICA) HASHIMOTO INITIATIVE

Website: Under total revision and will be uploaded soon

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Introduction and background

The Hashimoto Initiative was launched in 1998 through the proposal on promoting international network for effective parasite control by the Prime Minister of Japan, Dr. Ryutaro Hashimoto. The basic concept of this initiative is to make the best use of experiences of Japan, which was able to effectively control and eliminate most of the endemic parasitic diseases utilizing the school based approach, especially the integrated approach composed by mass examination/selected treatment, fee-charging system for examination, health education at primary schools, etc.

Activities and programs

The Hashimoto Initiative placed its priority on human resource development and related capacity building in the developing nations. For this purpose, through ODA by JICA, three training centers (CIPACs) were built; the Asian Center of International Parasite Control (ACIPAC) in Thailand, the Eastern and Southern Africa Centre for International Parasite Control (ESACIPAC) in Kenya, and the West African Centre for International Parasite Control (WACIPAC) in Ghana. Training on parasite control as an entry for effective school health and its application for the participants from surrounding countries has been effectively done at these CIPACs.

International workshop on school health based parasite control and comprehensive school health have been held 6th times so far. The same direction is being pursued in African region also. Capacity building in three CIPACs for policy makers has also been held rather frequently to promote advocacy. Moreover, Japanese experts and the counterpart have collaborated extensively to make national policy for parasite control/school health in several countries in collaboration with international agencies.

Policy topics

Topic	Y/N	Topic	Y/N
Human rights, discrimination and stigma reduction		Services for students with special needs	
School feeding programs		Violence prevention	
Immunization, vaccination		Gender and sexual diversity	
Ethnic and religious diversity		Environmental concerns	Y
Skills-based health education including reproductive health / HIV&AIDS prevention	Y	Access to safe water	
Tobacco, drugs, alcohol		Promotion of adequate	

prevention		sanitation / latrines	Y
Health and nutrition services, including deworming	Y	Partnerships and participation	Y
Promotion of a safe school environment	Y	Malaria care and prevention	Y
Work place issues		Other:	

Partnerships, advocacy, research and participation

Partnerships of Hashimoto Initiative with other agencies have been extensively sought. For instance, in ACIPAC, partnership with SEAMEO-TROPMED has been doing well in technical support and scaling up of the school health in the Mekong Delta countries.

Research has been primarily focused on field/operational researches. Especially field research has been done to characterize the model project sites, used for practice in training, and both field and operational research to make quality control of training modules in CIPACs. One of the most significant outcomes is the finding that by school health approach, knowledge/attitude/practice of not only school children but also of the community people against malaria was significantly improved in some of the Mekong Delta countries (just published in Parasitol Int)

Future plans

In ACIPAC, the phase of human resource development was over in April, 2005. Accordingly, we are now placing advisors in several institutions/ ministries of CMLV so that nation-wide scaling up of school health and parasite control as its entry can be implemented in collaboration with other international/bilateral agencies.

Moreover, in collaboration with Mahidol University and SEAMEO-TROPMED, expansion of school health to HIV/AIDS, malaria, and environmental issues like defoliant will be attempted. In ESACIPAC, this phase will be over May, 2006, followed by the third country training program. However, the Kenyan Government is now trying to make school health policy endorsed officially, which may lead to another school health program based on Japan's ODA. WACIPAC is still on its way. It is now preparing technical support through implementation of small scale pilot projects in some West African countries. It is expected such seed money may lead to scaling up of the program as was observed with Cambodia.

Many other contributions are currently being planned through Health and Development Initiative of our Government.

NETWORK FOR SUSTAINED ELIMINATION OF IODINE DEFICIENCY

Website: <http://www.iodinenetwork.net/>

Contact person: Dr. Juliawati Untoro at juntoro@micronutrient.org

Introduction and background

Iodine Deficiency may lead to brain damage. Among School Children, Iodine Deficiency may cause a low IQ and school performance. The Network For Sustained Elimination of Iodine Deficiency is an alliance of major organizations that share a common commitment to assist countries in reaching the goal of sustained elimination of IDD. The vision of the Network is of a world in which every child is born protected from iodine deficiency, which may result in brain damage. A world with the entire population protected from the loss of intellectual and physical resources through this easily preventable cause of mental retardation.

The Network's mission is to support national efforts to eliminate iodine deficiency in a sustainable manner by promoting collaboration among public, private, scientific and civic organizations. We are committed to ensuring that universal salt iodization is sustained in all countries. Accelerated progress and better coordination to focus on priority populations and actions are needed to achieve the Network's vision within the next decade.

The goal of the Network is to harmonize support activities that assist countries in reaching the goal of sustained IDD elimination through universal salt iodization. The Network for Sustained Elimination currently is not part of the FRESH framework. However some members of the Network such UNICEF, WFP etc are part of the framework.

Activities and programs

The Network does not specifically conduct activities in school children but they are one of the beneficiaries for the IDD programs. Please see <http://www.iodinenetwork.net/About.htm> for Network activities.

Some members of the Iodine Network which participate in FRESH may have some specific activities in school children.

Iodized salt – Iodine supplementation of 200 mg/year is promoted in moderate/severely iodine deficient areas which iodized salt programme will not be effective in the near future (one or two years). Some nutrition education takes places as part of the iodine nutrition programme for school children.

Policy topics

Topic	Y/N	Topic	Y/N
Human rights, discrimination and stigma reduction		Services for students with special needs	
School feeding programs		Violence prevention	
Immunization, vaccination		Gender and sexual diversity	
Ethnic and religious diversity		Environmental concerns	

Skills-based health education including reproductive health / HIV&AIDS prevention		Access to safe water	
Tobacco, drugs, alcohol prevention		Promotion of adequate sanitation / latrines	
Health and nutrition services, including deworming		Partnerships and participation	Y
Promotion of a safe school environment		Malaria care and prevention	
Work place issues		Other: iodine deficiency	Y

Partnerships, advocacy, research and participation

The Network for Sustained Elimination of Iodine Deficiency is an alliance of major organizations that share a common commitment to assist countries in reaching the goal of sustained elimination of Iodine Deficiency Disorders (IDD). It includes society member organizations that bring enormous individual assets to the table. It has a strong advocacy focus, and some of the member agencies do research in the area of IDD.

Activities/ programmes are implemented by Network Members in the country. The Global Network promotes a national coalition to sustain elimination of IDD and in most countries teacher association and or ministry of education is part/a member of the national coalition.

For an overview of the Network's partners and partnerships, please see http://www.iodinenetwork.net/About_Members.htm

Future plans

N/A

NORWEGIAN AGENCY FOR DEVELOPMENT COOPERATION (NORAD)

Website: www.norad.no

Contact person: Anne Liv Evensen at ale@norad.no and Ragnhild Mesfjord at rame@norad.no

Introduction and background

The administration of the Norwegian development assistance has been reorganised as of February 2004. Norad is now a technical advisory directorate under the Ministry of Foreign Affairs and has to fulfil a new role and new expectations. (see www.norad.no/english). Norad's primary functions are to advise the aid administration, provide funding for Norwegian and international development NGOs, and carry out quality assurance and evaluation of Norway's development co-operation activities.

Norad's mandate is to promote effective management of development assistance funds and to ensure that Norwegian development cooperation is quality assured and evaluated. Norad is to be Norway's innovative centre of expertise in the fight against poverty, in close cooperation with other national and international centres of competence.

The agency will provide advice to ensure effective follow-up of the Government's Plan of Action for Poverty Reduction and the Millennium Development Goals. It will develop and supply independent expertise and contribute actively to discussions in Norway and in the international arena. Norad's main clients are the Ministry of Foreign Affairs and the Norwegian embassies in Norway's partner countries.

Norad finances, cooperates with and is a source of information about Norwegian and international organisations, institutions and private companies. A combination of detailed knowledge of these organisations and technical advice will help to ensure the quality of Norad's services by providing access to a wider range of experience.

Norad's Norwegian partners consists of humanitarian and development assistance organisations, private companies, trade unions, cultural institutions, research institutions, embassies and government agencies and institutions.

Bilateral support to countries (Government to Government support) lies within the Ministry of Foreign Affairs, with delegation to embassies. This includes all support to the UN system and the World Bank as well. Norad has retained the bilateral support channelled to Norwegian and International NGOs.

Activities and programs

N/A

Policy topics

Topic	Y/N	Topic	Y/N
Human rights, discrimination and stigma reduction	Y	Services for students with special needs	Y
School feeding programs	Y	Violence prevention	Y
Immunization, vaccination	Y	Gender and sexual diversity	Y

Ethnic and religious diversity	Y	Environmental concerns	Y
Skills-based health education including reproductive health / HIV&AIDS prevention	Y	Access to safe water	Y
Tobacco, drugs, alcohol prevention	Y	Promotion of adequate sanitation / latrines	Y
Health and nutrition services, including deworming	Y	Partnerships and participation	Y
Promotion of a safe school environment	Y	Malaria care and prevention	Y
Work place issues	Y	Other:	Y

Partnerships, advocacy, research and participation

Norad supports a variety of research activities within a large range of fields.

Future plans

N/A

OXFAM INTERNATIONAL

Website: www.oxfam.org, links to 12 Oxfam country websites

Contact person: N/A

Introduction and background

Oxfam International is a confederation of 12 organizations working together with over 3,000 partners in more than 100 countries to find lasting solutions to poverty, suffering and injustice. With many of the causes of poverty global in nature, the 12 affiliate members of Oxfam International believe they can achieve greater impact through their collective efforts. With girls' access to education and female literacy as a priority, Oxfam will promote adequate investment in educational infrastructure, teaching quality, parental participation and appropriate curricula development. We will also research the links between child employment, labour rights and high school drop out.

Additional information received from Oxfam Australia is presented in PART THREE.

Activities and programs

Information could not be found without going through 13 websites of varying quality and using different languages.

Policy topics

Topic	Y/N	Topic	Y/N
Human rights, discrimination and stigma reduction	Y	Services for students with special needs	Y
School feeding programs		Violence prevention	Y
Immunization, vaccination		Gender and sexual diversity	Y
Ethnic and religious diversity	Y	Environmental concerns	
Skills-based health education including reproductive health / HIV&AIDS prevention	Y	Access to safe water	
Tobacco, drugs, alcohol prevention	Y	Promotion of adequate sanitation / latrines	
Health and nutrition services, including deworming	Y	Partnerships and participation	Y
Promotion of a safe school environment	Y	Malaria care and prevention	
Work place issues		Other:	

Partnerships, advocacy, research and participation

N/A

Future plans

Oxfam will continue to build on the activities and successes of the Global Campaign for Education. This advocacy work will emphasize access for all, but there will be a special focus on girls' education. Advocacy, to increase public financing, is most effective when it is grounded in the practical experience of local groups – who are working to provide access to quality education through replicable models, and to make changes in local policies and practices. The main focus of our work here will

be to promote a global movement for the public funding of education – in particular girls' education.

We will also support work to provide reproductive health care, vaccinations and immunizations, hygiene and nutritional services, and good quality water. Oxfam will explore the private sector's potential in bringing high quality and affordable health and education to the poorest and most excluded people.

PAN AMERICAN HEALTH ORGANISATION (PAHO)

Website: www.paho.org

Contact person:

Introduction and background

The Pan American Health Organization (PAHO) is an international public health agency with 100 years of experience in working to improve health and living standards of the countries of the Americas. It serves as the specialized organization for health of the Inter-American System. It also serves as the Regional Office for the Americas of the World Health Organization and enjoys international recognition as part of the United Nations system.

PAHO includes a specialized center, the Caribbean Food and Nutrition Institute, the activities of which are included in a separate entry in this report.

Activities and programs

The Immunization Unit of PAHO promotes and coordinates technical cooperation and partnerships with the private and public sectors and the international community in support of countries' efforts to achieve sustainable and equitable reduction of morbidity and mortality of vaccine-preventable diseases through control and elimination strategies. It assists countries in improving the performance of vaccination and surveillance programs and regional laboratory networks, as well as enhances country laboratory diagnostic capabilities. It promotes the political priority and sustainability of vaccination programs through policy and legislation. It also generates critical epidemiological data on disease burden and cost-effectiveness of interventions for decision making regarding current vaccination programs and new vaccine introductions and ensures the orderly supply of quality vaccines through the PAHO Revolving Fund for Vaccine Procurement.

Health promoting schools

The Health-Promoting Schools Regional Initiative (HPSRI) serves as a strategic mechanism for advocacy; social facilitation and mobilization; multisectoral and interagency collaboration for strengthening regional, national, and local capacities in health promotion to provide conditions for learning and integral human development. The Initiative has contributed to a better understanding of the comprehensive needs of the child and youth school population for a larger visibility in the political, socioeconomic, and public health agendas of the Member States and has promoted a better understanding of the importance of joint collaboration between the health and education sectors and the strategic potential that schools have for health promotion, sustainable development, and socioeconomic and spiritual growth of communities. Health-Promoting Schools constitute an ambitious strategy for school health promotion and a mechanism for multisectoral efforts and resources aimed at the improvement of health conditions and well-being, thus increasing opportunities for better quality education and sustainable human development for all members of the educational communities.

The Health-Promoting Schools model is based on the coordinated and synergistic implementation of three main components:

1. Comprehensive Health education, including Life Skills training.

2. Creation and maintenance of healthy psychosocial and physical school environments.
3. Health and nutrition services, including mental counseling and the promotion of active life.

PAHO developed a Handbook for a safe and healthy school - A healthy environment for children. This manual provides specific guidelines for safe and healthy schools in Suriname and aims at policy makers, school management and boards, headmasters and teachers and guides their attention to specific environmental health related problem areas and offers appropriate solutions for school environments. This manual contains the experiences of several projects executed in the period 2000-2005, which aimed to improve environmental health conditions at schools. This manual is divided into 8 chapters. This book also highlights the commitment and participation of students in health and environmental health issues and activities at school. We advise all teachers to stimulate, encourage and actively support the establishment and functioning of student health, environmental and safety clubs. It can be downloaded at:

<http://www.paho.org/English/AD/SDE/HS/HPS%20Handbook.pdf>

Areas of policy / advocacy work

Topic	Y/N	Topic	Y/N
Human rights, discrimination and stigma reduction	n	Services for students with special needs	y
School feeding programs	y	Violence prevention	n
Immunization, vaccination	y	Gender and sexual diversity	n
Ethnic and religious diversity	n	Environmental concerns	y
Skills-based health education including reproductive health / HIV&AIDS prevention	y	Access to safe water	y
Tobacco, drugs, alcohol prevention	y	Promotion of adequate sanitation / latrines	y
Health and nutrition services, including deworming	y	Partnerships and participation	y
Promotion of a safe school environment	y	Malaria care and prevention	y
Work place issues	n	Other:	

Partnerships, advocacy, research and participation

N/A

Future plans

N/A

PARTNERSHIP FOR CHILD DEVELOPMENT (PCD)

Websites: www.child-development.org and www.schoolsandhealth.org

Contact person: Dr Lesley Drake at lesley.drake@imperial.ac.uk

Introduction and background

The Partnership for Child Development (PCD) is an organisation committed to improving the education, health and nutrition of school-age children and youth in low income countries. Based at in the Department of Infectious Disease Epidemiology at London's Imperial College, the organisation helps countries and international agencies turn the findings of evidence-based research into national interventions benefiting millions of children around the world that not only improve children's health and nutrition, but also their learning potential and life choices, both in the short and long term. The aim of our work is to support countries towards their achievement of Education for All (EFA) and the Millennium Development Goals (MDG).

PCD assists partners to move forward in building a consensus on goals and methods that helps strengthen education ministries in school health programming and in their response to HIV/AIDS. In pursuit of this aim, PCD provides leadership and key technical support that focuses on research, dissemination of knowledge (including technical assistance and training), networking and capacity building. PCD activities have resulted in leveraging significant resources for the education sector.

Activities and programs

Research

PCD's research has demonstrated the educational benefits of school health interventions: deworming increases children's learning potential, iron supplementation improves attention in class and malaria treatment improves general cognitive function and increases school enrolment for girls, whilst all these interventions improve school attendance.

PCD has developed strategies and practical field tools to aid in cost effective implementation of School Health and Nutrition (SHN) programs. These include 'low tech' innovations, such as a tablet height pole for delivering correct drug doses, 'high tech' innovations such as using Geographical Information Systems (GIS) to assist in the effective targeting of treatment; and planning and management tools.

PCD research also enables improved monitoring and evaluation of programs. For example, in Zambia, a cognitive assessment instrument that can be delivered by teachers and used at scale enables the Ministry of Education to monitor and evaluate the impact of its SHN program in terms of improvement in educational ability. Due to demand this is now being adapted for use in 4 other sub-Saharan African countries (Malawi, Kenya, Tanzania and Senegal).

Tools have also been developed to measure the impact of life-skills based HIV&AIDS prevention education in schools, to assess the educational benefits of intermittent preventive malaria treatment and to investigate the long term effects of school based treatment of malaria and worm infections on educational outcomes, economic productivity, fertility and the mental health of participants.

Dissemination of knowledge and technical assistance

Based on over ten years of operational research in SHN programming, monitoring and evaluation, PCD lends technical assistance, training and support to SHN (FRESH) programs in low income countries around the world. For example, in 2005, PCD supported the Government of Eritrea in the establishment of a nationwide SHN program, which is now providing a model for implementation across sub-Saharan Africa. In Zambia, all the country's districts have developed a costed school level action plan for inclusion in the District Education Plans that will enable the SHN program to go to full scale in 2006.

In recent years, a major focus of our activity has been assisting educators and health professionals to work together to help schools respond to the threat HIV&AIDS poses to education, health and poverty alleviation. PCD has played a key role in the development of seminal documents on this issue, including the World Bank and UN agency publications: "Education and HIV/AIDS: A Window of Hope"; "Ensuring Education Access for Orphans and Vulnerable Children (OVC)"; "Modelling the impact of HIV&AIDS on Education Systems" and "A Sourcebook of HIV&AIDS Prevention Programs" (see www.schoolsandhealth.org). PCD has also assisted the development and refinement of ED-SIDA, a projection model that allows the impact of HIV&AIDS on countries' achievement of EFA to be estimated. To date, 15 country-specific models have been developed and are being used to assist educational planning teams in the mitigation of HIV&AIDS on their education sectors.

Training and capacity building

PCD provides short course training around the world for educationalists, public health professionals and community development workers. Workshops provide an up-to-date, comprehensive introduction to concepts and current practice in improving the health, nutrition and education of schoolchildren. Issues of management and implementation of programs are addressed that respond to country-specific needs. Participants are enabled to strengthen their skills, keep in touch with latest research and knowledge, form new partnerships, exchange experiences, enhance their existing SHN activities and use a results-based planning process to develop or strengthen existing SHN implementation plans and training manuals. In particular, PCD, in association with the Eastern and Southern Africa Centre for International Parasite Control, conducts such training annually at a workshop in SHN programming held in Nairobi (please contact Richard Suswillo at r.suswillo@imperial.ac.uk for more information)

Information

PCD is a major resource centre for school health and nutrition. We have developed and administer the school health web site (www.schoolsandhealth.org) which is supported by the World Bank, WHO, UNESCO, UNICEF, USAID and others. The site includes a searchable database of SHN programs, technical information and resources about school health and nutrition, a bibliography and more than 200 downloadable documents. A section of the website is dedicated to providing up to date information about HIV&AIDS and education including downloadable documents, a global calendar of relevant activities and regional network pages allowing exchange of information and communication between partners. (See <http://www.schoolsandhealth.org/HIV-AIDS&Education.htm>)

In addition, PCD manages a School Health Mailing List, with over 400 members, that serves as a forum for debate and acts as a contact point for interested organisations and individuals throughout the world (contact Dr Celia Maier at c.maier@imperial.ac.uk).

Networking and capacity building

PCD provides technical support to a number of different networks. Amongst these are the Interagency Task Team on HIV&AIDS and Education Working Group (IATTWG) which seeks to help countries “Accelerate the Education Sector Response to HIV/AIDS”. The IATTWG is a multi-partner effort, involving countries, development partners, civil society and the private sector. Within the group PCD works alongside more than 20 agencies that act together to provide assistance and financial support to participating countries. PCD’s role is principally to provide technical demand led support for activities. Focusing efforts within a single working group has optimized the time spent in training and workshops, and has ensured harmonization and synergy. The team has worked with National AIDS Commissions to increase their share of available resources and with external donors to increase resources for HIV&AIDS through education sector projects. The scale of this support can be substantial: in Eritrea, resources have almost trebled, while in Nigeria almost all States have access to AIDS resources. To date, the IATTWG has supported over 30 countries and 53 states in sub-Saharan Africa in developing and implementing effective strategies and plans. The task team is now expanding its activities in South, Central and SE Asia. (For more information about PCD’s work with the IATTWG and the types of support that can be requested from us please contact Lesley Drake at Lesley.drake@imperial.ac.uk).

PCD supports the development of the ECOWAS and Mauritania (coordinated by UNESCO/BREDA), Eastern and Lusophone Ministry of Education HIV&AIDS Focal Point networks. There are now 13 member countries of the ECOWAS and Mauritania network, 9 member countries of the Eastern Africa network and 4 member countries of the Lusophone network. Web pages for these sub-regional networks are now hosted on the main schoolsandhealth web site which is maintained by PCD (see <http://www.schoolsandhealth.org/HIV-AIDS&Ed/networks.htm>). These pages help to further provide for the sharing of information and experiences, proposition of guidelines, promotion of good practices, and advocacy for the sector-wide and broad-based commitment and support to the education response to HIV/AIDS.

In the field of SHN, PCD also provides support to the interagency FRESH (Focusing Resources on Effective School Health) initiative (see PART A and the website www.freshschools.org).

PCD also supports the school health and nutrition activities of the United Nations Standing Committee on Nutrition (SCN). The SCN seeks to raise awareness of nutrition problems and mobilize commitment to solve them -- at global, regional and national levels; to refine the direction, increase the scale and strengthen the coherence and impact of actions against malnutrition world wide; and to promote co-operation amongst UN agencies and partner organizations in support of national efforts to end malnutrition.

Topics for policy and advocacy

Topic	Y/N	Topic	Y/N
Human rights, discrimination and stigma reduction	Y	Services for students with special needs	Y
School feeding programs	Y	Violence prevention	Y
Immunization, vaccination	N	Gender and sexual diversity	Y
Ethnic and religious diversity	N	Environmental concerns	N
Skills-based health education including reproductive health / HIV&AIDSprevention	Y	Access to safe water	Y
Tobacco, drugs, alcohol prevention	Y	Promotion of adequate sanitation / latrines	Y
Health and nutrition services, including deworming	Y	Partnerships and participation	Y
Promotion of a safe school environment	Y	Malaria care and prevention	Y
Work place issues	Y	Other:	

Future plans

PCD will continue to support the achievement of the EFA and the Millennium Development Goals by accelerating the implementation in low income countries of education programs that address school health and nutrition, the use of the FRESH framework, HIV&AIDSprevention and mitigation and improved access to quality education for orphans and other vulnerable children. In order to achieve this aim the organisation will provide ongoing support the FRESH Initiative, through technical support to FRESH partners, School Health and Nutrition Programs, and through national and sub-regional training workshops. PCD will also continue to support the Accelerate Initiative (Accelerating the education sector response to HIV/AIDS) and the development of HIV&AIDSand Education Networks in Africa (<http://www.schoolsandhealth.org/HIV-AIDS&Ed/HIV-AIDS&Education-Accelerate.htm>)

Future priorities will include the establishment of sustainable support in countries in which school based health and HIV&AIDSactivities have begun and the initiation of action in countries that have yet to commence responses. In the coming years there will be a stronger focus on work in South and South East Asia and the Caribbean. Initially, PCD aims to support the provision of national and sub-regional workshops on FRESH and HIV&AIDSin Sri Lanka, India, the Greater Mekong sub-region and the Caribbean Community (CARICOM). In these places, as has occurred in sub-Saharan Africa, PCD aims to support the development of sub-regional information sharing networks and implementation of HIV&AIDSeducation planning and management tools.

PROGRAMME FOR APPROPRIATE TECHNOLOGY IN HEALTH (PATH)

Website: www.path.org

Contact person: Dr Ted Greiner at tgreiner@path-dc.org

Introduction and background

The Programme for Appropriate Technology in Health (PATH) is an international non-profit organization. Our mission is to improve the health of people around the world by advancing technologies, strengthening systems, and encouraging healthy behaviours.

See also PATH's Adolescent Health strategic program:

<http://www.path.org/publications/pub.php?id=713>

Activities and programs

PATH ran a program in several African countries supporting adolescent health and reproductive health issues, but this focused on the out-of-school context. Programs that have specifically addressed school health include the following:

- Entre Amigas in Nicaragua: http://www.path.org/projects/entre_amigas.php
- Supporting girls education, including reproductive health, in rural China: <http://www.path.org/news/an050901.php>
- In Thailand PATH is working in partnership with the Ministry of Education to implement sexuality education in schools and conduct other youth-focused activities. http://www.path.org/asia_indepth.php

Regarding nutrition, PATH has developed and is transferring to developing country companies a low-cost technology for fortifying rice called Ultra Rice® and is advocating with governments and UN agencies that rice used in school feeding should be fortified. In Colombia, the Ultra Rice® technology is fortifying rice on the commercial market and is now reaching 66,000 poor school children daily through a social program that provides mid-day meals.

In Brazil, technology transfer is complete and discussions are being held regarding its use in school feeding in two municipalities, which would reach hundreds of thousands of children daily: http://www.path.org/projects/ultra_rice.php

PATH works pm the development and promotion of new vaccines for diseases affecting low-income populations and is running several large scale efforts. Examples are described on http://www.path.org/vaccines_and_immunization.php

PATH is active in a large and growing number of malaria initiatives. See for example: PATH : Malaria control partnership

http://www.path.org/projects/malaria_control_partnership and the Malaria Vaccine Initiative: <http://www.path.org/projects/mvi.php>; also a new Partnership Launched to Accelerate and Evaluate National Malaria Control Program in Africa <http://www.path.org/news/pr-050519-macepa.php>

Other activities include:

- Adolescent Reproductive Health: Making a Difference [Indonesian] <http://www.path.org/publications/pub.php?id=695>

- Bringing Youth and Adults Together to Improve Adolescent Sexual and Reproductive Health in Uganda: <http://www.path.org/publications/pub.php?id=1057>
- Investing in Youth as Project and Community Leaders to Improve Adolescent Sexual and Reproductive Health: AYA and Ghetto Artists Productions of Francistown, Botswana: <http://www.path.org/publications/pub.php?id=1060>

Policy topics

Topic	Y/N	Topic	Y/N
Human rights, discrimination and stigma reduction		Services for students with special needs	y
School feeding programs		Violence prevention	y
Immunization, vaccination	y	Gender and sexual diversity	
Ethnic and religious diversity		Environmental concerns	
Skills-based health education including reproductive health / HIV&AIDS prevention	y	Access to safe water	
Tobacco, drugs, alcohol prevention		Promotion of adequate sanitation / latrines	y
Health and nutrition services, including deworming	y	Partnerships and participation	y
Promotion of a safe school environment		Malaria care and prevention	y
Work place issues		Other: Tuberculosis programs	y

Partnerships, advocacy, research and participation

PATH has produced a manual called Researching Violence Against Women which includes reference to violence in school.

http://www.path.org/files/GBV_rvaw_complete.pdf

Games for Adolescent Reproductive Health: An International Handbook

<http://www.path.org/publications/pub.php?id=676>

Integrating Adolescent Sexual and Reproductive Health Programming Into Vocational Education and Training in Zanzibar: AYA's Advocacy for Policy Formation and Support for Pilot Implementation:

<http://www.path.org/publications/pub.php?id=1059>

PATH publications on adolescent health are listed on <http://www.path.org/publications/publications-listings.php?a=top&f=adolescent%20health>

Future plans

PATH's overall funding base has increased rapidly in recent years. We hope this trend will continue. Depending on how successful PATH is in bidding for projects, there may be expansion into new geographical areas. However there are no concrete plans to expand school health related activities.

SAVE THE CHILDREN USA

Website: www.savethechildren.org

Contact person: Karin Lapping at klapping@savechildren.org

Introduction and background

Save the Children's approach is to create model SHN programs in partnership with governments, local organizations and communities, and use these programs to advocate for and support efforts to scale up the program nationally. Through on-going monitoring and evaluation and operational research, the agency contributes to developing the state of the art in SHN.

Save the Children has fourteen comprehensive SHN programs in Africa, Asia, the Middle East, Latin America and the Caribbean. These SHN programs address the critical health and nutrition factors that keep children out of school and reduce their ability to learn. SHN is a key strategy in achieving Education for All goals and preventing HIV&AIDS and other diseases, to ensure children grow up to become healthy adults and parents.

Save the Children's main strategies to achieve this goal are to:

- Increase the use of health and nutrition services in schools;
- Increase access to water and sanitation facilities in schools;
- Promote healthy behaviours, through behaviour centred programming and skills-based education;
- Advance school health related policies and community participation.

The FRESH framework is the basis of all of Save the Children's program designs and the organizing principle of it is work both globally and in country programs.

Activities and programs

Save the Children has SHN programs in the following countries:

Africa: Burkina Faso, Mali, Malawi, Mozambique, Ethiopia, Sudan, Uganda and Sudan.

Asia: Philippines, Nepal and Bangladesh.

Central Asia and the Middle East: Tajikistan, Afghanistan and Egypt.

Latin America and the Caribbean: Haiti and Bolivia.

All programs promote safe water sources, gender-segregated, safe, clean latrines, hand washing / soap facilities and hygiene education. Programs also aim to create a safe school environment, especially for girls, to make sure they are both able and enabled to learn.

Save the Children uses various approaches to health promotion, including Behaviour Centred Programming, Life skills based education and the child-to-child approach to change behaviours amongst both in and out of school children, reaching their families and communities.

Teacher training provides support to students and fellow teachers. Some programs work with teachers to identify children with special needs e.g. hearing and vision problems.

Most programs include routine deworming (albendazole or Praziquantel given once or twice a year) and micronutrient supplementation (weekly iron, vitamin A every 6 months, and iodised capsules in selected countries).

Presumptive treatment of malaria by trained teachers, combined with bed-net promotion is also happening in Malawi and Mozambique.

Our programs equal about \$4,000,000/year. The approximate # of children reached in 2005 is 500,000; the approximate # of schools reached in 2005: 11,125

Policy Topics

Topic	Y/N	Topic	Y/N
Human rights, discrimination and stigma reduction	Y	Services for students with special needs	Y
School feeding programs		Violence prevention	Y
Immunization, vaccination	Y	Gender and sexual diversity	Y
Ethnic and religious diversity	Y	Environmental concerns	Y
Skills-based health education including reproductive health / HIV&AIDS prevention	Y	Access to safe water	Y
Tobacco, drugs, alcohol prevention	Y	Promotion of adequate sanitation / latrines	Y
Health and nutrition services, including deworming	Y	Partnerships and participation	Y
Promotion of a safe school environment	Y	Malaria care and prevention	Y
Work place issues		Other:	

Partnerships, advocacy, research and participation

Partnerships between health and education are promoted both at the central and community level through pilot programs, evaluation and scaling up with involvement of sectors and communities.

In terms of advocacy, all of our country programs try to impact national level decision making and SHN policy in countries where we work. See October 2005, SHN Newsletter. <http://www.savethechildren.org/publications/index.asp>

Students and teachers are active participants at all stages of the program (program design, implementation and monitoring and evaluation).

All SHN programs are implemented in partnership with the Ministries of Health and Education, and depending on the country, in collaboration with local and international NGOs (Hellen Keller International, Catholic Relief Services, Partnership for Child Development). United Nations and bilateral agencies (WHO, the World Bank and UNICEF). Community ownership and participation is, of course, a key factor in the success of all of Save the Children's SHN programs.

Current research is being done on the impact of deworming on cognition (Philippines) and on the Impact of a national deworming on non-formal schools and its policy implications (Uganda).

Future plans

Funding is expected to increase. The aim is to expand coverage in current geographical areas, when possible through national SHN programs.

For a copy of the SHN Newsletters and other Save the Children publications, go to:
<http://www.savethechildren.org/publications/index.asp>

SCHISTOSOMIASIS CONTROL INITIATIVE (SCI)

Website: www.schisto.org

Contact person: Alan Fenwick at a.fenwick@imperial.ac.uk

Introduction and background

The Schistosomiasis Control Initiative (SCI) encourages development of national plans for the control and treatment of schistosomiasis and soil transmitted helminths (STH) in sub-Saharan Africa by targeting those at high risk of developing severe morbidity, especially school-aged children, women and those in high risk occupations. SCI follows the World Health Assembly resolution that all member states in endemic regions should reach 75% of all school aged children by the year 2010 with drugs against schistosomiasis and intestinal helminths. By assisting selected countries to implement successful national control programmes, SCI expects to create a demand for treatment throughout Africa.

The main objective of the SCI is to encourage development of a sustainable schistosomiasis and STH control programme in sub Saharan Africa.

In selected countries, objectives are:

- To reach at least 75% of school-age children and other high-risk groups with chemotherapy – praziquantel and albendazole
- Reduce schistosomiasis-related morbidity in high risk groups.
- Reduce prevalence and intensity of schistosomiasis infections
- Reduce burdens due to intestinal helminths in targeted populations
- Create a demand for sustained schistosomiasis control
- To promote access to anthelmintic drugs and good case management in the regular health system

Activities and programs

The SCI is working with the Ministries of Health and Education in Burkina Faso, Mali, Niger, Tanzania (including Zanzibar), Uganda and Zambia to establish sustainable nationwide programmes for the control of schistosomiasis and intestinal helminths. The programme has been running since 2003 in Uganda, and approximately one year less in the other five countries. Over this period over 30 million treatments have been dispensed, mostly to school-aged children and through the school system, but also to adults in high prevalence areas.

In each country SCI has provided financial and technical support for:

- Prevalence mapping using GIS - there was an initial need to identify the regions/districts with heavy infections
- Training of key stakeholders at the national and district level
- The procurement of the required drugs
- Training of teachers and community drug distributors to carry out mass drug administration of praziquantel and albendazole
- Mass drug administration campaigns to target groups
- Monitoring and surveillance of the programme to measure the health impact and the evaluation of satisfaction and coverage.
- Advocacy and increasing funding partnerships for the national programmes to ensure sustainability

Areas of policy / advocacy work

Topic	Y/N	Topic	Y/N
Human rights, discrimination and stigma reduction	N	Services for students with special needs	N
School feeding programs	N	Violence prevention	N
Immunization, vaccination	N	Gender and sexual diversity	N
Ethnic and religious diversity	N	Environmental concerns	N
Skills-based health education including reproductive health / HIV&AIDS prevention	N	Access to safe water	N
Tobacco, drugs, alcohol prevention	N	Promotion of adequate sanitation / latrines	N
Health and nutrition services, including deworming	Y	Partnerships and participation	Y
Promotion of a safe school environment	N	Malaria care and prevention	N
Work place issues	N	Other:	

Partnerships, advocacy, research and participation

SCI promotes partnerships between the Ministries of Health and Education at national level down to community level as the responsibility of treating school-aged children falls under both ministries. This has been successful in most countries and particularly in those where the national control team has members from both ministries. Collaboration is usually between the Ministry of Health disease control department and school health departments of the Ministry of Education.

The role of the teachers is key to the delivery of the control programmes as they are trained and then act as drug distributors. They have the opportunity to voice their opinions and make suggestions during training and again during the process evaluation, which is carried out by independent evaluators; this is also when the children have the opportunity to express themselves.

SCI's partners are many ranging from:

- Governments – Burkina Faso Mali, Niger, Tanzania, Uganda and Zambia
- Multilateral agencies – WHO, WFP, UNICEF
- Bilaterals – DfID, USAID, EU
- NGO's - Ivo de Carneri Foundation, Save the Children, HKI, AXIOS
- Drug companies – Shin Poong, IDA, CIPLA, Medpharm, GSK, Flamingo, Shelly's, Tanzania Pharmaceutical Industries
- Academic institutions – London School of Hygiene and Tropical Medicine, Liverpool School of Tropical Medicine, DBL Institute for Health Research and Development and Partnership for Child Development

SCI is involved in advocacy about a variety of issues including schistosomiasis and STH control, child health and neglected disease control and these topics are aimed at all ranges of stakeholders – communities and school-children to international organizations.

Operational research is carried out by SCI in all countries in order of assessing to what degree our objectives are being met. This is done by first a baseline and then annual data collection looking at the following:

- Parasitological – prevalence and intensity of schistosomiasis and STH
- Anthropometry – measures of height, weight and haemoglobin
- Morbidity – degree of liver and bladder damage as measured by ultrasound
- Process monitoring to evaluate the achievements, successes and challenges in the implementation and enables us to plan in order to improve further treatment campaigns
- Costs – cost-effectiveness of the interventions
- Socio-Economic status – through questionnaires

Future plans

SCI activities will be changed in the current countries over the next two years as the planned implementation three rounds are completed. SCI will aim to improve the sustainability of the national programmes making them more government-funded. It is planned that in Burkina Faso, Niger and Tanzania SCI will continue assisting the governments with a move towards integration of the programmes against all neglected tropical diseases e.g. schistosomiasis, STH, lymphatic filariasis, onchocerciasis and trachoma.

The aims will be to strengthen the collaboration and coordination between all partners involved, have a greater impact on the health of the children infected with these diseases and to reduce duplication of efforts that are currently a problem of today's vertical disease control programmes.

SWEDISH INTERNATIONAL DEVELOPMENT AGENCY (SIDA)

Website: www.sida.se

Contact person: Gunilla Essner, gunilla.essner@sida.se

Introduction and background

SIDA has no special policy with respect to the health and nutrition of the school aged child but supports basic education and education reform. Within their education reform programme, SIDA supports, and intend to increase their support for, curriculum development work relating to HIV&AIDSeducation such as the production of materials, teacher training and the use of popular theatre media etc to reduce risk behaviour. They consider school-based programmes to be most effective if integrated with other curriculum content i.e. health education, social science and biology.

The importance of sexual and reproductive health is acknowledged by SIDA in its "Strategy for Promotion of Sexual and Reproductive Health and Rights in Development Cooperation". This strategy addresses key issues such as abortion, fertility regulation, prevention and control of STDs, including HIV. Specific emphasis is placed on adolescents' sexual and reproductive health. SIDA sees peer education programmes as particularly important in this area. An emphasis on gender equality is also seen as important.

Activities and programs

SIDA and NORAD are co-funding an African Medical Research Foundation (AMREF) project "Regional Adolescent Sexual and Reproductive Health (ASHR) Project" with components in Kenya, Tanzania, Uganda and Ethiopia. The project aims to "achieve an improved and maintained health status of adolescents in the region through healthy sexual relations and behaviour, reduced exposure to STD/HIV, unwanted pregnancy and increased access to effective services". Youth both in and out of school are targeted as well as service providers, teachers, parents and community elders. In the broader area of child health in general, SIDA places emphasis on preventive measures (e.g. immunisation) and on the integrated management of childhood illness.

Sida is working with larger contributions to education (which also involves nutrition) through UNICEF. Sweden is also giving substantial support to WFP. Those two organisations cooperate in the area of school and nutrition, as I believe you are aware of. Large contributions to UNICEF in the area of Education are thematically (at global level) and for UNICEF programs in Afghanistan and Cambodia. Support is also given to the work by UNICEF in the area of education in East Timor, Sri Lanka and Kenya.

Partnerships, advocacy, research and participation

SIDA works closely with governments as well as international organisations (UNAIDS and UNICEF) and NGOs. They also support UNESCO's resource centre for HIV&AIDSeducation and UNESCO's regional training programme for HIV&AIDSeducation.

Future plans

N/A

UNITED NATIONS EDUCATIONAL, SCIENTIFIC & CULTURAL ORGANISATION (UNESCO)

Website: www.unesco.org/education/fresh

Contact person: Ms Jaya Conhye-Soobrayen at j.conhye-soobrayen@unesco.org

Introduction and background

UNESCO has a longstanding commitment to promote health and the quality of life of all people and was one of the first UN organisations to undertake sector work on school health and nutrition. Ever since its establishment, various UNESCO programmes and projects have encompassed topics in relation to school health.

In the late 1980s, revised definitions of school health served as a basis for a theory for a comprehensive approach to school health, as well as the comprehension that poor health and malnutrition lead to lowered school enrolment, educational wastage and poor classroom performance. This was notably reflected in the World Declaration on Education for All and Framework of Action adopted in 1990. It was reiterated at the world education forum in Dakar in 2000 and resulted in a collective pledge that gave birth to the FRESH (Focusing Resources on Effective School Health) partnership. This partnership, which originally included UNESCO, UNICEF, WHO, the World Bank and Education International, was later joined by the World Food Programme, Education development centre, Partnership for child development, Child-to-Child and several other organisations.

UNESCO plays a number of roles in relation to school health, covering the domains of healthy school environments, skills-based health education and delivery of school health services:

- Knowledge-sharing and dissemination of best practices and practical tools through UNESCO's FRESH website (www.unesco.org/education/fresh) and the FRESH toolkit/CD-ROM. The toolkit is currently being translated / adapted in Spanish, French and Russian for wider dissemination and use.
- Facilitation of workshops, at the request of Ministries of Education and Health, to assist countries in diagnosing their national school health environment and services according to the 4 components of the FRESH framework, and provision of technical advice in the design of school health policies based on the diagnostic review.
- Facilitate training in skills-based health education aimed at bringing about behaviour change and alleviation of HIV-related stigma and discrimination
- Facilitate activities in healthy lifestyle (e.g Summer Camps) to sensitize youth to healthy living and responsible behaviour.

Activities and programs

Promoting safe and supportive environments for development of teaching and learning is an integral part of UNESCO's action. This includes assistance, for example, in providing comfortable and functional classrooms, adequate sanitary conditions at schools, a broad and balanced curriculum or caring interactions between and amongst staff and pupils.

Several programmes and projects of UNESCO concern the teaching and learning pertaining to health-related issues. Health and nutrition education is promoted in collaboration notably with WHO within the framework of the global school health

initiative; however, co-operation with other relevant agencies such as UNICEF, World Bank or FAO is also fostered.

Current activities include production and dissemination of practical tools, national and sub-regional health education projects, teacher training and material development. Health education issues are also mainstreamed throughout the education system, notably within the context of science and technology education, based as they are on similar aims and pedagogical principles providing knowledge and skills to improve the present and future well-being of all.

UNESCO is also fostering the integration of specific health issues such as HIV&AIDS education; skills-based health education aimed at bringing about changes in attitudes and behaviour, and reproductive health in collaboration with UNAIDS, UNFPA, Education International and others. Further activities include:

- Facilitation of summer camps in Russia, Ukraine and Georgia (CIS countries) – July-August 2005 - involved about 400 youth from several schools in the 3 countries - \$ 50,000. This activity aimed at sensitizing youth on HIV and AIDS prevention through sports, healthy eating habits and physical activities.
- Organization of workshops aimed at assisting MOH and MOE to design and implement school health policies. One such workshop was organized in November 2005 in Tashkent, Uzbekistan, with the assistance of the UNESCO Paris, Bangkok and Tashkent offices.
- Facilitation of the translation/adaptation of the FRESH website in Spanish, French and Russian (2005-2006) to allow sharing and wide dissemination of practical tools and best practices.
- Production and dissemination of the English version of the FRESH toolkit (to all UNESCO Field Offices, ASPnet Schools around the world, and various partners) to contribute to knowledge sharing about the FRESH tools and framework.
- Artwork competition for youth in Egypt, Slovenia, Mozambique and Vietnam to sensitize young people to issues of stigma and discrimination pertaining to HIV&AIDS (participation of about 200 youth) with the assistance of Global Youth Voices (Canada): \$15,000. Other similar actions will be facilitated in 2006 to encourage youth to develop materials pertaining to HIV and AIDS.
- Capacity-building through training of teachers in health-related/FRESH framework and also through the skills-based approach
- Assistance to countries in the design of health programmes, including training in its integration into the school curriculum

Policy topics

Topic	Y/N	Topic	Y/N
Human rights, discrimination and stigma reduction	Y	Services for students with special needs	Y
School feeding programs		Violence prevention	Y
Immunization, vaccination		Gender and sexual diversity	Y
Ethnic and religious diversity	Y	Environmental concerns	Y
Skills-based health education including reproductive health / HIV&AIDS prevention	Y	Access to safe water	
Tobacco, drugs, alcohol		Promotion of adequate	

prevention		sanitation / latrines	
Health and nutrition services, including deworming		Partnerships and participation	Y
Promotion of a safe school environment	Y	Malaria care and prevention	
Work place issues	Y	Other: Quality of education	Y

Partnerships, advocacy, research and participation

In the field of school health services, UNESCO works in collaboration with the WFP School Feeding Programmes. In the past, this included assistance with the appraisal of new programmes, management reviews, the evaluation of existing SFPs and the development of manuals on different aspects of design and implementation of SFPs.

UNESCO also leads EDUCAIDS, a multi-county initiative to support the implementation of comprehensive national educational responses to the HIV and AIDS pandemic – in collaboration with key stakeholders and in full compliance with the agreed upon UN division of labour.

Advocacy takes place in partnership with NGOs and others – e.g. partnering with the Global Movement for Children, Sida Info Service and private partners for the organisation of World Aids Day in 2005.

UNESCO ASPnet school network is used to implement pilot programmes and advocate for children's rights, non-violence in Schools, healthy lifestyle, etc.

Participation of stakeholders at all levels is ensured as follows:

- Through the involvement of teachers in workshops aimed at designing national school health curriculum
- Through the collection of teachers' inputs in teacher training institutes
- Through the identification of relevant materials designed and used by teachers in school settings
- Youth are involved through specific projects requiring their inputs for the design of materials. A current partnership with CTC, for instance, involves the elaboration of health-related stories written by Children for Children.
- Involvement of students from ASP (Associated Schools Project) Network

Future plans

Funding will be scaled down at the central level and increased at the country level; a new technical area of interest will be HIV&AIDS treatment education.

No significant changes in geographical areas of work are expected – a strong focus remains on sub-Saharan Africa.

Global partnerships will be strengthened as part of the EDUCAIDS initiative, and community-level partnerships will be strengthened as part of the FRESH initiative.

UNITED NATIONS CHILDREN'S FUND (UNICEF)

Websites: www.unicef.org and www.unicef.org/lifeskills,
<http://www.unicef.org/immunization/index.html> and <http://schools.watsan.net> (under development)

Introduction and background

UNICEF, the UN agency responsible for furthering the wellbeing and rights of children around the world, has been involved with health, hygiene and nutrition programs for school-aged children for several decades now. It was also one of the originating partners of the FRESH initiative at its launch during the World Education Forum. School health, hygiene and nutrition cuts across all five of UNICEF's Focus Areas, which address young child survival and development, basic education and gender equality (including life skills education and water, sanitation and hygiene education), HIV&AIDS and children, child protection from violence, exploitation and abuse and policy advocacy and partnerships for children's rights. Taking an integrated life cycle approach to child health for optimal child survival, growth and development, UNICEF also procures, raises awareness of and helps distribute vaccines for some 40% of children in the developing world, and provides education and interventions to fight HIV/AIDS, violence, drug abuse, malaria, malnutrition, water-related diseases, guinea worm and anemia, all of which can keep children from attending school and learning. The health and nutrition of the school age child and interventions through schools are specifically dealt with within Focus Areas 2, 3 and 4. For HIV&AIDS related issues, school health and nutrition also falls under the Global Campaign on Children and AIDS: Protection, care and support for children affected by HIV&AIDS and Primary prevention among adolescents.

Activities and programs

Whole school protection and child rights as an entry point to the FRESH framework
School health and nutrition actions are supported by UNICEF in all of its regions. UNICEF is using the Child-Friendly School (CFS) as a rights-based model for systemic change for learning, protection and well-being in over 40 countries. UNICEF is promoting child-friendly, inclusive and protective environments that are conducive not only to learning, but also to play and healthy interaction, aiming at reducing occurrence of harassment and anti-social behaviour. Whenever relevant, special attention is given to orphans and children made vulnerable by HIV/AIDS. Current aims include going towards national quality standards in this respect, increasingly using the combination of the CFS and FRESH, ie including health and social services as an integral part of the model, such as in schools for learning plus in 12 countries in Eastern and Southern Africa. School health interventions in the key components of the FRESH framework are being part of this vision, and approaches targeting one or several of the components of the FRESH framework are being complemented so as to respond to the whole framework.

Water and sanitation as an entry point to the FRESH framework

UNICEF supports WASH education in schools in more than 70 countries. The focus is on 4 major elements: child-friendly facilities, hygiene education training for teachers and children, outreach to communities and policy development for sustainable programmes. Activities include the construction of water, sanitation and handwashing facilities, hygiene promotion in schools, advocacy and policy support to promote school hygiene and sanitation at the national level and programmes to

encourage children to act as agents of change as hygiene advocates in their homes and communities. School-based activities are increasingly focused specifically on improving child friendly facilities design and girls' enrolment and retention rates. In most countries girl-friendly sanitation facilities and menstrual hygiene management are strongly promoted. For example, the Schools for Africa initiative includes an integrated WASH component (in particular in Malawi and Angola) helping to strengthen the holistic approach. WASH programmes are increasingly used to promote children's participation in environmental sanitation and hygiene promotion. School hygiene and sanitation clubs have been formed in several countries for peer-to-peer education initiatives and to promote youth activism for change in the hygiene and sanitation status in communities. In many countries school management committees and sanitation clubs are focused on improvement of litter disposal.

Life skills education (or skills-based health education) as an entry point to the FRESH framework

UNICEF, through its Country Offices worldwide, supports health and HIV&AIDS related life skills education in cooperation with Governments in over 100 countries. Information, life skills education and services are being increasingly linked with enabling and protective environments. Interventions are directed to increase the number of program countries with national quality standards based on child-friendly schools and FRESH. For in-school action, increased efforts are being placed on policies, curricula, and teacher training for scaled-up coverage of school-based life skills education in the field of HIV&AIDS in countries with more than 1% adult HIV infection rates. At primary education levels, this action contributes to both primary prevention and protection of children made vulnerable by HIV and AIDS within a child-friendly school context, as well as contributing to increasing the quality of education. At lower secondary level, additional efforts are being placed on linkages between life skills provision and protective and enabling environments with services, i.e. to increasing access of older adolescents to youth-friendly health and counselling services. In collaboration with and complementary to the work of UNESCO and UNFPA in particular, UNICEF supports national and sub-national programmes for behaviour change communication by providing age-relevant, gender-sensitive sexual and reproductive health information, skills and services to reduce child and adolescent risk and vulnerability to HIV infection. Interventions use comprehensive and complete primary prevention strategies which promote abstinence, faithfulness, partner reduction, and consistent condom use.

At the global inter-agency level, these activities are part of UNICEF's contribution to the UNAIDS Inter-Agency Task Team on HIV&AIDS and young people and the IATT on HIV&AIDS and Education.

Linkages to services as an entry point to the FRESH framework

In 40 countries, UNICEF and WFP country offices have committed themselves to working closely to support the implementation of an "Essential Package" to improve the health and nutrition of school-age children, based on the FRESH Framework. WFP supports food for education interventions which consist of take-home rations targeted to girls, orphans and other vulnerable children, in-school meals or snack to reduce short-term hunger (and in some cases food for work targeted to teachers or parents engaged in activities to improve schooling outcomes). In some countries, the package also includes deworming activities, iron/folate supplementation to girls,

and malaria prevention to improve children's nutritional status. In addition, UNICEF provides nutrition services to school-age children, in schools and temporary learning spaces, in emergency or post-crisis situations, with frequencies outlined in the UNICEF Emergency Field Handbook (2005).

Furthermore, UNICEF also promotes the implementation of selective school-based interventions that are safe and effective and do not place an additional load on already over-burdened teachers for example, deworming and micronutrient supplementation, following international guidelines. Close WFP-UNICEF cooperation in micronutrient fortification also exists in a few countries, and also the distribution of foods fortified with micronutrients to improve the nutritional status of schoolchildren, including those in post-emergency situations.

Activities on immunization take place through the Immunization Plus project. First-aid kits and medical supplies are also provided.

Policy topics

Topic	Y/N	Topic	Y/N
Human rights, discrimination and stigma reduction	Y	Services for students with special needs	Y
School feeding programs	Y	Violence prevention	Y
Immunization, vaccination	Y	Gender and sexual diversity	Y
Ethnic and religious diversity	Y	Environmental concerns	Y
Skills-based health education including reproductive health / HIV&AIDS prevention	Y	Access to safe water	Y
Tobacco, drugs, alcohol prevention	Y	Promotion of adequate sanitation / latrines	Y
Health and nutrition services, including deworming	Y	Partnerships and participation	Y
Promotion of a safe school environment	Y	Malaria care and prevention	Y
Work place issues	Y	Other: hygiene education	Y

Partnerships, advocacy, research and participation

UNICEF is strongly advocating for the participation rights of adolescents, to promote children's rights and meaningful participation of young people a reality. Two regional workshops to build capacity of UNICEF professional staff and partners to scale up child participation in WASH are scheduled during 2006.

Examples of UNICEF leadership and advocacy include:

- Global Campaign "Unite for Children, Unite Against AIDS" http://www.unicef.org/uniteforchildren/makeadifference/makediff_30960.htm
- Girls, HIV&AIDS and Education – Joint Leadership session of the IATT on HIV&AIDS and Education planned for the Toronto International AIDS Conference.

Future plans

Workplans are in place to scale up Child friendly schools, life skills and WASH initiatives for schools in the coming years. Regional workshops designed to share

best-practices and lessons learned at national and subnational levels have been held in 2006 and are planned for 2007.

A long-term study of the sustainability of WASH for Schools in two countries is underway and a global information sharing project is under development. Global stock taking of life skills education and complementary actions for enabling and protective environments and linked services is being initiated. UNICEF is participating in a forthcoming planning meeting with partner agencies on FRESH initiative (May 2006), organized by UNESCO.

UNITED NATIONS OFFICE FOR DRUGS AND CRIME

Website: www.unodc.org and www.unodc.org/youthnet

Contact persons: Mr Gautam Babbar at gautam.babbar@unodc.org
and Ms Giovanna Campello at giovanna.campello@unodc.org

Introduction and background

School-based activities including both education and policies are essential components of any drug abuse prevention strategy. UNODC aims at developing and disseminating good practices in this field so that its Member States, including civil society, are in a better position to develop and implement evidence based and effective activities. In specific countries, dissemination has included the direct support to the development of the curricula as well as training of teachers.

UNODC supports the FRESH framework. In fact, FRESH's components on substance abuse prevention are taken from materials developed by the UNODC Global Youth Network. Please see www.unodc.org/youthnet

Activities and programs

UNODC promotes the development and use of age-specific curricula that provides young people with the personal and social skills to make healthy choices in the field of substance abuse (discussing also HIV&AIDS in this context). Depending on the context, we promote the delivery of curricula through teachers or peers (i.e. in- and out of schools). In any case, interactive training techniques are key and whoever delivers the curriculum should be supported by adequate training and/or supervision. When UNODC has directly supported the development of such curricula, they have often been developed in collaboration of other UN agencies and have covered also reproductive health and HIV&AIDS issues. Curricula for younger children of course discuss more general health issues. We also promote the development and implementation of constructive school-policies that have been developed in cooperation with all relevant stakeholders and cover both licit and illicit substance use by both students and staff.

Good referral to youth friendly services is an essential component of a good drug abuse prevention policy. This would also include referral to reproductive and sexual services, although we would not be directly involved in supporting such services.

Policy topics

Topic	Y/N	Topic	Y/N
Human rights, discrimination and stigma reduction		Services for students with special needs	
School feeding programs		Violence prevention	Y
Immunization, vaccination		Gender and sexual diversity	
Ethnic and religious diversity		Environmental concerns	
Skills-based health education including reproductive health / HIV&AIDS prevention	Y	Access to safe water	
Tobacco, drugs, alcohol prevention	Y	Promotion of adequate sanitation / latrines	
Health and nutrition services,		Partnerships and participation	Y

including deworming			
Promotion of a safe school environment	Y	Malaria care and prevention	
Work place issues		Other:	

Partnerships, advocacy, research and participation

UNODC promotes a comprehensive approach to drug abuse prevention. Our basic premise is that there is not one factor that caused drug abuse in any community. Interventions will therefore have to involve a range of sectors/ actors in the community to address the relevant range of risk and protective factors.

UNODC promotes as good practice that drug abuse education curricula should be tested with teachers and students and that policies on substance abuse in the schools should be developed collaboratively including students, parents, teachers, and other school staff. Wherever UNODC has been involved in the development of such curricula/policies, UNODC has endeavoured to put this into practice.

UNODC has been involved in the FRESH initiative. The work of the UNODC Global Youth Network has been to connect and work with youth groups and community based organisations in developing and identifying good practices in drug abuse prevention, including school-based drug abuse prevention (see above for a short description of the process). The Global Youth Network to date connects some 700 organisations in more than 100 countries. Wherever UNODC has been involved in the development of school based drug abuse prevention curricula this has obviously been done in close cooperation with relevant Governmental authorities and with the participation of civil society to the extent possible.

The activities of the UNODC Global Youth Network in identifying good practices could be seen as a kind of operational research activity. We have been identifying good practices on the basis of a discussion of reviews of the academic literature by group of practitioners and youth from all over the world contributing their practical global perspective. The result of this work is in the publications that can be found in the website of the UNODC Global Youth Network www.unodc.org/youthnet, some of which have found their way in the materials of FRESH.

Future plans

Funding levels are likely to remain the same. No expansion to new geographical areas is planned. We intend to concentrate on the monitoring and evaluation of drug abuse prevention activities, including school-based ones, as well as on the link between drug and crime prevention. We intend to keep on working with other agencies in the UN families and the members of our Global Youth Network.

WORLD BANK (WB)

Website: www.worldbank.org

Contact person: Donald Bundy at eservice@worldbank.org

Introduction and background

The World Bank has two key objectives in its work on SHN. First, to contribute to achieving Education for All (EFA) and the second and third Millennium Development Goals, by ensuring the good health and nutrition of all school age children, especially poor, disadvantaged and vulnerable children.

The second objective is to contribute to the multi-sectoral response to HIV/AIDS, by ensuring that school-age children – the “Window of Hope” – benefit from the social vaccine of education.

The World Bank provides financial assistance for school health, school nutrition and AIDS & education operations in low and middle income countries globally. This assistance is typically provided as a component of more comprehensive projects in a broad range of sectors, including education, health, nutrition, HIV&AIDS(MAP), social protection, and infrastructure (sanitation). It is estimated that some US\$490million is currently made available in this way from 55 active projects. In addition, and not included in this estimate, are the resources which countries choose to apply to these subject areas from SWAp, HIPC and PRSC budgetary support.

In addition to support for operations, Trust Funds provided by the government shareholders of the World Bank, including Norway, Ireland and the UK, and the Bank’s Development Grant Facility together make available US\$4.1million annually to assist analysis and project preparation.

The World Bank is working with 33 countries in sub-Saharan Africa on SHN and AIDS, 5 countries in South Asia, 15 in Latin America and the Caribbean, 8 in East Asia and 7 in Europe and Central Asia.

The World Bank was one of the founding members of the FRESH partnership and participated in the launch of the framework as a component of EFA at the World Education Forum, Dakar, 2000. The FRESH framework is used as the organizing principle in designing school health and nutrition programs.

Activities and programs

The World Bank works on improving access to safe water primarily through infrastructure programs. Promotion of adequate sanitation occurs primarily through civil works as part of education programs. Gender segregation is the normal policy.

Hygiene education and improvement of litter disposal is promoted through education programs. Note that waste disposal components of projects are subject to environmental assessment. Hand washing promotion is an important focus for implementation; the Global Secretariat for Hand washing is located in the Bank and there are programs in Peru, Ecuador, Colombia, Paraguay, Senegal, Ghana, Benin, Tanzania, Madagascar, Uganda, Nepal, Indonesia, and Vietnam. Children are one of the major target audiences for hand washing programs and most of the

messages and activities to meet them are channelled through schools.

The World Bank supports the development of national school health and HIV&AIDS policies that use a rights-based approach. Improving access to counseling, as well as improving access and quality of education for children with special needs is part of education, social protection and HIV&AIDS projects, and gender equality is mainstreamed in all WB projects.

Projects and TF management support reconstruction of education systems in conflict and post-conflict countries: e.g. DRC, Iraq, Sudan, Afghanistan, Sierra Leone and Rwanda.

HIV&AIDS and reproductive health education - curriculum development and teacher training (in-schools) and peer education and school clubs (out of schools) are supported through education and HIV&AIDS (MAP) projects. Malaria prevention education is a new area for the World Bank that is being developed as part of the Malaria Booster Program. The key elements being explored are: promotion of bed nets and provision of treatment.

Nutrition education is promoted through education, nutrition, ECD and rural development projects. Health education further promotes positive life styles and avoiding risky behaviours, with respect to eg substance abuse, accident, road safety, using a life skills approach. The World Bank does not normally provide financial assistance for school feeding programs, but is currently undertaking a detailed financial and effectiveness analysis with the World Food Program. Micronutrient supplementation: Iron folate, Vitamin A and Iodine (as iodized oil). Note that the latter was intended to be targeted at populations at especial risk and is being phased out in favour of promotion of salt iodization. Provision of and referral to RH services occurs primarily as part of Health projects which support youth/child friendly services. Physical health education is promoted primarily as part of education or HIV&AIDS (MAP) projects. The majority of these efforts are in the provision of sports equipment and facilities. Immunization and vaccination efforts are supported through health and ECD projects targeting pre-school children. Deworming is promoted where appropriate, usually implemented by the education system in coordination with the health sector.

Areas of policy / advocacy work

Topic	Y/N	Topic	Y/N
Human rights, discrimination and stigma reduction	Y	Services for students with special needs	Y
School feeding programs		Violence prevention	
Immunization, vaccination	Y	Gender and sexual diversity	Y
Ethnic and religious diversity	Y	Environmental concerns	Y
Skills-based health education including reproductive health / HIV&AIDS prevention	Y	Access to safe water	Y
Tobacco, drugs, alcohol prevention	Y	Promotion of adequate sanitation / latrines	Y
Health and nutrition services, including deworming	Y	Partnerships and participation	Y

Promotion of a safe school environment	Y	Malaria care and prevention	
Work place issues	Y	Other:	

Partnerships, advocacy, research and participation

All SHN programs that are supported are developed jointly by education and health, and this partnership is formalized through a MOU, exchange of letters, or policy statement. Other key partners vary among countries, but typically include sectors responsible for the care and support of OVC (Social Welfare, Labour, or Women's Affairs), PTAs, Teacher Unions. Social Funds may play a role in supporting community partners, and the 40% of all HIV&AIDS(MAP) funds are available to civil society organizations, including CBOs, NGOs, FBOs.

Stakeholder consultation is a component of project preparation and typically includes representatives of student and teacher organizations and PTAs. Social Funds, Community Directed development components and circa 40% of MAP funds are community demand-led. World bank Country Offices increasingly include Youth representatives in decision making.

The World Bank is a partner in FRESH, the UNAIDS Inter Agency Task Teams for Education and HIV&AIDS and for Children and HIV/AIDS, the UN SCN (including the Working Groups for school age children and for micronutrients), EFA, and the EFA-Fast Track Initiative. This ensures active partnership with UN Agencies (especially the UNAIDS co-sponsors), bilateral agencies, multilateral agencies including the regional development banks, intergovernmental agencies (global, regional and sub-regional), and civil society organizations.

The World Bank coordinates the UNAIDS IATT Education working group to accelerate the education sector response to HIV/AIDS. With more than 30 partners this WG is working with some 33 countries in sub-Saharan Africa to promote education sector leadership, effective results-based programs and resources mobilization for SHN and AIDS education. This effort is now extending to the Caribbean, South Asia and East Asia.

Examples of operational research include:

1. a randomized study of the impact of school based AIDS prevention in Kenya;
2. a cohort study of OVC in Zimbabwe;
3. an analysis (with WFP) of the costs and effectiveness of school feeding.

Future plans

Funding is likely to be scaled up – the investment in SHN and AIDS & education is demand-led and reflects leadership by the education sector. It is anticipated that the focus on promoting leadership in Africa, and the expansion to other geographical areas (see below) will lead to increased demand and more frequent development of SHN components of projects.

Geographic expansion is expected to the Caribbean, South and East Asia.

Technically, expansion into the areas of reduction of violence against children and improved malaria responses in schools is expected. Discussions are underway to strengthen the focus of EFA-FTI on supporting AIDS & education and SHN.

WORLD FOOD PROGRAMME (WFP)

Website: www.wfp.org/SchoolFeeding and www.wfp.org/FoodForEducation

Contact person: Francisco Espejo at Francisco.Espejo@wfp.org

Introduction and background

WFP, the food aid organization of the UN, promotes school feeding as a way to improve the education and nutrition of children and adults and, through that, develop their human capital. WFP's work is concentrated on the poorest countries and most disadvantaged population groups where educational and nutritional issues are the most serious. Over the next years, WFP aims to significantly expand the coverage and quality of school feeding programmes in cooperation with national governments.

WFP's school feeding programmes are in line with FRESH core component #4 (School-based health and nutrition services). In addition, WFP strives to make school feeding part of an "Essential Package" of interventions that is directly modelled on the FRESH framework and includes, for example, deworming and micronutrient supplementation, water and sanitation at schools or health/nutrition/hygiene/HIV-AIDS education.

Activities and programs

WFP works with national governments and other partners on the development of national school feeding policies and the integration of school health and nutrition issues in national EFA plans and programmes. For example, under the "Sahel Alliance for Basic Education", WFP teams up with UNICEF and UNESCO to promote high-quality basic education, particularly for girls and through school feeding and other school health and nutrition interventions. The Alliance covers nine countries in West Africa (Chad, Niger, Mali, Burkina Faso, Cape Verde, The Gambia, Mauritania, Senegal and Guinea-Bissau) and targets 6 million boys and girls in the poorest rural areas.

The "Latin American School Feeding Network" (LA-RAE) aims to strengthen school feeding in member countries and institutional members (Chile, Colombia, Brazil, Mexico, Bolivia, SNA <USA>, UNILEVER, TNT, Tetra Pak, Friends of WFP, Hundaya <Chile> Sta. Cecilia <Chile>) by setting up national school feeding organizations in addition to efforts of national governments and furthering exchanges and technical support between countries. Other countries where WFP supports the government in developing national school feeding policies and strategies include Nigeria, Mozambique and Madagascar.

Access to safe water, promotion of adequate sanitation, hygiene education and improvement of litter disposal are all part of the Essential Package that WFP aims to implement at all schools with a school feeding programme in cooperation with its partners. HIV&AIDS education is also included in the training courses for parents, school personnel and other programme managers that are regularly organized for each school feeding programme. Nutrition education is also part of the essential package. In addition, the training courses for parents, school personnel and other school feeding programme managers include topics such as the nutritional value of school foods, food handling and food safety or hygiene.

WFP participates in the “Inter-Agency Task Force on Mental Health and Psycho-Social Interventions in Emergency Settings” with a view to developing psycho-social support activities in combination with school feeding as part of the Essential Package, where relevant

Trough the provision of take home rations specially targeted to girls, WFP is promoting gender equality in the access to education.

In 2004, WFP’s support reached almost 17 million children in 72 countries in Africa, Asia, Arab States and Latin America (for the list of countries, please see the Global School Feeding Report). School feeding consists of mid-morning meals or snacks, distributed daily or during critical times of the year. The meal type, frequency and composition are designed on the basis of local eating habits, nutritional needs and school modalities. Take-home food rations are given as an additional incentive for those facing particular challenges in their education (girls, OVCs, etc.). They are distributed monthly or quarterly, depending on local circumstances, and conditional upon regular attendance.

Many commodities supplied by WFP are fortified with micronutrients (e.g. Vegetable oil: vitamin A; salt: iodine; wheat flour: iron, folic acid; blended foods such as corn/soy blend and high energy biscuits are fortified with a standard mix of micronutrients). In addition, WFP is currently investigating the possibility of distributing micronutrient supplements where necessary (e.g. micronutrient sprinkles).

Deworming is currently implemented in about half of WFP-supported school feeding programmes but WFP plans to make this a standard complement to school feeding. Drugs used are Mebendazole (500mg) and Praziquantel (600mg), administered yearly at school level by teachers who have received special training. Baseline surveys are carried out before the intervention to establish the helminth prevalence (blanket distribution of drugs if the prevalence rate is above 50%) and follow up surveys implemented after 3 years.

Policy topics

Topic	Y/N	Topic	Y/N
Human rights, discrimination and stigma reduction		Services for students with special needs	
School feeding programs	Y	Violence prevention	
Immunization, vaccination		Gender and sexual diversity	Y
Ethnic and religious diversity		Environmental concerns	Y
Skills-based health education including reproductive health / HIV&AIDSprevention	Y	Access to safe water	Y
Tobacco, drugs, alcohol prevention		Promotion of adequate sanitation / latrines	Y
Health and nutrition services, including deworming	Y	Partnerships and participation	Y
Promotion of a safe school environment	Y	Malaria care and prevention	
Work place issues		Other:	

Partnerships, advocacy, research and participation

The Ministry of Education is always involved in the WFP school feeding programmes. The Ministry of Health is systematically involved in deworming programmes implemented alongside school feeding.

Students, teachers, parents and other community members are consulted during appraisals, monitoring and evaluations of school feeding programmes. Such consultations are foreseen in WFP's school feeding monitoring and evaluation guidelines. The Standard School Feeding Survey (SSFS), which is used in all WFP school feeding programmes, includes modules for consultation with teachers, parents and students

National governments are WFP's main partners in Food for Education programmes. In addition, WFP works with some 40 international and national NGOs for the implementation of school feeding and of complementary activities as part of the Essential Package. Amongst UN partners, WFP has particularly close ties with UNICEF in coordinating their activities within countries under the Essential Package and with WHO on deworming and psycho-social support. Increasingly, private sector partners such as TNT also team up with WFP in supporting school feeding and other elements of the Essential Package.

Advocating on the importance of school feeding and other school-based health and nutrition interventions as well as on the adverse effects of hunger on education is part of WFP's mandate. This is pursued through:

- The production of school feeding publications, (general information and visibility items) and reports (programme results and donor reports);
- The dissemination of literature on the impact of school feeding programmes;
- Public information campaigns (school feeding website; fundraising events, "Walk-the-World" initiative; advertising campaigns) and the work of School Feeding Ambassadors (e.g. Cesaria Evora);
- The participation in relevant, national/regional/international fora and events such as thematic inter-agency task forces and networks.

The advocacy efforts of WFP target the general as well as specialized audiences such as government donors, policy makers and the private sector.

WFP and the World Bank are implementing a research project in 3 countries (Laos, Uganda, Burkina Faso) that compares the nutritional and educational outcomes of different school feeding modalities (school meals, take-home rations). Another research initiative with the World Bank aims to better establish the relative cost and benefit of school feeding versus other school nutrition and educational interventions. Data generated through the Standard School Feeding Survey, as well as expanded surveys, provide continuous updates on the outcomes of WFP-assisted school feeding programmes and the context in which they are implemented in most of the 72 countries served by WFP.

Future plans

WFP is trying to increase funding for school feeding over the next years, in line with our objective to improve the coverage and quality of these programmes.

WFP does not intend to expand its support to additional countries. However, within countries, it is planned to expand school feeding to more areas that meet school

feeding targeting criteria (high food insecurity, poverty, educational need) but are not currently covered by such programmes.]

It is not planned to include new technical areas in our work but rather to continue strengthening existing areas, for example by systematically including micronutrient supplementation and deworming in school feeding programmes.

Existing partnerships will be strengthened, particularly with the private sector (for example, cooperation with Johnson&Johnson on deworming) and with national governments (strengthening national school feeding programmes and policies). WFP will also keep working closely with UN partners and NGOs.

WORLD HEALTH ORGANIZATION (WHO)

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 Website: http://www.who.int/school_youth_health/en/ and
<http://www.who.int/wormcontrol/en/>

Introduction and Background

WHO is the UN specialized agency for health. Its mission is to provide leadership and direction for improving health - defined as a state of physical, social and emotional wellbeing, and not merely the absence of disease. The health of school children is the responsibility of several departments. Two have submitted information for this directory: CHP houses the team for school health and youth health promotion. NTD is responsible for the control of schistosomiasis and soil-transmitted helminth (STH) using a strategy, which identifies school children as the priority treatment group through the school system.

Activities and programmes

Recognizing that health is significantly influenced by education, and that the quality of learning, schooling and the school environment is significantly influenced by health, WHO promotes partnerships which bring together health and education agencies. Since today's most devastating health problems - cardiovascular disease, cancer, chronic lung diseases, depression, violence, substance abuse, injuries, nutritional deficiencies, HIV/AIDS/STI and helminth infections - are substantially influenced by six interrelated behaviours that are initiated during youth, school health programmes offer a golden chance to curb some of these behaviours. WHO therefore works to create policies and practices, which discourage the following: tobacco use, dietary and hygienic practices that cause disease, sedentary lifestyle, sexual behaviour that causes unintended pregnancy and disease, behaviour that results in injury and violence and alcohol and substance use. To address these issues, WHO fosters *effective school health programmes*, as called for by the international initiative to Focus Resources on Effective School Health (FRESH). WHO promotes school health programmes, which it calls "*Health-Promoting Schools*", by:

- *Consolidating research* and expert opinion to describe the nature and effectiveness of school health programmes.
- *Creating global and regional networks and alliances* for concerted efforts to improve school health.
- *Assessing and strengthening national capacities* to plan, implement and evaluate policies and programmes to improve health through schools
- *Building capacity* to advocate for and implement each of the components of an effective school health programme to reduce risk factors and improve health.

With regard to deworming specifically, the prevalence and intensity of infection peaks in school children - they are therefore the priority group to treat on a regular basis. Since the school system offers the most convenient and efficient channel to reach this group, and given the safety of the drugs, the WHO strategy recommends training school teachers to deliver the tablets. This has several advantages: it takes just a few hours of training, teachers are often trusted members of the community, they know the children in their classes well, they can easily use simple tally sheets to record the number of children treated on each round and with health education materials they can make health education part of their lessons.

WHO has created a number of practical tools to help ministries of health/education and country programme managers to establish sound deworming programmes, including:

- *Guidelines for managers of helminth control programmes in school-age children.* These won the 2003 BMA Medical Book Competition and in clear, simple language, outline the steps to set up a school-based deworming programme.
- *Field and laboratory tools:* WHO has developed easy-to-use field tools including the praziquantel dose pole. This indicates the number of tablets of praziquantel (for the treatment of schistosomiasis) a school child needs. Other tools include a cartoon booklet for teachers showing how to set up a deworming day, a manual called 'How to add deworming to vitamin A distribution', and for laboratory staff, laminated sheets showing different parasite eggs to help microscopists identify each one.
- *Country support:* WHO assists countries and partners to assess the magnitude of the problem by carrying out rapid surveys and based on the results advises on the most appropriate, feasible and technically sound control plan. This includes recommendations on which drugs to use, the doses and when and how to evaluate the impact.
- *Research:* In line with its mandate, WHO co-ordinates research to fill any gaps in current knowledge. WHO therefore brings together the world's experts to address particular issues and publishes the recommendations: The WHO Technical Report Series - 'Prevention and control of schistosomiasis and STH', the Informal Consultation on the use of praziquantel during pregnancy/lactation and albendazole/mbendazole in children under 24 months and in 2006 WHO held a meeting on coordinating the use of anthelmintic drugs in large scale control interventions.

Controlling worms is one of the simplest and most cost-effective interventions for improving a child's health – and increasing that child's ability to learn in school – that any donor or government could wish to support. There is a proven and simple strategy, affordable survey tools, and cheap, effective drugs.

Areas of policy / advocacy work

Topic	Y/N	Topic	Y/N
Human rights, discrimination and stigma reduction	Yes	Services for students with special needs	No
School feeding programs	Yes	Violence prevention	Yes
Immunization, vaccination	Yes	Gender and sexual diversity	Yes
Ethnic and religious diversity	No	Environmental concerns	Yes
Skills-based health education including reproductive health / HIV&AIDS prevention	Yes	Access to safe water	Yes
Tobacco, drugs, alcohol prevention	Yes	Promotion of adequate sanitation / latrines	Yes
Health and nutrition services, including deworming	Yes	Partnerships and participation	Yes
Promotion of a safe school environment	Yes	Malaria care and prevention	Yes
Work place issues	Yes	Other: Health promotion for school	Yes

		personnel, creating an environment for social and emotional well-being, school/ community outreach and programmes, Surveillance of important health factors among students aged 13-15	
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Partnerships, advocacy, research and participation

Following the World Health Resolution (54.19) in 2001, the Partners for Parasite Control (PPC²) was launched to bring together all those involved in worm control and effectively coordinate global control activities. The PPC is an informal partnership open to any organization who is committed to worm control and who can actively contribute. Contributions can range in scope from training, capacity building, fundraising, the provision of drugs and hands-on implementation. WHO is the PPC's secretariat and its lead technical agency. Its objectives are as follows:

- *To provide a platform for sharing the latest technical and scientific information, and practical programmatic lessons and success stories from countries.* To this end the PPC has held 3 global meetings to date, the reports are available on the website. WHO has also trained a regional group of consultants in the Africa region for the countries in this area to call upon for advice and guidance. A similar team is planned for the Asian region.
- *To use the different capacities and skills of each partner to “piggy-back” deworming onto their regular activities:* Since 1996 WHO and WFP have been working closely together to train WFP country staff to include deworming in their school-feeding programmes. With CIDA and World Bank support, 5 workshops have been held in Africa, which have successfully trained 36 country teams. In addition over 10,000 African teachers were trained in 2002, rising to over 22,000 in 2004. In 2004, these programmes reached almost 7 million children. Deworming *pre-school* children through vitamin A programmes, immunization campaigns and increasingly through integrated Child Health Days is also becoming routine in many countries. WHO is therefore working with immunization managers and UNICEF in particular to track the numbers treated through these programmes and upcoming issues.
- *To assess the distribution and severity of each parasite in each endemic country and track the number of children treated each year:* Approximately 100 countries are endemic countries for schistosomiasis and STH worldwide. WHO runs a Global Databank, which collects epidemiological data and maps it to show the most severely affected areas and where resources should be prioritized. It also collects data on the number of children treated each year and has recently published preliminary estimates of these numbers for the past 3 years.
- *To generate partnerships from country to global level.* In any country where WHO is invited to assist with deworming activities, no one partner has the capacity to single-handedly solve the problem. WHO therefore encourages a partnership of players, which includes the ministry of health and education and all interested in-country UN and NGO partners. At the global level WHO has expanded the PPC's membership each year and works with a range of partners

² For more information on the PPC, refer to the reports of the 3 meetings held to date and issue 2 of the PPC newsletter on the website

from NGOs to the private sector - for example, Johnson & Johnson who are launching a mebendazole donation programme.

- *To step up international advocacy for parasite control and convince all partners that they should make deworming a formal part of any health strategy or programme they are involved with in endemic areas.* To this end WHO and the PPC partners have kept deworming in the international spot light, both through a steady release of papers in the scientific press, joint inter-agency statements and through newsletters sent out on a regular basis.

Other relevant partnerships include:

Partnerships: EI/WHO/EDC EFA and HIV Programme, WHO/EDC Collaboration, FRESH partners, WHO Programmes, Regional Networks and Country Offices, Ministries of health and education, UNAIDS

Advocacy: WHO School Health Information Series, Chronic Disease Prevention: A Vital Investment, Global Strategy for Diet, Physical Activity and Health

Research/Assessment: Global School-based Student Health Survey, Rapid Assessment and Action Planning Process

Participation: IATT, FRESH partners

Future plans

- To convene a WHO technical meeting on School Health.
- To expand the EI/WHO/EDC Education for All and HIV Prevention Programme.
- To expand the use of WHO's Global School-based Student Health Survey (GSHS) to additional countries and assisting countries that have collected survey data to use their findings to focus and improve school health programmes.
- To expand the use of WHO's Rapid Assessment and Action Planning Process (RAAPP) to strengthen national efforts to improve school health.
- To add new documents on physical activity, malaria, tobacco, alcohol, school health services, skills-based health education, and school health policies to the WHO Information Series on School Health
- To revise and update the current HIV and nutrition documents in the WHO Information Series on School Health
- To strengthen WHO Regional efforts to promote health through schools
- To provide technical assistance to use the Model School Tobacco Control Intervention and Model School Tobacco Policy Intervention
- To identify priorities for action to address the social and economic causes of poor health among students and their families

With regard to deworming specifically, future plans include:

Pre school children guidelines: Although school children are the primary target group for deworming, from the time a child starts crawling, he/she is at risk of STH infection. Unlike the school system, which offers the perfect delivery channel to reach school children, reaching pre-schoolers en masse is currently being achieved through large-scale campaigns. For example, deworming has been added to national immunization days (measles and polio), vitamin A supplementation programmes and a host of programmes, which aim to reduce childhood malnutrition. There are, however, no clear and practical guidelines for deworming this age group. WHO will therefore be working with its research partners as well as

country programme managers to document the key issues and produce WHO guidelines.

Systematic Monitoring: There is no systematic and routine data collection system to collect data on the number of children treated for worms each year. At present, in any one country, deworming is carried out by multiple agencies, at different times of year and targeted at different age groups. There is rarely any coordinated monitoring system. In order for WHO to report on progress towards the 2010 Global Target (*to regularly treat at least 75% of all school children at risk of schistosomiasis and STH*), there needs to be a much more rigorous but simple data system whereby data is collated at country level and fed upwards.

WORLD VISION INTERNATIONAL

Website: www.worldvision.org

Contact person: E Anne Peterson at anne_peterson@wvi.org

Introduction and background

World Vision International is a Christian humanitarian organisation working for the wellbeing of poor and vulnerable people – especially children – through sustainable development, disaster relief, raising public awareness and advocating for justice. World Vision helps transform the lives of the world's poorest children and families in nearly 100 nations. Our assistance is community based and child-focused and available to all those in need, regardless of race, gender, ethnic background or religious belief.

World Vision's transformational development programmes are community-based and sustainable, focused especially on the well-being and rights of children. Areas of desired change that are relevant to school-age children include:

- Well-being of children – the survival and growth of all girls and boys, access to health and basic education, spiritual and emotional nurture, protection from abuse and exploitation, prevention and mitigation of effects of disasters, conflicts and HIV/AIDS;
- Empowered children to be agents of transformation – all girls and boys participate in the development process in an age-appropriate manner, becoming agents of transformation in their families and communities, in the present and future.

WV currently measures the proportion of boys and girls who are enrolled in or have completed the first six years of formal education, as a key indicator of the status of the quality of life of communities, families and children where WV is working. WVI aims to provide an integrated approach to improving attendance and achievement with an intention focus on girls education.

WV's transformational development programmes directly benefit 2.4 million children through child sponsorship around the world. The majority of these children are of school age. WV is committed to ensuring that every boy and girl has the opportunity to attend primary school and that quality education is available.

Activities and programs

Access to safe water is promoted by school water source provision, protection and maintenance – site selection, water committees, training on protection, repair and maintenance of water systems. Target populations are primary school, high school and at risk children. Work on sanitation includes improvements in sanitation in general, as well as installation of pit latrines, super structures (walls), sinks with soap and water. WVI uses UNICEF's framework of school sanitation and hygiene education. This also includes the promotion of personal cleanliness, washing of hands, cleaning of school premises and digging and use of rubbish pits.

WVI helps implement the Do no harm framework, promotes integrated psychological training and supports child rights, youth clubs and child protection committees. Efforts to provide psycho social support take different forms. In some countries, WV ensures that each community has a school nurse/counsellor who

does site visits. In emergency situations we have counselling committees such as in the aftermath of the Asian tsunami. WVI has a gender equality mandate in all programs, both private and public. Mainstreaming of gender throughout all activities is a priority.

Through a multisectoral approach, activities to improve access to and quality of education for children with special needs include paying school fees, teacher training, supporting government curriculum design, child friendly spaces, community empowerment, community based PTA systems. In high-prevalence HIV and AIDS countries, targeted support is given to ensure orphans and vulnerable children have access to education (school fees, uniforms, supplies, equipment, school construction or rehabilitation).

WVI is also active in school construction or rehabilitation, including development of educational materials and textbooks.

In terms of HIV and AIDS education in schools and in teacher training, WV's HOPE Initiative pursues 2 main strategies to help communities protect children from HIV and AIDS: equipping schools, churches and peer educators with age-appropriate, values-based life skills materials and training; and helping communities protect their most vulnerable children from neglect, exploitation and abuse. This includes life skills training for youth out of schools. e.g. Malawi -- AIDS TOTO Clubs for peer group education on HIV and AIDS. Life skills training for both boys and girls is integrated in primary schools in all Malawi programs.

WVI also works on raising awareness on importance of using insecticide treated nets to prevent malaria among primary school children in program communities.

WV engages in integrated Primary School Feeding with an HIV and AIDS/Life-skills education component in the following countries: Burundi: 91, 800 students and community members; Sierra Leone: 46,000 students and community members; Uganda: 50,602 with an additional 47,000 students soon be added and Mauritania: 33,347 project pending funding. These projects share the following general objectives: Improving education attendance, retention, learning attention and cohort completion through school feeding; using schools as an entry point to communities for outreach activities on HIV and AIDS sensitization and awareness; mitigating the impact of HIV and AIDS through targeted community-based life-skills education and related activities students, teachers, parents and communities and supporting nutrition and health in and around targeted schools.

WV engages in integrated Primary School Feeding in the following countries:

- Angola: 234,300 students; Armenia: 1,600 students; Somalia: 2200 students; Zimbabwe: 95,100 students; Russia Federation: 50,300 students (pending); Liberia: 65,000 students (pending) and Sri Lanka: 28,300 students (pending)

These projects share the following general objectives: Improving education attendance, retention, learning attention and cohort completion through school feeding; encouraging girl child school enrolment; increased parent teacher association/parent school involvement and supporting nutrition and health in and around targeted schools.

Deworming and promotion of Vitamin A also occurs, as well as nutrition education to pre-school caretaking mothers in pre-school centers. In Australia, nutrition education is provided as part of the in-school meals program. The food is prepared by community members for school students. Training is provided, in partnership with other local services, in food preparation, meal planning, food hygiene, use of equipment and stock control/ ordering.

School health education in reporting, preventing and prompt treatment for malaria, bilharzias, worms, diarrhoea, cholera and skin infections is also promoted. WV supported the development of flyers etc on sanitation in schools, HIV education, training of teachers on how to be sensitive towards the issue of HIV. This includes programs to teach girls on how to respond to sexual or violent situations, and how to encourage boys to have appropriate behavior towards girls.

Many of WV's Area Development Programs incorporate school feeding into their programming. Often this involves community members working together to provide a morning snack, lunch and sometimes an afternoon snack. Take home rations are given in some contexts, depending on need. Micronutrient supplementation: Vitamin A (e.g. Ethiopia); school gardens to promote nutrient-rich foods (e.g. Tanzania, Ethiopia, Malawi, Ghana).

WV promotes a wide variety of sports in schools for all age groups.

WVI utilizes schools in its polio eradication initiative. WV promotes and advocates for full immunization for all children under five years. In terms of provision or referral to mental / psychological health services, target population is sexually trafficked children, post conflict children and victims of natural disasters. Referral, counselling, rehabilitation of homes, child protection and psychosocial support are promoted in line with the standards of WVI. Anti-tobacco and anti-alcohol programs are integrated into life skills program for all age groups.

WV provides support for deworming in both communities and schools. For example, in programs in Ghana and Malawi, all school children are dewormed twice a year. In addition, in areas where bilharzias/schistosomiasis is a problem, WV provides treatment for infected school children. Usually these treatments are administered by Ministry of Health staff.

Where malaria is a problem, WV promotes the prevention and treatment of malaria cases among children in school or referrals to the nearest health facility. WV distributes insecticide-treated bed nets to school age children in some countries.

WV-Australia funds an in-school nutrition program in the Epenarra community, a remote Australian Indigenous community in the Barkly region of the Northern Territory. It has a transient population estimated at 280 people. There is one primary school in the community, providing one healthy meal a day for the students. The cost of the program is approximately A\$210 per week, or A\$8,400 per year. The meals are prepared by community members. The program aims to increase attendance and concentration during school for primary school aged students as well as provide training for community members in running activities and preparing healthy and nutritious meals within a managed budget.

Most WV programs provide first aid supplies and training for teachers.

Areas of policy / advocacy work

Topic	Y/N	Topic	Y/N
Human rights, discrimination and stigma reduction	Y	Services for students with special needs	Y
School feeding programs	Y	Violence prevention	Y
Immunization, vaccination	Y	Gender and sexual diversity	Y
Ethnic and religious diversity	Y	Environmental concerns	Y
Skills-based health education including reproductive health / HIV&AIDS prevention	Y	Access to safe water	Y
Tobacco, drugs, alcohol prevention	Y	Promotion of adequate sanitation / latrines	Y
Health and nutrition services, including deworming	Y	Partnerships and participation	Y
Promotion of a safe school environment	Y	Malaria care and prevention	Y
Work place issues	Y	Other:	

Partnerships, advocacy, research and participation

WV collaborates with Ministries of education, health, social welfare and all social line ministries. As well WV collaborates with WFP and other community and government agencies to build capacity and support of school enrolment and health status. All stakeholders are involved such as communities, ADPs, regional offices and support offices.

One example of an integrated approach is the MICAH program in Ethiopia, Ghana, Malawi, Senegal and Tanzania. The Ministries of Education, Health and Agriculture have all been involved in designing, implementing and monitoring a nutrition and health program that included school-age children as a key target group. In Ghana, for example, schoolteachers worked closely with health staff to provide weekly iron supplements and semi-annual dewormers for school children. The teachers also worked closely with agricultural extension workers to create school gardens and fruit trees. All activities are heavily integrated with child and community participation in the development of activities. School committees are composed of teachers, students and management. Children are involved from the assessment, planning, implementation and monitoring levels through youth clubs and incorporation into project committees.

In terms of partnerships, WV partners with WFP for school feeding programs. All social sector line ministries – WV works closely with government line ministries, ensuring compliance with existing national policies and strengthening capacity of existing staff and structures. Major international and national organizations – WV seeks to work together with other local and international NGOs to build on each other's strengths and avoid duplication.

Future plans

Funding is likely to continue, given the importance of children to WV's work.

SECTION THREE

ACCIÓN CONTRA EL HAMBRE (Argentina)

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Introduction and background

In terms of school health, the objectives of ACH Argentina are to know the food- and nutritional situation, the access to health services and the maturing development of school children to develop integral projects on health and nutrition (iron supplementation, healthy eating, physical exercise, health coverage and school vegetable growing).

It is required to establish integral intervention strategies which put together nutritional, health care and stimulation actions driven towards children, along with working together with families in order to improve living conditions, quality of relationships and upbringing standards.

ACH Argentina does not formally promote or support the FRESH framework.

Activities and programs

The project is based in the province of Santa Fe situated in north of Argentina. It has a population of 3,000,700 inhabitants. During 2005 Ach performed a Nutritional and Cognitive Development survey to a representative sample of schools and preschool children. The results showed that even though this population reported to have access to health services the quality of medical attention provided was poor. The main nutritional problems found were anemia, growth retardation and obesity. The outcomes of the cognitive development assessment were associated to social family problems and growth retardation. Over the 54 schools and 43 preschool centres selected for the study, 27 institutions were chosen to develop integral projects on health and nutrition.

The main areas of work were identified together with teachers and are mentioned below:

- Iron and folic acid supplementation.
- Healthy eating
- Guidelines to improve meals quality
- Physical activity
- Coordination with health centres to improve health check ups.
- School vegetable growing

Furthermore, ACH is involved in reproductive health education, teachers and parents training and the distribution of education material to schools i.e.: videos and booklets, but also the development of nutritional guidelines and nutritional software. Education materials are developed so as to be included in different school subjects. In this way, healthy eating and school-based programmes to grow vegetables are included in subjects such as biology, mathematics.

The project provides technical support to improve quality of the diet offered at the institutions. This is done using the Pan American Health Organization software Planut. The software, as well as evaluating nutrient content, allows taking into account the cost of the meals.

Weekly micronutrient supplementation comprises 200 mg of ferrous sulphate and 60 mg of folic acid. This activity also involves teachers and parents training on anaemia and the tablet administration, from 42 schools of the province of Santa Fe.

Physical and leisure activities were combined with promotion of a safe school environment. Teachers and children were involved in removing weeds and litter from the school surrounding to gain space for this purpose. Referral to health services for vaccination and health check ups also takes place at project schools.

Policy topics

Topic	Y/N	Topic	Y/N
Human rights, discrimination and stigma reduction		Services for students with special needs	Y
School feeding programs	Y	Violence prevention	
Immunization, vaccination	Y	Gender and sexual diversity	
Ethnic and religious diversity		Environmental concerns	
Skills-based health education including reproductive health / HIV&AIDS prevention	Y	Access to safe water	
Tobacco, drugs, alcohol prevention		Promotion of adequate sanitation / latrines	
Health and nutrition services, including deworming	Y	Partnerships and participation	
Promotion of a safe school environment	Y	Malaria care and prevention	
Work place issues		Other: growing vegetables	Y

Partnerships, advocacy, research and participation

Schools were selected after the nutritional survey. At that time regional and provincial health and education authorities were already informed of the project. Afterwards, school authorities were visited to coordinate activities. A meeting with teachers interested in integral projects was held to determine areas of work. According to the areas selected, community partnerships were identified. Health services were always contacted, but other programmes as ProHuerta (government programme that promotes home food production) were only included if the school was interested.

At regional level the programs promote partnerships with Universities as “Fundación gran Rosario”; UNICEF, state programmes as ProHuerta and PSA (Programa Social Agropecuario), and other organizations as Rotary club, Argentine Agricultural Federation and City Council Emergency Centre.

The key actors of the projects are teachers; therefore they have been involved during the entire process. Choosing the topics according to the school needs and integrating the activities with the school curricula.

The project is carried out by Ach in collaboration with UNICEF Argentina, Aeci, Santa Fe health and education ministries, ProHuerta Programme, Rosario city council, Local NGOs “Línea Verde” and EPyCA.

The information obtained from the surveys is used to promote awareness about children situation by different ways: a) technical publications; b) presented in scientific meetings; c) meetings with decision makers; etc.

Accion contra el Hambre begun to work in Santa Fe after the floods suffered by the city in June 2003. The first project aimed at strengthening the nutritional surveillance system. Within this project a nutritional survey to children aged 6 month to 6 years was carried out in the most affected area of the city. The results showed that the anaemia was a highly relevant not only for infants but also for schoolchildren.

Learning capacity and school performance of the same school children were assessed using a simple questionnaire that was completed by teachers. These results were then associated with anaemia.

A strategy to tackle anaemia was proposed to the local health authorities and fourteen schools affected by the floods initiated a weekly supplementation with iron and folic acid. As a result of the supplementation the prevalence of anaemia was reduced from 23.7 to 16.8 % among this population.

As a consequence of the lack of information regarding the nutritional cognitive development status of the school population, AcH decided to perform another survey in 2005. This time the sample was representative of the total state schools of Santa Fe province. The study included nutritional and cognitive development assessments. The anaemia levels found were similar to those found in 2003 in the 14 schools of the flooded area. As regards to the cognitive assessment all test showed poor performance however the most affected were related to environmental stimulation. In the same way, poor performance was associated with level of instruction of the mother. Another variable linked to all the cognitive test was growth retardation.

Future plans

The experience carried out in Argentina will be capitalised and we will see the possibility to implement this activities in other countries were we are working, for instance in Colombia, but always adapting the activities to the context

AMERICAN SCHOOL HEALTH ASSOCIATION

Website: www.ashaweb.org

Contact person: Susan Wooley at swooley@ashaweb.org

Introduction and background

The mission of the American School Health Association is to protect and promote the health and well-being of children and youth through coordinated school health programs as a foundation for school success.

To provide national leadership and achieve its mission, the American School Health Association (ASHA) has adopted five goals:

1. Interdisciplinary Collaboration: Promote interdisciplinary collaboration among all who work to protect and improve the health, safety and well-being of children, youth, families and communities.
2. Professional Development: Provide professional development opportunities for all those associated with school health programs.
3. Advocacy: Provide advocacy for building and strengthening effective school health programs.
4. Research: Encourage quality research to strengthen school health programs.
5. Resources: To fulfill these initiatives, ASHA must acquire human, fiscal and material resources.

Activities and programs

Publishing ten times per year the peer-reviewed, indexed *Journal of School Health*, which contains research articles, teaching techniques, health services applications, policy, legal, and commentary pieces. Submissions come from throughout the world.

ASHA convenes an annual school health conference where professionals present papers, display posters, lead roundtable discussions, and interact with one another and with vendors.

ASHA hosts a school health list serve for members that provides information on new research findings, resources, and opportunities for funding or jobs.

ASHA serves as a voice for school health in dozens of coalitions and other forums as well as in advocacy work at the national and state levels.

Areas of policy / advocacy work

Topic	Y/N	Topic	Y/N
Human rights, discrimination and stigma reduction	N	Services for students with special needs	Y
School feeding programs	Y	Violence prevention	Y
Immunization, vaccination	Y	Gender and sexual diversity	N
Ethnic and religious diversity	N	Environmental concerns	Y
Skills-based health education including reproductive health / HIV&AIDS prevention	Y	Access to safe water	N
Tobacco, drugs, alcohol prevention	Y	Promotion of adequate sanitation / latrines	N
Health and nutrition services, including deworming	Y	Partnerships and participation	Y

Promotion of a safe school environment	Y	Malaria care and prevention	N
Work place issues	Y	Other:	

Partnerships, advocacy, research and participation

ASHA promotes interdisciplinary collaboration among all who work to protect and improve the health, safety, well-being and school success of children, youth, families and communities. As such, the Association works closely with various organizations, agencies and association. The organizations, coalitions and other relationships of ASHA are listed at its website.

Future plans

Self-study continuing education available on line

CENTER FOR HEALTH PROMOTION (CEDAPS) (Brazil)

Website: www.cedap.prg.br

Contact person: Dr Daniel Becker at danielb@cedaps.org.br

Introduction and background

Our mission is to develop the capacity of low-income communities to create solutions for their development, and to contribute for the improvement of public schools and health programs provided in these localities, in order to promote health, equity and quality of life.

Our approach incorporates the principles of the Health Promoting Schools and Child Friendly Schools, working to promote health, peace and participation in schools, contributing to local problem solving interventions using available resources

Activities and programs

Cedaps has worked with 120 schools in poorest areas of the city of Rio de Janeiro. In collaboration with health and education authorities, the capacity of teachers and school officials was built to identify, analyze and prioritize school problems and to develop interventions to solve them using available resources and promoting partnerships. Interventions were followed during one year, with an average of 80% of completed programs. Benefits were promotion of peace, environmental campaigns, physical structure changes, health interventions such as treatments, partnerships with health units, HIV&AIDS prevention, treatment of common diseases, communication with families, community interventions and several programs to improve learning difficulties and disabilities. Approximately 15,000 children, 900 teachers and 4,000 families directly benefited. Total cost was approximately 40,000 dollars.

CEDAPS works to develop teacher interventions to improve nutrition, hygiene and litter disposal. Programs also include teacher interventions to deal with violence related projects using music, group activities, theater and visual and arts.

CEDAPS has been working on developing participatory students and teacher HIV prevention strategies based on arts, workshops, communication and others. CEDAPS is working to improve the quality of special classes for students with learning difficulties, and projects to improve self esteem and self efficacy.

Community interventions are planned and implemented by teachers and students, in partnerships with health units and security forces to create interventions in the school.

On anti-tobacco, alcohol and drugs projects, CEDAPS conducts student multipliers groups and performing drama plays

Policy topics

Topic	Y/N	Topic	Y/N
Human rights, discrimination and stigma reduction	Y	Services for students with special needs	
School feeding programs		Violence prevention	Y
Immunization, vaccination		Gender and sexual diversity	Y
Ethnic and religious diversity		Environmental concerns	Y
Skills-based health education including reproductive health / HIV&AIDS prevention	Y	Access to safe water	
Tobacco, drugs, alcohol prevention	Y	Promotion of adequate sanitation / latrines	
Health and nutrition services, including deworming	Y	Partnerships and participation	Y
Promotion of a safe school environment		Malaria care and prevention	
Work place issues		Other: building teacher capacities	Y

Partnerships, advocacy, research and participation

We promote partnerships on the local level between schools, health units and other public policies such as police. It is done through teachers multipliers.

Pupils are central for interventions – our methodology is participatory

Partners include the Municipal Education and Health Secretaries, State Secretaries, Ministry of Health, Unesco, Unicef, Ford Foundation, Dreyfus Health Foundation.

In terms of research, CEDAPS conducts community based health participatory research on health promotion and HIV prevention.

Future plans

Funding is going to be scaled up, creating several possibilities for new partnerships. Geographically, through technical cooperation agreements with other NGOs and agencies, it is expected scaling up will occur to other states in Brazil.

HEALTH EDUCATION BUREAU, GUJARAT (India)

Website: N/A

Contact: Shailesh Sutariya at sutaria@sancharnet.in or Paresh Dave at pvdave1@rediffmail.com

Introduction / background

Gujarat is the only state in India where a school health check-up programme was started in 1997. The State Government takes full responsibility of 1 crore children of Primary Schools and children under ICDS beneficiaries. The campaign period of SHP was 12th July to 30th September 04. This period was extended for one month due to heavy rain.

Health status of children in Gujarat

Percentage of Examine & Having Alimnt Children 2004-05							
Sr. No.	Name of Diseases	Examined	No of Children Disease wise	Percentage	Having Alimnt.	No of Children Disease wise	Percentage
1	Anemia	8507684	519378	6.1	1661630	519378	31.3
2	Worm infestation	8507684	360659	4.2	1661630	360659	21.7
3	Dental problem	8507684	141272	1.7	1661630	141272	8.5
4	Vision defect	8507684	72932	0.9	1661630	72932	4.4
5	E.N.T. Problem	8507684	87281	1.0	1661630	87281	5.3
6	Abdo. Problem	8507684	35793	0.4	1661630	35793	2.2
7	Skin Disease	8507684	120570	1.4	1661630	120570	7.3
8	Respiratory	8507684	22133	0.3	1661630	22133	1.3
9	Nervous System	8507684	1990	0.0	1661630	1990	0.1
10	Ortho. Problem	8507684	3755	0.0	1661630	3755	0.2
11	Physically handicaps	8507684	3187	0.0	1661630	3187	0.2
12	Heart	8507684	2908	0.0	1661630	2908	0.2
13	Kidney	8507684	203	0.0	1661630	203	0.0
14	Cancer	8507684	43	0.0	1661630	43	0.0
15	Others.	8507684	251040	3.0	1661630	251040	15.1

Activities and programs

No. Of children Registered	No. Of children examined	No. Of Children treated on spot	No. Of children provided services	No. Of children provided Spectacles
8893351	8484393	1616152	74850	35664
(100%)	(95.4%)	(18.7%)	(0.84%)	(0.41%)

Medical officers examine all school going and ICDS beneficiaries. Children with minor ailments are treated on the spot in the schools. Children requiring examination by specialists are being sent to the related referral centers where different medical experts like ophthalmic surgeon, physician, pediatrician, dentist, skin specialist and E.N.T. surgeons examine and treat them. Those children who requires spectacles are provided free of cost.

Children suffering from Heart, Kidney and Cancer diseases are being examined by super-specialty hospitals.

Referral services (n=74850)

Pediatrician	Ophthalmic surgeon	Dental surgeon	Skin specialist	E.N.T. surgeon
17679 (23.6%)	32304 (43.2%)	10346 (13.8%)	4872 (6.5%)	6245 (8.3%)

Future plans

- Register instead of Health Cards
- Meetings- S.H. assistance to R. D. Ds
- Involvement of private sector hospitals (Proposed)
- Primary Check-up by Health workers
- Strengthening of IEC activities
- Video conference
- Interactive C.D. for children
- Media Coverage of S.H.P.
- Distribution of IEC material to directly to district
- Documentary on School Health Program

OXFAM AUSTRALIA

Website: www.oxfam.org.au

Further information: enquiries@oxfam.org.au

Introduction and background

Health education in schools is broadly covered by Oxfam Australia's vision: "Our vision is of a fair world in which people control their own lives, their basic rights are achieved and the environment is sustained. We aim to increase the number of people who have a sustainable livelihood, access to social services, an effective voice in decisions, safety from conflict and disaster, and equal rights and status. Our work is a partnership through which Australians enable poor and marginalised people to control their own development, achieve equitable treatment, exercise their basic rights, and ensure the environment is healthy and sustainable."

More specifically, health education comes under one of Oxfam Australia's five aims: "Aim 2: The right to basic services - we support people to gain access to basic health care, clean water, sanitation and education for all."

Activities and programs

We are currently running a variety of projects involving youth, education, health, HIV/AIDS, and other health-related topics in communities worldwide.

More information can be gleaned from our website at <http://www.oxfam.org.au/>, and in particular I'd like to refer you to our latest Annual Report, which has more detailed information on specific projects we run. The annual report can be found at http://www.oxfam.org.au/about/annual_report/2004-2005.pdf.

Policy topics

N/A

Partnerships, advocacy, research and participation

N/A

Future plans

N/A

POSITIVE HEALTH EDUCATION INSTITUTE

Website: <http://www.positivehealth.in>

Contact person: GD Mishra at ask@positivehealth.in

Introduction and background

We are a non-profit organization working under the aegis of our NGO - KALPTARU VIKAS SAMITI pioneering to impart Health Education and imbibe behavioural practices in children of school going age. We find the need of other essential knowledge like behavioural practices etc, which is hampering the growing of the children into Sanskari Citizens of the country. This includes Health Education, Behavioural Practices, Human Rights, Traffic Sense.

Mission Statement

- Endeavour for Healthy Society through School Health Education;
- Imbibe the 'Sanskar' of Healthy Habits and Hygienic Living at a young age. And nurture the future citizens of the country to make them efficient members of the society.

Activities and programs

Health Educations in Schools

Positive Health Literatures

Areas of policy / advocacy work

Topic	Y/N	Topic	Y/N
Human rights, discrimination and stigma reduction	Y	Services for students with special needs	N
School feeding programs	N	Violence prevention	Y
Immunization, vaccination	Y	Gender and sexual diversity	Y
Ethnic and religious diversity	N	Environmental concerns	Y
Skills-based health education including reproductive health / HIV&AIDS prevention	Y	Access to safe water	Y
Tobacco, drugs, alcohol prevention	Y	Promotion of adequate sanitation / latrines	Y
Health and nutrition services, including deworming	Y	Partnerships and participation	Y
Promotion of a safe school environment	Y	Malaria care and prevention	Y
Work place issues	Y	Other: traffic sense	

Partnerships, advocacy, research and participation

N/A

Future plans

Adopting Positive Health Schools, Positive Health Forums by School Students, Positive Health Mobile Vans, Positive Health Libraries, Positive Health Centers, Positive Health Melas

WORLD VISION AUSTRALIA

Website: www.worldvision.com.au

Contact person: Dianne Clare at Dianne.clare@worldvision.com.au

Introduction and background

World Visions Mission: *Our vision is a world that no longer tolerates poverty.*

World Vision Australia's Domestic Programs works in partnership with the remote indigenous community of Epenarra in processes of community and capacity development that engender transformation. One of these community based projects focuses on Health Promotion with the aim being to enable members of Epenarra community to increase control over, and to improve their health and wellbeing. One component of this project includes In School Nutrition activities.

Epenarra community is a remote Australian Indigenous community in the Barkly region of the Northern Territory. It has a transient population estimated at 280 people. There is one primary school in the community. Whilst attendance fluctuates and does not reflect the full number of primary school-aged children in the community, most recent attendance figures were 40 students.

WVA funds an in-school nutrition program which provides one healthy meal a day for the students. The cost of the program is approximately \$210 Aust p/week, or \$8,400 Aust per year. The meals are prepared by community members.

The program aims to increase attendance and concentration during school for primary school aged students as well as provide training for community members in running activities and preparing healthy and nutritious meals within a managed budget.

Activities and programs

Nutrition education is provided as part of the in-school meals program. The food is prepared by community members for school students. Training is provided, in partnership with other local services, in food preparation, hygiene, cleaning, use of equipment and stock control/ ordering. The meals are offered during the term times [10 weeks per term, 4 x terms per year], on the school premises and are the lunchtime meal for students which typically consist of a sandwich and a fruit serving. The program runs three days per week, sometimes 5 [pending availability of women to prepare the food]

Areas of policy / advocacy work

Topic	Y/N	Topic	Y/N
Human rights, discrimination and stigma reduction	Y	Services for students with special needs	N
School feeding programs	Y	Violence prevention	N
Immunization, vaccination	N	Gender and sexual diversity	Y
Ethnic and religious diversity	N	Environmental concerns	N
Skills-based health education including reproductive health / HIV&AIDS prevention	Y	Access to safe water	N

Tobacco, drugs, alcohol prevention	N	Promotion of adequate sanitation / latrines	N
Health and nutrition services, including deworming	Y	Partnerships and participation	Y
Promotion of a safe school environment	Y	Malaria care and prevention	N
Work place issues	Y	Other:	N

Partnerships, advocacy, research and participation

The Epenarra In School Nutrition program works collaboratively with the community [they support the program and provide the labour for meal preparation], the local school [they provide the facilities and collect/store the food], the regional NT government District Nutritionist [she provides nutrition training and support] and the regional Aboriginal Medical Service's Infant and Maternal Health Project Officer [she supports the women who prepare the meals and can also provide nutrition training and logistical support]. The pastoral station store located 2 kms from the community also provides assistance [unpaid] with the logistics of transporting the food, when needed, from the store to the community and receives the food orders. The Epenarra Community Council also supports the program.

The voices of the students and teachers are crucial to the collaborative delivery of the program. The teachers play an active role in the activities and have been involved in each stage since the activities commenced in 2002. Project officers and partners meet regularly with the teachers.

The project is delivered collaboratively with the Northern Territory Governments' Department of Health and Community Services' Nutritionist, Anyinginyi Health Aboriginal Cooperation, Epenarra Primary School, Southern Barkly Aboriginal Corporation, Epenarra Community Council and Epenarra Women's Centre.

At the community level the Epenarra Program is designed to encompass two individual projects i) Leadership and Governance and ii) Health Promotion (which incorporates the In-School Nutrition activities). Both projects contribute towards the one program goal being to work in partnership with the Epenarra community in processes of community and capacity development that engender transformation. Both have been designed to ensure the full, free, active and meaningful participation of the community in the planning, implementation and evaluation of projects and decisions, and recognize the value of indigenous contributions to such processes. The Leadership and Governance project aims to engage the community in establishing the processes, relationships and systems by which as a group they will "work together, distribute authority, make decisions and rules, get things done and resolve disputes" [The Lingiari Foundation (2003)]. The outcomes of the Project are to establish the community council and strengthen leadership.

At an organisational level the program is currently in the preliminary stages of developing an advocacy plan which will include position papers on key areas such as indigenous health that will be informed by our experiences in the field.

Future plans

N/A

YOUTH HARVEST FOUNDATION (Ghana)

Website: www.yhfg.org

Contact person: John Kingsley Krugu

Introduction and background

In Northern Ghana, a combination of factors including poverty, ignorance, outmoded customs, the absence of effective managerial skills and chieftaincy disputes have created a class of destitute youth constituted largely by street children, victims of child exploitation and armed conflicts, whose desperate situation needs to be urgently addressed. The girl child in particular is the victim of gender discrimination rooted deeply in traditional and religious practices, and is often denied access to education and a meaningful role in the development process.

The need to assist these unfortunate youth of Northern Ghana to announce their plight is the *raison d'être* of the YHFG. The Foundation believes that helping the deprived youth of the North to conserve and develop their physical and mental strength through education, vocational training and improved living conditions are the right way to ensure their viability to society. The personality, the knowledge and the experience of this generation will determine the future of their own society and environment.

The Youth Harvest Foundation Ghana (YHFG) is a Non-Governmental Organization registered in Ghana. The foundation's head office is located in the Upper East Region of Ghana. The Foundation works towards the vision of self-reliant and self-sufficient youth in healthy communities. Its mission is to support research to identify unfulfilled needs of young people and to develop, implement and fund breakthrough solutions that have a lasting impact.

The YHFG is engaged in three main fields:

- > Education
- > Health and Hygiene Education in schools
- > Community Development

Activities and programs

On Health and Hygiene education, the Foundation currently has formed school clubs in second cycles and tertiary institutions. Members of these clubs are trained as peer educators and they intend reach out to the entire student bodies of their respective schools. The current focus is on HIV/AIDS, water and sanitation facilities management (including menstrual management for girls), substance abuse and general environmentally friendly practices.

Areas of policy / advocacy work

Topic	Y/N	Topic	Y/N
Human rights, discrimination and stigma reduction	Y	Services for students with special needs	N
School feeding programs	N	Violence prevention	N
Immunization, vaccination	N	Gender and sexual diversity	Y
Ethnic and religious diversity	N	Environmental concerns	Y
Skills-based health education including reproductive health / HIV&AIDS prevention	Y	Access to safe water	Y
Tobacco, drugs, alcohol prevention	Y	Promotion of adequate sanitation / latrines	Y
Health and nutrition services, including deworming	N	Partnerships and participation	N
Promotion of a safe school environment	Y	Malaria care and prevention	Y
Work place issues	N	Other: substance abuse	Y

Partnerships, advocacy, research and participation

The YHFG works in partnership with the Ghana Education Service and also conducts surveys among students to assess the impact of programmes both delivered by the Foundation or the GES.

Future plans

The five priority areas from 2006 – 2008

1. Building the capacity of the Foundation in all areas to position it for challenges of realising its vision for the youth.
2. Addressing barriers to education to ensure that all children get access to formal education.
3. Water access, sanitation and hygiene promotion in public schools by supporting the activities of school clubs
4. Uplifting the status of women in the northern Ghana, with special focus on young women within the school environment.
5. Strengthening farmers' advocacy through the formation of farmers groups at the community level.

ANNEX A – LIST OF CONTACTS

Organisation	Type of organisation	Website	Focal point / contact name	Email
AKF	Civil society	www.akf.org		
AJWS	Civil society	www.ajws.org	Julia Greenberg	jgreenberg@ajws.org
ACIPAC	Civil Society	http://www.tmd.ac.jp/med/mzoo/acipac/index.html	Jitra Waikagul	tmjwk@mucc.mahidol.ac.th tmjwk@mahidol.ac.th
ACTIONAID	Civil society	http://www.actionaid.org	David Archer Tania Boler	David.Archer@actionaid.org Tania.Boler@actionaid.org
ADEA	Civil society	http://www.adeanet.org/	Mamadou Ndoeye Hamidou Boukary	
AKF	Civil society	http://www.akdn.org/agency/akf.html	Gijs Walraven	gijs.walraven@aiglemont.org
CA	Private sector	www.caii.com	N/A	N/A
CARE	Civil society	http://www.care.org	Sarah Kayongo	skayongo@care.org
CAFOD	Civil society	http://www.cafod.org.uk		
CDC	Bilateral	http://www.cdc.gov	Bobrow, Emily Laura Kann	ebobrow@earthlink.net , eob9@cdc.gov
CFNI	Civil society	http://www.paho.org/english/cfni/home.htm	Laura D. Richards	richardl@cfni.paho.org
CtC	Civil society	www.child-to-child.org	Thasmin Khamis	t.khamis@ioe.ac.uk
CICH	Civil society	www.cich.ich.ucl.ac.uk	Madeleine Green Andrew Tomkins	cich@ich.ucl.ac.uk a.tomkins@ich.ucl.ac.uk
CIDA	Bilateral	http://www.acdi-cida.gc.ca/index-e.htm	Garry Aslanyan Maysa Jalbout	garry_aslanyan@acdi-cida.gc.ca MAYSA_JALBOUT@acdi-cida.gc.ca

DANIDA	Bilateral	http://www.um.dk/en	Lise Kaalund-Jørgensen	liskaa@um.dk
DBL	Civil society	www.dblnet.dk	Paul Simonsen	pesimonsen@dblnet.dk
DCI	Bilateral	http://www.dci.gov.ie/	Maire Matthews	Maire.Matthews@iveagh.irlgov.ie
DFID	Bilateral	http://www.dfid.gov.uk	Halima Begum	h.begum@dfid.gov.uk
EDC	Civil society	http://main.edc.org/	Cheryl Vince Whitman	cvincewhitman@edc.org
Education International	Civil society	http://www.ei-ie.org/en/index.php	Wouter Vanderschaaf	wouter.vanderschaaf@ei.ie.org
Equal Access	Civil society	www.equalaccess.org	Michael Bosse Ronni Goldfarb	mbosse@equalaccess.org rgoldfarb@equalaccess.org
ESACIPAC	Civil society	http://www.esacipac.org	Charles Mwandawiro	cmwandawiro@kemri.org
FAO	UN	http://www.fao.org	Ellen Muehlhoff	Ellen.Muehlhoff@fao.org
GTZ	Bilateral	http://www.gtz.de/en/	Susanne Pritze-Aliassime	Susanne.Pritze-Aliassime@gtz.de
HEALTHLINK WORLDWIDE	Civil society	http://www.healthlink.org.uk/index.html	Alison Dunn Daphne Kouretas	Dunn.a@healthlink.org.uk Kouretas.d@healthlink.org.uk
HKI	Civil society	http://www.hki.org	Chad MacArthur	cmacarthur@hki.org
IRC	Civil society	http://www.irc.nl/	Snel, Marielle	snel@irc.nl
JICA	Bilateral	http://www.jica.go.jp/english/	Tsutomu Takeuchi	takeuchi@sc.itc.keio.ac.jp
NORAD	Bilateral	http://www.norad.no	Anne-Liv Evensen	Anne.Liv.Evensen@norad.no
OXFAM	Civil society	http://www.oxfam.org		
Iodine Network	Civil society	www.iodinenetwork.net	Juliawati Untoro	untoro@micronutrient.org
PAHO	UN	http://www.paho.org		
PATH	Civil society	http://www.path.org/index.php	Ted Greiner	tgreiner@path-dc.org
PCD	Civil society	www.child-development.org	Lesley Drake	Lesley.drake@imperial.ac.uk
PLAN	Civil society	http://www.childreach.org	Linda Raftree	Linda.Raftree@planusa.org

UNAIDS	UN	http://www.unaids.org	Anindya Chatterjee	chatterjee@unaids.org
UNDP	UN	http://www.undp.org	Joanna Rubinstein Chika Saito	joanna.rubinstein@undp.org chika.saito@undp.org
UNESCO	UN	http://www.unesco.org	Jaya Conhye-Soobrayen Sheldon Shaeffer Christopher Castle	J.Conhye-Soobrayen@unesco.org s.shaeffer@unesco.org c.castle@unesco.org
UNICEF	UN	http://www.unicef.org	Lizette Burgers Cream Wright Annamaria Hoffmann	lburgers@unicef.org cwright@unicef.org amhoffmann@unicef.org
UNODC	UN	http://www.unodc.org	Babbar, Gautam Giovanna Campello	Gautam.babbar@unodc.org Giovanna.campello@unodc.org
USAID	Bilateral	http://www.info.usaid.gov/	Linda Sussman	lsussman@usaid.gov
SCF, USA	Civil society	http://www.savethechildren.org	Natalie Roschnik Karin Lapping	nroschnik@savechildren.org klapping@savechildren.org
SCI	Civil society	http://www.schisto.org	Alan Fenwick	a.fenwick@imperial.ac.uk
SIDA	Bilateral	http://www.sida.se	Gunilla Essner Christian Lien	Gunilla.essner@sida.se Christian.lien@sida.se
WFP	UN	http://www.wfp.org	Francisco Espejo Ute Meir	Francisco.espejo@wfp.org Ute.meir@wfp.org
WHO	UN	http://www.who.org	Tang Kwok-Cho Dirk Engels	tangkc@who.int engelsd@who.int
World Bank	Multilateral	http://www.worldbank.org	Don Bundy Caroline Van Den Berg (WES)	eservice@worldbank.org cvandenberg@worldbank.org
WVC	Civil society	http://www.worldvision.ca	E Anne Peterson	anne.peterson@wvi.org

ANNEX B - QUESTIONNAIRE AND SUMMARY FORM USED FOR THE SURVEY

Introduction

In 1997 and 2000, the Partnership for Child Development (PCD) conducted surveys of donor and agency support of school-based health and nutrition initiatives. In response to requests from the school health and nutrition community, we are currently compiling an update report of these activities (to download the 2000 report, see <http://www.schoolsandhealth.org/download-documents.htm>).

As your organization plays a major role in promoting and improving the health and nutrition of the school-age child, we would greatly appreciate it if you could spend a little time completing the attached questionnaire. The questions broadly follow the components of the FRESH framework³.

Please note that you are not restricted in the length of your answers – the boxes below can be enlarged and additional documents / texts may be attached with your organization's entry.

The deadline for submission of entries is Friday 10 February 2006. The 2006 Update Report will be sent to you in draft form for review by the end of February 2006, allowing for corrections and further inputs. The final report is expected to be completed at the beginning of March 2006. The report will be launched at the annual UN ACC/SCN Meeting in March 2006. It will be widely distributed thereon to be used as for resource and advocacy purposes.

For submitting your filled out questionnaire, or for questions, suggestions and comments, please contact Mr Jan W de Lind van Wijngaarden at jwdlvw@gmail.com. You can also contact him by phone at +6696358010 during Thai office hours (02.00 A.M.-01.00 P.M. GMT).

Thank you for your collaboration!

³ FRESH (Focusing Resources on Effective School Health) is an inter-agency initiative developed by UNESCO, UNICEF, WHO 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. It aims to integrate elements of UNICEF's Child Friendly Schools concept, WHO's Health Promoting Schools as well as priorities of WFP, World Bank and other organizations.

Part 1 – identification and intro

Name of organization: _____

Website: _____

Name of Focal Point for School Health and Nutrition:

(Mr./Mrs./Ms./Dr. – pls circle) _____

In post since: _____

E-mail _____

Telephone number _____

Important: Pls mark “X” here if you do NOT want us to use these contact details in the Update Report

Mission/objectives

Please describe the mission/objectives of your organization related to School Health and Nutrition in the box below. Your organization’s entry in the final document will start with this as an introductory opening sentence.

Focusing Resources on Effective School Health (FRESH)

Is your organization supporting, promoting or using the FRESH framework (see footnote on page 1)? If YES, please describe how.

Attachments

Kindly attach background materials that describe the policies, strategies and areas of work of your organization – especially those that you would like to be included / referred to in the 2006 Update document.

Part 2 – School Health and Nutrition Policies

What is your organization’s key goal(s) in promoting school health and nutrition? (pls tick one or more goals below)

- () To improve health
- () To improve education / promote Education For All (EFA)
- () To improve nutrition
- () To attain Millennium Development Goals (MDGs)
- () Other _____

In light of your response to the question above, please provide a summary of the work your organization conducts or supports in the development of school health and nutrition policies. Please include an indication of the geographical areas your organization works in, approximate funding levels and approximate number of children / schools reached.

Pls check in the table below the issues / topics that are covered in the policy development efforts of your organization:

Topic	Y/N	Topic	Y/N
Human rights, discrimination and stigma reduction		Services for students with special needs	
School feeding programs		Violence prevention	
Immunization, vaccination		Gender and sexual diversity	
Ethnic and religious diversity		Environmental concerns	
Skills-based health education including reproductive health / HIV&AIDSprevention		Access to safe water	
Tobacco, drugs, alcohol prevention		Promotion of adequate sanitation / latrines	
Health and nutrition services, including deworming		Partnerships and participation	
Promotion of a safe school environment		Malaria care and prevention	
Work place issues		Other:	

Part 3 – Access to safe water, adequate sanitation and a safe school environment

Does your organization (support programmes that) work on improving access to safe water, adequate sanitation and a safe school environment? If yes, what form does this support take? Pls provide information in the table below:

	Description of main activities, including target population, geographical area of work, and approximate funding level
<i>Improvement of the physical learning environment</i>	
Access to safe water	
Promotion/provision of adequate sanitation (i.e gender segregated latrines)	
Hygiene education	
Improvement of litter disposal	
<i>Improvement of the psycho-social learning environment</i>	
Zero tolerance of violence and harassment	
Improving access to counseling	
Promotion of gender equality	
Improving access and quality of education for children with special needs	
Other:	

Part 4 – Skills-based health education

Does your organization (support programmes that) work on improving skills-based health education? If yes, what form does this support take? Pls provide information in the table below:

	Description of main activities, including target population, geographical area of work, and approximate funding level
HIV&AIDS and reproductive health education - curriculum development and teacher training (in-schools)	
HIV&AIDS and reproductive health education - peer education, school clubs (out-of-schools)	
Malaria prevention education	
Nutrition education	
Other health education (pls describe health problem covered)	
Development of new teaching and learning methods, teacher training	
Development of communication and interpersonal skills	
Development of decision making and critical thinking skills	
Development of coping and self-management skills	
Other:	

Part 5 – School-based health and nutrition services

Does your organization (support programmes that) work on improving school-based health services? If yes, what form does this support take? Pls provide information in the table below:

	Description of main activities, including target population, geographical area of work, and approximate funding level
School feeding / meal programs (pls describe what kind – i.e. mid-day meal, snack, take-home ration etc & mode / frequency of delivery)	
Micronutrient supplementation (pls describe which micro-nutrients and the dose, mode / frequency of delivery)	
Provision of / referral to reproductive and sexual health services	
Physical health education activities (pls describe which type)	
Immunization/vaccination (pls describe for which disease(s) and the age of children covered)	
Provision of / referral to mental / psychological health services (i.e. counseling, self-help groups etc)	
Anti-tobacco, alcohol and drugs program (describe mode of delivery)	
Deworming initiatives (pls describe which medicine/ method is)	

used)	
Malaria prevention and / or treatment, including bed-net promotion	
Provision of first-aid kits or other medical supplies	
Other:	

Part 6 – Partnerships, advocacy, research and participation

Are your programs promoting partnerships between health, education and other relevant sectors (for example, social/community development sector) – either at the central or at the community level? How is this done, and which parts of the health and education sectors are involved?

To what extent are the voices of pupils and teachers taken into consideration in the inception, delivery, monitoring and evaluation of your organization’s activities? Pls describe how this is done.

Is your organization working in partnership with others? If so, describe these partnerships below (pls mention international organizations, Government partners, NGOs that your organization works with)

Is your organization involved in advocacy/leadership activities? Pls describe these activities, at whom the activities are aimed, and results achieved:

Is your organization involved in any (operational) research activities? Kindly provide a summary of relevant research activities below:

Part 7 - Future plans

Pls describe your future plans in the area of school health and nutrition by answering the following questions:

Is funding for your activities over the next 2-3 years likely to be continued, scaled up, or scaled down? Pls explain

Are you planning to expand your activities to new geographical areas/countries? If so, pls list them

Are you planning to expand your activities to include new technical areas of work? If so, pls list them

Are you planning to form new or intensify existing partnerships with other organizations working in this field? Pls explain

General comments (pls add as many pages as you need)

Thank you for your collaboration!

Pls send to Jan W de Lind van Wijngaarden at jwdlvw@gmail.com

ANNEX C: Activities by organisations in the area of Policy Support

	SHN	HIV/AIDS	gender/ equality		SHN	HIV/AIDS	gender/ equality
Action Aid		✓	✓	IRC	✓		✓
AKF			✓	JICA	✓		
AJWS		✓	✓	Iodine Net			
ACIPAC	✓			NORAD	✓		✓
ADEA			✓	OXFAM			✓
CA	✓		✓	PAHO	✓	✓	✓
CFNI/PAHO	✓	✓		PCD	✓	✓	✓
CICH	✓	✓	✓	PATH			✓
CRS	✓	✓	✓	SC-US	✓	✓	✓
CtC	✓	✓	✓				
DANIDA			✓	SCI			
DBL			✓	SIDA		✓	
DfID		✓	✓	UNESCO	✓	✓	✓
DCI	✓			UNICEF	✓	✓	✓
ESACIPAC	✓	✓	✓	UNODC	✓	✓	
EDC	✓	✓	✓	WFP	✓	✓	✓
EA	✓	✓	✓	World Bank	✓	✓	✓
EI		✓		WHO	✓	✓	✓
FAO	✓		✓	WVI	✓	✓	✓
HKI			✓				
				Total	24	22	29

ANNEX D: Activities by organisations in the area of Water & Sanitation and the

School Environment

	latrines	safe water	school environment		latrines	safe water	school environment
Action Aid				IRC	✓	✓	✓
AKF	✓	✓		JICA	✓		✓
AJWS	✓	✓	✓	Iodine Net			
ACIPAC	✓	✓		NORAD	✓	✓	✓
ADEA				OXFAM		✓	✓
CA			✓	PAHO	✓	✓	✓
CFNI/PAHO		✓	✓	PCD	✓	✓	
CICH	✓	✓	✓	PATH	✓		
CRS	✓	✓	✓	SC-US	✓	✓	✓
CtC	✓	✓	✓				
DANIDA	✓	✓		SCI			
DBL	✓		✓	SIDA			
DfID	✓	✓	✓	UNESCO	✓	✓	✓
DCI	✓	✓		UNICEF	✓	✓	✓
ESACIPAC	✓	✓	✓	UNODC			✓
EDC		✓	✓	WFP	✓	✓	✓
EA	✓		✓	World Bank	✓	✓	✓
EI				WHO	✓	✓	✓
FAO	✓	✓	✓	WVI	✓	✓	
HKI	✓	✓	✓				
				Total	27	26	25

ANNEX E: Activities by organisations in the area of School-based Services

	deworming	micro-nutrient	school feeding	screening & referral		deworming	micro-nutrient	school feeding	screening & referral
Action Aid			✓		IRC	✓			
AKF	✓				JICA	✓			✓
AJWS	✓				Iodine Net		✓		
ACIPAC	✓	✓			NORAD	✓		✓	
ADEA					OXFAM	✓			
CA					PAHO	✓		✓	
CFNI/PAHO	✓		✓	✓	PCD	✓	✓		
CICH	✓	✓	✓		PATH	✓	✓		
CRS	✓	✓			SC-US	✓	✓		
CtC	✓	✓							
DANIDA			✓		SCI	✓			
DBL	✓				SIDA				
DfID	✓				UNESCO			✓	
DCI					UNICEF	✓	✓	✓	
ESACIPAC	✓	✓			UNODC				✓
EDC	✓				WFP	✓	✓	✓	
EA	✓				World Bank	✓	✓		
EI					WHO	✓	✓		
FAO	✓	✓	✓		WVI	✓	✓	✓	✓
HKI	✓	✓		✓					
					Total	28	16	11	5

ANNEX F: Activities by organisations in the area of Skills-based Health

Education

	HIV & AIDS reproductive health	health hygiene nutrition	malaria		HIV & AIDS reproductive health	health hygiene nutrition	malaria
Action Aid	✓			IRC	✓	✓	
AKF	✓	✓		JICA		✓	✓
AJWS	✓		✓	Iodine Net			
ACIPAC		✓	✓	NORAD	✓	✓	✓
ADEA				OXFAM	✓	✓	
CA	✓	✓	✓	PAHO	✓	✓	
CFNI/PAHO	✓	✓		PCD	✓	✓	✓
CICH	✓	✓	✓	PATH	✓	✓	✓
CRS	✓	✓		SC-US	✓	✓	✓
CtC	✓	✓					
DANIDA		✓		SCI		✓	
DBL		✓	✓	SIDA	✓		
DfID	✓		✓	UNESCO	✓	✓	
DCI		✓		UNICEF	✓	✓	✓
ESACIPAC	✓	✓	✓	UNODC	✓		
EDC	✓	✓		WFP	✓	✓	
EA	✓	✓		World Bank	✓	✓	
EI	✓			WHO	✓	✓	✓
FAO	✓	✓	✓	WVI	✓	✓	✓
HKI		✓					
				Total	29	30	16



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