Proceedings of the 5th Annual Meeting of the West African Network of Education Sector School Health and Nutrition and HIV&AIDS Focal Points

29th – 31st March 2011
Bamako, Mali

The Ministry of Education Network of HIV&AIDS Focal Points for the Economic Community of West African States (ECOWAS) and Mauritania
Cover image: ECOWAS delegates with teachers, cooks and pupils from Tenfala School, Bamako. (Image courtesy of Francis Peel, Partnership for Child Development).
Proceedings of the
5th Annual Meeting of the
West African Network of Education
Sector School Health and Nutrition
and HIV&AIDS Focal Points

The Ministry of Education Network of HIV&AIDS Focal Points for the
Economic Community of West African States (ECOWAS) and Mauritania

Benin, Burkina Faso, Cape Verde, Côte d’Ivoire, The Gambia, Ghana, Guinea,
Guinea-Bissau, Liberia, Mali, Mauritania, Niger, Senegal, Sierra Leone and Togo

Support for this meeting was provided by the
Partnership for Child Development (PCD) and The World Bank.
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<th>Description</th>
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<tbody>
<tr>
<td>AFD</td>
<td>Agence Française de Développement</td>
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<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
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<td>CEMAC</td>
<td>Commission de la Communauté Économique et Monétaire de l’Afrique</td>
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<td>DtW</td>
<td>Deworm the World</td>
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<td>EAC</td>
<td>East African Community</td>
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<td>ECCAS</td>
<td>Economic Community of Central African States</td>
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<td>ECD</td>
<td>Early Child Development</td>
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<td>ECOSOC</td>
<td>United Nations Economic and Social Council</td>
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<td>ECOWAS</td>
<td>Economic Community of West African States</td>
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<td>EFA</td>
<td>Education for All</td>
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<td>FRESH</td>
<td>Focusing Resources on Effective School Health</td>
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<td>FTI</td>
<td>Fast Track Initiative</td>
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<td>HCI</td>
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<td>HGSF</td>
<td>Home Grown School Feeding</td>
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<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<td>ILO</td>
<td>International Labour Organization</td>
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<td>MDG</td>
<td>Millennium Development Goal</td>
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<td>NBCC-I</td>
<td>National Board for Certified Counselors, Inc. &amp; Affiliates International</td>
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<td>NTD</td>
<td>Neglected tropical disease</td>
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<td>PCD</td>
<td>The Partnership for Child Development</td>
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<td>PMTCT</td>
<td>Prevention of mother-to-child transmission</td>
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<td>SABER</td>
<td>System Assessment and Benchmarking for Education Results</td>
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<td>SHN</td>
<td>School health and nutrition</td>
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<td>STI</td>
<td>Sexually transmitted infections</td>
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<td>UNAIDS</td>
<td>Joint United Nations Programme on HIV/AIDS</td>
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<tr>
<td>UNDP</td>
<td>United Nations Development Programme</td>
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<tr>
<td>UNESCO</td>
<td>United Nations Educational, Scientific and Cultural Organization</td>
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<tr>
<td>UNFPA</td>
<td>United Nations Population Fund</td>
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<tr>
<td>UNHCR</td>
<td>Office of the United Nations High Commissioner for Refugees</td>
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<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
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<td>UNODC</td>
<td>United Nations Office on Drugs and Crime</td>
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<tr>
<td>WFP</td>
<td>United Nations World Food Programme</td>
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<td>WHO</td>
<td>World Health Organization</td>
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Alongside the provision of quality schools, textbooks, and teachers, the health of schoolchildren is also necessary for the achievement of Education for All (EFA) and the Millennium Development Goals (MDGs); countries cannot achieve these goals if children are not healthy. The major health conditions that affect children’s education are highly prevalent among schoolchildren, and especially poor schoolchildren. HIV and AIDS, malaria, worm infections and anaemia, for example, have a negative impact not only on the school child and their education but also to teachers and to the quality of education provided.

The new World Bank-led Healthy Children Initiative (HCI) aims to improve health, reduce absenteeism and improve cognition and learning for schoolchildren, including adolescent girls, by enhancing the quality of school health programmes that combat the above (as well as other) conditions. It also seeks to reduce hunger, promote enrolment and attendance and provide a social safety net for schoolchildren by improving the quality of school feeding programmes.

The HCI integrates into a life cycle approach, ensuring support for child development through a sequence of age-appropriate interventions to promote maternal and reproductive health, manage childhood illness, provide good early nutrition and stimulation, and improve school health. Of these, Early Child Development (ECD), early nutrition and school health programmes are well established and common components of the national development policy in most sub-Saharan African countries.

In contrast, school feeding in most African countries has traditionally been heavily dependent on external funding and implementation support. In recent years, prompted by the global food security crisis, the sustainability of school feeding came to the forefront. There has been a rethinking on school feeding, where the importance of linking local food production to school feeding has been emphasized to assist a transition towards a government-led nationally owned sustainable school feeding programme – the move towards a more “home grown” school feeding (HGSF).

Historically, the design and implementation of these school health and school feeding programmes has been largely fragmented across sectors. Recently however, the need for a holistic approach to interventions with the life cycle approach involving the health, education and social protection sectors has been recognized by the World Bank and other development partners. Furthermore, the need for standards of good practice in school health and school feeding against which countries can rate themselves has also been recognized (i.e., benchmarking).
The West African Network of Ministries of Education School Health and Nutrition (SHN) and HIV&AIDS Focal Points provides a framework for consultation, exchange of information, and sharing of experiences and expertise among actors in the field of SHN and HIV and AIDS. These Focal Points have a fundamental role to play in the improvement of the quality of health interventions that affect the education of children in their respective countries, as well as ensuring that children are enrolled, maintain attendance, learn and perform well in schools. In recognition of this important role, the Coordinating Committee of the Network and key development partners convened this meeting to gather all the West African Network of Ministries of Education SHN and HIV&AIDS Focal Points.

This year, the annual meeting aimed to review the work of the Network of the Focal Points in the Region and present specific opportunities for Ministry of Education Focal Points to learn about the HCI, and expand upon this. HCI aims to help children realize their potential for health, education and development through various age-specific interventions such as school health (including HIV and AIDS, school-based deworming and malaria control) and school feeding programmes. Network members considered how HCI can be applied in their countries and how it may be incorporated into the Network’s mandate. Furthermore, the workshop during the annual meeting also provided the participants with an opportunity to benchmark their school feeding and school health programmes with the aim of identifying gaps on which to focus upon moving forward. The Focal Points considered global good practices that will allow them situate their countries along a policy development continuum for school health and school feeding.

Unlike in the past where the annual meeting was only attended by HIV and AIDS Focal Points in the Ministries of Education, this meeting was also attended by SHN Focal Points/coordinators from Ministries of Education and in some cases from Ministries of Health.

This meeting is part of a process started in 2002 and follows up on previous meetings of Focal Points in Senegal (2004), Nigeria (2005), Kenya (2007) and Senegal (2008).
The Annual Meeting

Attendance

The 5th Annual Meeting of the Network of the Economic Community of West African States (ECOWAS) and Mauritania was conducted from the 29th to 31st March 2011 and was hosted by the Malian Ministry of Education in Bamako, Mali. The meeting was attended by over 60 participants from all 13 ECOWAS member countries represented as well as Mauritania (see Appendix 1 for the list of participants). Representatives included Ministry of Education Focal Points for HIV and AIDS and SHN as well as Ministry of Health Focal Points for school health in countries where both Ministries are working in collaboration. There was also specific representation from Cameroon and the Democratic Republic of Congo that were present as observers to exchange experiences and explore possible knowledge sharing opportunities in their respective countries.

Representatives also participated from: the Regional Economic Communities of ECOWAS, East African Community (EAC) and the Economic Community of Central African States (ECCAS); the Joint United Nations Programme on HIV/AIDS (UNAIDS); the United Nations Educational, Scientific and Cultural Organization – Africa Region (UNESCO-BREDA); the United Nations World Food Programme (WFP – Rome and WFP – Mali); the Fast Track Initiative (FTI) Secretariat; the World Health Organization – Africa Region (WHO-AFRO); Deworm the World (DtW); the Partnership for Child Development (PCD) and the World Bank.

Purpose of the Meeting

The meeting aimed at building the capacity of Network members to implement a comprehensive SHN programme in general (school health, school-based deworming, school feeding, and HIV and AIDS) not exclusively to HIV and AIDS interventions (see Appendix 2 for the agenda of the annual meeting).

The following specific objectives were agreed:

a) Introduce and discuss the HCI.

b) Introduce and facilitate feedback on benchmarking school health and school feeding (i.e., piloting the school health and school feeding frameworks).

c) Facilitate the exchange of knowledge and experiences, sharing of best practices and lessons learned from national programmes and partners.

d) Review the work of the Networks, with feedback on the 2009-2010 work plan and discuss future activities.

DAY 1:
Tuesday 29th March 2011

The meeting was officially opened by Her Excellency Siby Ginette Bellegarde, Minister of Secondary and Higher Education and Scientific Research, representing the Minister of Basic Education, Literacy and National Languages. In delivering her keynote address the Minister stressed the relevant roles that school health plays in the delivery of quality basic education. Welcome remarks were also made by representatives of the ECOWAS Commission, PCD, the World Bank, UNESCO, Agence Française de Développement (AFD _ the French Development Agency which is the lead development agency for the education sector in Mali), as well as the organizing committee (comprising of World Bank, PCD and local members) and participating countries.

Following the opening ceremony the workshop agenda was adopted, after which the meeting’s objectives were presented. This was then followed by the different presentations of the day:

Coordinating Committee’s Presentation

The Coordinating Committee of the Networks was set up in December 2008 in Dakar with the following mandate:

- Oversee coordination and monitor activities of the Network.
- Provide leadership and support for the successful implementation of the Network’s programmes in the Region.
This presentation highlighted the past work of the Coordinating Committee since its inception. Several SHN and HIV and AIDS activities in the Region were presented. Based upon the success and usefulness of similar workshops in the past, the Coordinating Committee also emphasized the importance of such an Education Sector Network of SHN and HIV&AIDS Focal Points meeting. Since the last meeting of the Network, members took part in several activities undertaken within the Region, including (i) the participation of some of the Focal Points in the Annual School Health and HIV and AIDS short course organized by PCD, (ii) the participation of some Network countries at technical sub-regional meetings (Kenya in March 2010, Ghana in May 2010 and Côte D’Ivoire in July 2010) aimed at assisting governments to implement national government-owned sustainable HGSF programmes.

In addition, the Coordination Committee raised the following key concerns:

- Despite continued support and guidance from development partners to build the capacity of Focal Points, the Network members were seen to be very slow in addressing the demands of the Network.
- Although it was hoped that ECOWAS would take full ownership of the Network’s management, the ECOWAS Commission is currently not in a position to do so. However, the ECOWAS Commission will provide specific support to the Network’s activities when possible.
- While several activities have been conducted by the Network, there is a lack of documentation on country-specific interventions which could be translated into regional context.

**Education and HIV/AIDS: Accelerate Report Launch**

The Coordinating Committee presentation was then followed by the launch of the Network’s report entitled *Education and HIV/AIDS: Accelerating the education sector response to HIV. Five years of experience from sub-Saharan Africa*. This report (published by the Networks in 2010) is a review of the first five years of the Networks activities and captures the following key highlights:

- Promotion of leadership by the education sector and creation of sectoral demand for a response to HIV and AIDS.
- Harmonization of support among development partners.
- Strengthening the technical content and implementation of the education sector response.
- Training of 1,400 policymakers and technicians through the Networks since their inception in 2004.

Following the launch, a film entitled *Give every child a chance* was shown to emphasize the importance of school health to the achievement of EFA and the MDGs. This film was shown at the Ninth High-Level Group Meeting on EFA that took place in Addis Ababa in February 2010.

Along with the books *Rethinking School Feeding. Social Safety Nets, Child Development and the Education Sector* and *Rethinking School Health. A Key Component of Education for All* published in the Direction in Development Series of the World Bank was also presented to the participants. These books provide guidance on how to develop and implement effective school health and school feeding programmes both as a productive safety net that is part of the response to the social shocks of the global crises, and as a fiscally sustainable investment in human capital as part of long-term global efforts to achieve EFA and to provide social protection to the poor. These books are useful for governments and non-profit organizations implementing school health and school feeding programmes in local communities.

**Health, Equity and Education for All: How School Health and School Feeding Programmes ‘Level the Playing Field’**

The presentation emphasized the importance of school feeding and school health programmes in increasing enrolment and retention rates of schoolchildren. The following key issues were also discussed in the presentation:

- The meaning of ‘levelling the playing field for EFA’ – making it possible for marginalized and disadvantaged children especially in rural areas to have the chance to benefit from the education system as well-to-do healthy children.
- The importance of hunger and ill health as barriers to achieving EFA.
- The interventions and policies that can overcome these barriers.
- What are countries doing now to level the playing field?
- What still needs to be done?

**Healthy Children Initiative (HCI)**

The presentation highlighted the importance of a holistic approach towards a child’s development starting from conception through delivery to schooling. It stressed the importance of ensuring good health of pregnant mothers so as to deliver a healthy baby who should grow up healthy and perform well at school. This is the life cycle approach in which a sequence of different age-specific interventions, often targeting different conditions, will
help ensure the child’s development throughout the life cycle. It is also recognized that this approach requires the intervention of different sectors. For example, the health sector is responsible for maternal and child health programmes (<9 to 24 months), while a mix of other sectors, including education, contribute to the period covered by centre-based ECD programmes (2 to 6 years). Finally the education sector usually supports school-age children (6 – 15 years) through SHN programmes.

**ECOWAS Presentation**

The involvement of the ECOWAS Commission in the Network started in 2002 when the ECOWAS Conference of Ministers of Education adopted HIV and AIDS preventive education as a key priority along with four other priorities. During this conference, Ministers of Education recognized the significant importance of exchange of ideas, information sharing, data collection as well as consultative and interactive meetings as part of the methodology for the successful implementation of these priority programmes. These approaches have been adopted by the Network in collaboration with member states and development partners and are in line with the set objectives and prescribed methodologies of the ECOWAS Commission. The first major involvement of the ECOWAS Commission was in 2008 when the relevant department at the ECOWAS Commission convened a meeting of the Network and partners to take stock of activities of the Network and to identify with it. Since then, ECOWAS has been actively involved in the activities of the Network namely: the fourth meeting of the Network in Dakar in December, 2008; inauguration of the Coordinating Committee in December, 2008; the first meeting of the Coordinating Committee in Abuja in March 2009; the second meeting of the Coordinating Committee in Lagos in 2009 and now the fifth meeting of the Network taking place in Bamako, Mali. ECOWAS has willingly allocated some funds to contribute to the Network’s meeting. ECOWAS is fully supportive of collaborative partnerships and synergies among partners in SHN and HIV and AIDS. Additionally, it was noted that in view of the expanded scope of the Network’s activities, active steps will be taken within ECOWAS structures to involve relevant directorates of the ECOWAS Commission (i.e., health, HIV and AIDS, and agriculture). This presentation further partnerships in the area of harmonizing and synchronizing implementation of SHN and HIV and AIDS programmes with a view to identifying good practices that can be replicated in other countries. The ECOWAS representatives are fully engaged to work towards the official recognition of the Network within the ECOWAS Commission.

**Country Snapshots**

Each participating country presented a brief country report that identified achievements, lessons learnt, strengths, weaknesses, and recommendations for consolidating and improving the achievements and addressing the gaps, constraints and challenges. The presentations were based on four thematic areas that include:

- HIV and AIDS.
- School health.
- School-based deworming.
- School feeding.

A review of all the country reports of the various thematic areas revealed that:

- Many countries have streamlined HIV and AIDS and school health issues into the curricula of tertiary education.
- Education sector HIV and AIDS policies are in place in most countries.
- HIV and AIDS has been integrated into national curricula for Basic & Secondary Education in most countries.
- Some form of training of teachers and peer educators integrating HIV and AIDS has been carried out.
- Many countries are implementing a school feeding programme in one form or another.

The last two presentations made by Mali and Uganda further highlighted the following points:

- The success story of the Ugandan HIV and AIDS programme was due to the strong engagement of the Ugandan Government, including the fact that the campaign against HIV and AIDS was led by the President himself.
- Providing support to HIV-positive teachers has a strong positive impact on the prevention programme and reduces stigma and discrimination within communities.
- There is a strong need to support the creation of association of infected teachers.
- The existence of prevention of mother-to-child transmission (PMTCT) services in Mali, but this service has a low usage rate.
- Countries should be encouraged to utilize strategic information so as to mobilize significant amounts of resources for national responses.
**UNESCO Presentation**

The UNESCO presentation discussed the key roles of Education in its response to HIV and AIDS and UNESCO’s position in supporting the education sector response in West and Central Africa. Through this support UNESCO-BREDA hosted a meeting with the Coordinating Committee from 15th to 17th April 2010 in Dakar to discuss how UNESCO can advocate for active involvement of ECOWAS in the Network’s activities. Participants of that meeting included UNESCO, UNAIDS, the United Nations Population Fund (UNFPA), the World Bank (via Skype), and the National Board for Certified Counselors, Inc. & Affiliates International (NBCC-I).

Issues relating to strengthening the education sector’s support for HIV infected/affected educators in West and Central Africa were given prominence in this presentation highlighting the examples of the ongoing support for Ghana and Senegal. UNESCO-BREDA proposed organizing a meeting to discuss the support and the needs related to teachers infected and affected by HIV and AIDS in the not-too-distant future. Of significance was the need for a stronger link between activities of the Network and activities of ECOWAS. Key among the recommendations of this presentation was:

- The strong need to advocate within the ECOWAS Commission for the provision of timely technical backstopping of the activities of the Network (e.g., A concept note for a study on the impact of HIV on the education sector in the Region), human resources, funding and ensuring the ECOWAS Commission’s ownership of the Network.
- UNESCO to take more of an active role, and advocate among stakeholders about the role of the Network, e.g., the Ministerial Conference of Education & promote collaboration with the Economic and Monetary Community of Central Africa (CEMAC – Commission de la Communauté Économique et Monétaire de l’Afrique).
- Advocate and mobilize other United Nations agencies and partners to support the Network, through e.g., the UNAIDS – ECOWAS Partnership Forum on AIDS in West Africa, UNFPA.
- The need to focus prevention efforts on young people under the umbrella of Peer Health (i.e., peer education, teacher training, youth empowerment, sexually transmitted infections (STI)/HIV prevention, sexuality education, addressing drug use, school violence, peer pressure, bullying and mental health). A concept note is to be developed around these ideas (in- and out-of-school youth) as recommended by the Director of UNESCO-BREDA.
- There is a need for Network Focal Points to survey existing materials to better understand programming gaps and create linkages with existing programmes and materials (e.g., Education International materials on peer education).
- Review links with the FRESH (Focusing Resources on Effective School Health) initiative.

**UNAIDS Presentation**

This presentation focused on the role of the UNAIDS Secretariat and on how the education sector can work with UNAIDS on the response to the HIV and AIDS epidemic. Since the establishment of UNAIDS by the United Nations Economic and Social Council (ECOSOC) Resolution of 26th July 1994 its aim was to undertake a joint and co-sponsored strategy within the United Nations on the basis of joint ownership, active collaboration and equal sharing of responsibilities with six co-sponsoring organizations: the United Nations Development Programme (UNDP), UNESCO, UNFPA, the United Nations Children’s Fund (UNICEF), WHO and the World Bank. This group was joined in 1992 by the United Nations Office on Drugs and Crime (UNODC), the International Labour Organization (ILO) in 2001, the Office of the United Nations High Commissioner for Refugees (UNHCR) and WFP in 2003.

The six objectives within their framework of operations are:

1. Provide global leadership in response to the epidemic.
2. Achieve and promote global consensus on policy approaches.
3. Build capacity to monitor trends of the epidemic and ensure that policies and strategies are appropriate and effectively implemented at country level.
4. Strengthen capacity of governments to develop comprehensive national strategies and effectively implement HIV and AIDS activities.
5. Promote broad political and social mobilization to prevent and respond to the epidemic.
6. Advocate for political commitment at global and national levels including the mobilization and allocation of adequate resources.

Co-sponsoring agencies have been required to incorporate the normative work undertaken by UNAIDS at the global level: political, strategic and technical activities in HIV and AIDS and activities that are related to country level. The framework encourages UNAIDS and sponsoring agencies to pool their respective mandates and resources to work together towards achieving results in 10 priority areas (see Appendix 3) some of which are very important for the education sector.
DAY 2: Wednesday 30th March 2011

Home Grown School Feeding (HGSF)

The first presentation of the day highlighted the concept of HGSF by the Partnership for Child Development (PCD). The presentation highlighted:

- The importance of HGSF from a global perspective.
- The relationship between school feeding, local production and education.
- The enabling environment necessary for successful HGSF implementation including:
  - Funding;
  - policy;
  - institutional capacity and coordination;
  - design and implementation; and
  - community participation.

The presentation emphasized the benefits of HGSF programmes once implemented properly for farmers, schoolchildren and the community at large. The presentation was followed by a film which gave an overview of HGSF, stressing the linkage between local agriculture and school feeding. It further highlighted the benefits of HGSF in the form of capacity to improve:

- Enrolment;
- attendance;
- cognitive development of the child; and
- quality educational outcome.

HGSF in Mali – The Malian Experience

To provide a practical insight into HGSF implementation, the Malian example was showcased by the Malian delegation. The Malian experience started with screening a new film about HGSF in Mali that is still being produced. The film gave an overview of what is happening in Mali concerning the HGSF programme.

In preparation for a field visit, the Mali presentation provided the participants with an overview of what HGSF in Mali involves, including:

- The school canteen;
- involvement of all stakeholders;
- local community ownership;
- orientation; and
- decentralization.

The Malian team highlighted that the introduction of school feeding in Mali has resulted in the improvement of quality of education and enrolment rates, clearly stating the educational outcomes of such school-based interventions.

The screening and presentation were then followed by a question and answer session. The following points of concern were raised by participants as recommendations to improve HGSF in Mali:

- The importance of recognizing cultural values within communities when feeding children;
- the processing and storage of food;
- the need to encourage agricultural mechanization;
- the greatest need to improve hygiene practices; and
- the necessity to improve the management of the school canteen.

Field Visit

Participants visited Tenfala School in the outskirts of Bamako (35 miles) to have a practical experience on the values and benefits of HGSF. After the welcome remarks by the community leaders, discussions about their school feeding programme followed. Tenfala School started with 14 pupils but today has 656 students in lower and higher schools. The highlights of the discussions are detailed below.

How HGSF has really improved enrolment and attendance: When school feeding started, there were many more boys than girls but today, about 50% of students are girls. The involvement and commitment of the committee in managing the school feeding programme was visible. The management committee represented by the chairlady answered questions from the participants. It is worth noting that those who prepare the food for the children do so on a voluntary basis without pay though they are given a small amount of in-kind payment (a few rations of food at the end of each day to take home). Food for the programme is supplied by WFP and the community contributes to buying the ingredients. For sustainability of the programme, the community and the municipality contribute funds. Deworming schoolchildren is also carried out from time to time. The team then visited the dining room to view how children were served food and how they ate. It was found that the hygienic aspect of the dining room and the way the children ate requires a little more attention.

Other areas of interest visited within the school premises included the hand pump and the site being prepared for the installation of a grinding machine for grains. It is hoped that the machine will raise funds that could be ploughed into the school feeding programme. This is part of a programme of installing the grinding machine for income-generation.
During this presentation, participants were introduced to the SABER initiative, which is part of a larger exercise undertaken by the Education Department of the World Bank’s Human Development Network. This newly developed framework for school health and school feeding is an initiative that helps countries systematically examine and strengthen the performance of their programmes in line with the overall national response to school health and school feeding. This mechanism allows countries to undertake a thorough assessment of their programmes and identify existing gaps in the implementation of school health and school feeding, which should lead into the preparation of a road map to filling the identified gaps.

A detailed explanation of the performance rubrics of the school health and school feeding frameworks was then given by the presenter in a very participatory manner, after which participants worked in country teams to identify the strengths and challenges of the national programmes. During this exercise, participants identified key areas of challenge in their respective countries, and therefore, indicated the areas where further work was needed. It was also noted that the country representatives should continue working on developing plans to improve their programmes and request for technical assistance in rethinking their school health and school feeding programmes when needed. Based on the country team work on SABER, a geographical analysis of the results was made and presented in the plenary session. This analysis gave a summary overview of school health and school feeding within a regional perspective (see Appendix 4), highlighting the general spread of results (i.e., in terms of age-specific and gender-appropriate interventions as well as specific life skills education for health). This analysis also indicated that countries are in different stages of developmental achievement within the Region.

**DAY 3: Thursday 31st March 2011**

**School-based deworming**

The third day began with a joint presentation on school-based deworming by representatives of DtW and WHO-AFRO. After a comprehensive background on the importance of school-based deworming, the different guiding steps towards successful planning for a sustainable nationwide school-based deworming programme were presented. Kenya’s success story in implementing a nationwide deworming programme was then highlighted as a regional best practice:

- The background to Kenya’s National School Health Policy and Guidelines.
- The roles under the Kenyan National School Health Policy.
- The importance of collaboration and overview of different types of support and collaboration provided in Kenya.

WHO-AFRO indicated that they were in the process of assisting countries to develop their strategic plans for neglected tropical diseases (NTDs), specifically instructing countries to ensure school-based deworming figures prominently as one of their mechanisms for dealing with soil-transmitted helminths and schistosomiasis.

**Deworming in Kenya – Screening of A Call To Action**

The presentation was followed by a video projection on the school-based deworming experience in Kenya. This projection showed the relevance of a deworming programme in the educational systems of different countries as a prerequisite for achieving the EFA goals.
The importance of multisectoral collaboration

Following the screening a round table panel discussion, chaired by Professor Donald Bundy from the World Bank, addressed the key issues of multisectoral collaboration to specifically implement a successful school-based deworming programme and more broadly implementing SHN programmes. Based on practical examples from Guinea and Ghana, this panel discussion led into a consensus on what is needed for successful collaborations between Ministries. The outcomes agreed upon were:

• Ministries of Education must ensure that the coordination of SHN lies within their mandate.
• A SHN unit must be created within the Ministry of Education structure at country level.
• Drug procurement mechanisms should be sustained. Roles should be clearly spelt out, for example, indicating who does what, when and with whom. The health sector should provide strategic guidance as to the procedures for importing and clearing drugs in-country whilst the education sector should take the lead in training and implementation.
• In a decentralized system, Ministries of Education and Health should fully engage and collaborate with the Ministry in charge of decentralization.
• Addressing institutional capacity is key. The enabling environment, the content of the overall process, the importance involving key stakeholders and communities at different stages should be clearly defined.

The World Bank Health Task Team Leader for Mali also recognized the significant need for collaboration between the Ministries of Health and Education. Participants deliberated on the demographic challenges and on the possible impacts they can have on the education sector in Mali. This discussion undoubtedly justified how this challenge is a key challenge to the achievement of the EFA goals. With a very high population growth rate of 3.5%, huge education and health demands, and scarce resources, the demand-supply gap will continue to be wider. It was agreed that there was need to include adolescent health into the activities of the Network.

Deworming Toolkits Presentation

The presenter gave an overview of the relevance of the toolkits when implementing school-based deworming including the formulation of plans and programmes with clear objectives and summarised;

• Targeting of deworming in primary schools;
• procuring and distributing tablets;
• training of teachers;
• awareness creation amongst communities (i.e., sensitization);
• implementation;
• monitoring and evaluation; and
• budget preparation.

It was noted that many similar toolkits exist; however, in recognizing the strong need to harmonize these toolkits WHO-AFRO is currently working with DtW to achieve this effort.

In summary, the participatory discussions during this technical session led into the recognition of the following key points:

• The need for better collaboration between Education and Health;
• the need for a coherent plan and documentation; and
• the need for sustaining in-country drugs procurement mechanisms.

EFA-FTI Presentation: How and Why EFA Supports SHN?

Considering the key role of EFA in achieving MDGs, 11 reasons were given as justification for FTI support to its partner countries and the strategies of accessing funds for SHN programmes. The various interventions supported by EFA range from deworming, HIV and AIDS, malaria, supplementation, and school feeding etc. School health is an incentive not only for access to education, but also for the retention and quality of education. However, issues on funding were raised in almost all countries. Discussions focused on the experiences of countries that are struggling to fund the school health component.

Development Partners Panel Discussion: Including SHN in Education Sector Plans

The panel discussion provided development partners an open dialogue on the following key issues:

• The importance partners attach to the SHN and HIV and AIDS component and capacity building, etc.
• The need for countries to develop coherent plans and systems that cover all the concerns in education in the country.
• The need for better coordination among Ministries of Education and Health.

On the whole it was agreed that the education sector plans need to be seen as comprehensive if they also contain SHN.
Conclusion

The workshop was welcomed by all country participants as it provided country representatives the opportunity to learn and adopt best practices, especially when it comes to school health, school-based deworming and school feeding. This was one of the few times that those responsible for SHN and HIV and AIDS in the health and education sectors have come together to discuss and learn from each other. In the last two years, significant achievements have been made in the implementation of school health, school feeding, school-based deworming and country responses to the HIV and AIDS epidemic.

Ministries of Education, in few of the countries, have taken the laudable initiative of creating a package for school health, integrating HIV and AIDS and school feeding into the health package. The concept of HGSF has yet to be taken on board by many countries, many of which are beginning to learn from others that have implemented HGSF programmes in order to replicate it in their countries. An effective monitoring and evaluation system as well as active collaboration with partners was seen to be lacking in many countries and this needs to be given optimum attention.

With capacity built on needs identification and assessment, Focal Points have been tasked to identify technical assistance needs in both school feeding and school health.

One key challenge was the effective coordination at regional level of the Network. The meeting ended with a ‘Communiqué’ and a press release was issued by the World Bank on the Regions plans to roll out the HCI (see Appendix 5).

Discussion on multisectoral collaboration.
Recommendations

In recognition of the positive impact of SHN on improving the quality of education and consequently on the development of the education system; and

Taking into account the need for multisectoral collaboration and synergy of actions between the actors and departments involved (i.e., Ministries of Education, Health, Finance, and Agriculture, etc.) in the effective implementation of SHN programmes and HIV and AIDS; and

Recognizing the importance of mobilization of resources for SHN and HIV and AIDS and the sustainability of related programmes in both national and international context of scarce resources:

We recommend:

1. To take into account SHN and HIV and AIDS and school feeding in the education sectoral policies with the formulation of clear objectives, relevant strategies and with consensus of all parties involved.

2. To strengthen multisectoral collaboration between the structures involved/affected by the development of a Memorandum of Understanding and the definition of clear and consensual mechanisms of coordination, monitoring and evaluation.

3. To formulate a recommendation for countries by WHO for the inclusion of SHN and HIV and AIDS into national poverty reduction policies.

4. To organize a technical meeting on the mechanism of official recognition of the Network by ECOWAS.

5. To put in place a Network of National Associations of Teachers Living with HIV&AIDS in ECOWAS sub-region and Mauritania.

6. To strengthen relations between African Networks.

7. To strengthen multi-sectorality of school cafeterias (school feeding) by integrating the Ministry of Agriculture.

8. To integrate school feeding, deworming, reproductive health, HIV and AIDS, and nutrition in the single school health package.

9. To strengthen the capacities of country teams on the single school health package.

10. To extend SHN training (carried out by PCD) to Francophone and Lusophone countries.

11. The invitation is extended to WHO-AFRO to become more involved in SHN programmes by providing technical support to countries for the elaboration of master plans for integrated control of NTDs and annual action plans involving all partners, in particular the School Health Division of Ministries of Education.

12. To strengthen inter-country exchanges for good practices.

13. The request is made to Focal Points to present a single country report.

14. It is desirable that the management structure for school health is in the Ministry of Education.
Appendices

Appendix 1: List of Participants


I: WESTERN AFRICA NETWORK FOCAL POINTS

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Delegates of the 5th Annual meeting of the ECOWAS SHN network.
## Appendix 2: Agenda and Timetable

<table>
<thead>
<tr>
<th>TIME</th>
<th>ACTIVITIES</th>
<th>PRESENTER/FACILITATOR</th>
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</thead>
<tbody>
<tr>
<td></td>
<td><strong>Pre-Meeting: Monday 28th March 2011</strong></td>
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<tr>
<td></td>
<td>Arrival of delegates at hotel.</td>
<td>Participants</td>
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<tr>
<td></td>
<td><strong>Day 1: Tuesday 29th March, 2011</strong></td>
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<tr>
<td></td>
<td><strong>MASTER OF CEREMONY: MALI</strong></td>
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<tr>
<td>08.30 – 09.00</td>
<td>Registration.</td>
<td>Participants</td>
</tr>
<tr>
<td>09.00 – 10.00</td>
<td>Welcome and introduction of participants</td>
<td>AFD/ECOWAS/EAC/ECCAS/PCD/WFP-Mali/World Bank</td>
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<tr>
<td></td>
<td>Opening Ceremony</td>
<td>Minister of Education, Mali</td>
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<tr>
<td>10.00 – 10.30</td>
<td><strong>Coffee Break</strong></td>
<td>Organizing Committee</td>
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<tr>
<td></td>
<td><strong>CHAIRPERSON: MALI</strong></td>
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<tr>
<td>10.30 – 11.00</td>
<td>Introduction to the workshop</td>
<td>World Bank</td>
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<tr>
<td></td>
<td>Introduction of organizers (5 mins)</td>
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<tr>
<td></td>
<td>Introduction of participants (10 mins)</td>
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<td></td>
<td>Presentation and adoption of agenda (5 mins)</td>
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<td></td>
<td>Workshop rules (5 mins) and administration matters</td>
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<td></td>
<td>Presentation of the objectives of meetings (5 mins)</td>
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<tr>
<td>11.00 – 11.30</td>
<td>Presentation of past work of the Coordinating Committee, and of SHN and HIV and AIDS activities.</td>
<td>The Gambia/ECOWAS/ World Bank</td>
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<tr>
<td></td>
<td>Launching of the ‘Accelerate’ Report</td>
<td>World Bank</td>
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<tr>
<td>11.30 – 12.30</td>
<td>A comprehensive approach to school health and school feeding:</td>
<td>World Bank</td>
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<td></td>
<td>Screening of EFA film.</td>
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<td></td>
<td>Rethinking School Health and School Feeding – linking to EFA.</td>
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<td></td>
<td>Introduction to the Healthy Children Initiative (HCI).</td>
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<tr>
<td>12.30 – 13.30</td>
<td>Country reports (6 countries), presenting current status on:</td>
<td>Country Representatives</td>
</tr>
<tr>
<td></td>
<td>• HIV and AIDS</td>
<td>[5 minutes presentation]</td>
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<tr>
<td></td>
<td>• School-based deworming</td>
<td>[5 minutes Questions &amp; Answers (Q&amp;A)]</td>
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<td></td>
<td>• School feeding</td>
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<tr>
<td></td>
<td>• General SHN (including malaria)</td>
<td></td>
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<tr>
<td></td>
<td>(Each country should have a written report of activities)</td>
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<tr>
<td>13.30 – 14.30</td>
<td><strong>Lunch</strong></td>
<td>Organizing Committee</td>
</tr>
<tr>
<td></td>
<td><strong>CHAIRPERSON: WHO-AFRO</strong></td>
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<tr>
<td>14.30 – 16.00</td>
<td>Country reports cont’d (9 countries), presenting current status on:</td>
<td>Country Representatives</td>
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<tr>
<td></td>
<td>• HIV and AIDS</td>
<td>[5 minutes presentation]</td>
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<tr>
<td></td>
<td>• School-based deworming</td>
<td>[5 minutes Questions &amp; Answers (Q&amp;A)]</td>
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<tr>
<td></td>
<td>• School feeding</td>
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<tr>
<td></td>
<td>• General SHN (including malaria)</td>
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<tr>
<td></td>
<td>(Each country should have a written report of activities)</td>
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<tr>
<td>16.00 – 16.30</td>
<td><strong>Coffee Break</strong></td>
<td>Organizing Committee</td>
</tr>
<tr>
<td>16.30 – 17.00</td>
<td>HIV and AIDS programming in the sub-region; the UNESCO perspective</td>
<td>UNESCO-BREDA</td>
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<td></td>
<td>(including UNESCO&amp;ILO Workshop).</td>
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<tr>
<td>17.00 – 17.30</td>
<td>The education sector response to the HIV and AIDS epidemic: mechanisms</td>
<td>UNAIDS</td>
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<td>for collaboration with UNAIDS</td>
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<tr>
<td>17.30 – 17.45</td>
<td>Collection of country SHN questionnaires.</td>
<td>Country teams</td>
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<tr>
<td>17:45 – 18.00</td>
<td>Summary and Closing for Day One.</td>
<td>Organizing Committee</td>
</tr>
<tr>
<td></td>
<td><strong>DAY 2: Wednesday 30th March 2011</strong></td>
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<tr>
<td></td>
<td><strong>CHAIRPERSON: ECOWAS</strong></td>
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<tr>
<td>08.00 – 08.30</td>
<td>Registration.</td>
<td>Participants</td>
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<tr>
<td>08.30 – 08.45</td>
<td>Recap of Day One.</td>
<td>Participants</td>
</tr>
<tr>
<td>TIME</td>
<td>ACTIVITIES</td>
<td>PRESENTER/FACILITATOR</td>
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<tr>
<td>08.45 - 09.30</td>
<td>An introduction to HGSF</td>
<td>PCD</td>
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<td>Screening of HGSF film</td>
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<td></td>
<td>Q&amp;A and Discussions</td>
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<tr>
<td>09.30 - 10.15</td>
<td>HGSF in Mali – Practical Malian Experience</td>
<td>Ministry of Education Mali/WFP-Mali</td>
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<tr>
<td>10.15 - 13.30</td>
<td>Field visit</td>
<td>Ministry of Education Mali/WFP-Mali</td>
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<tr>
<td>13.30 - 14.30</td>
<td>Lunch</td>
<td>Organizing Committee</td>
</tr>
<tr>
<td></td>
<td>CHAIRPERSON: WFP</td>
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<tr>
<td>14.30 - 15.00</td>
<td>Good practice in school health and school feeding; a mechanism to benchmark programmes, SABER (System Assessment and Benchmarking for Education Results)</td>
<td>World Bank</td>
</tr>
<tr>
<td>15.00 - 16.00</td>
<td>SABER: Country Group Work</td>
<td>Country teams</td>
</tr>
<tr>
<td>16.00 - 17.00</td>
<td>SABER: Summary Presentation in Plenary</td>
<td>World Bank</td>
</tr>
<tr>
<td>17.00 - 17.15</td>
<td>Summary and Closing for Day Two.</td>
<td>Participants</td>
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</tbody>
</table>

**DAY 3: Thursday 31st March, 2011**

<table>
<thead>
<tr>
<th>TIME</th>
<th>ACTIVITIES</th>
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</thead>
<tbody>
<tr>
<td>08.00 - 08.30</td>
<td>Registration.</td>
<td>Participants</td>
</tr>
<tr>
<td>08.30 - 08.45</td>
<td>Recap of Day Two.</td>
<td>Participants</td>
</tr>
<tr>
<td>08.45 - 09.15</td>
<td>Introduction to school-based deworming.</td>
<td>DtW</td>
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<td></td>
<td>Screening of deworming film.</td>
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<td>The Kenyan experience</td>
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<tr>
<td>09.15 - 10.15</td>
<td>School-based deworming; the collaboration of education and health sectors (Panel Discussion)</td>
<td>Chair: World Bank</td>
</tr>
<tr>
<td></td>
<td>A case study: Health and education in partnership (reproductive health and procurement of drugs)</td>
<td>Guinea/WHO-AFRO/Ghana/ Mali Task Team Leader. Health</td>
</tr>
<tr>
<td></td>
<td>Q&amp;A and Discussions</td>
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</tr>
<tr>
<td>10.15 - 10.45</td>
<td>Coffee Break</td>
<td>Organizing Committee</td>
</tr>
<tr>
<td>10.45 - 11.15</td>
<td>School-based deworming toolkits.</td>
<td>WHO-AFRO/DtW</td>
</tr>
<tr>
<td>11.15 - 13.30</td>
<td>Individual and country group work to identify SHN technical assistance priorities, in context of SABER.</td>
<td>Country teams</td>
</tr>
<tr>
<td>13.30 - 14.30</td>
<td>Lunch</td>
<td>Organizing Committee</td>
</tr>
<tr>
<td></td>
<td>CHAIRPERSON: COORDINATING COMMITTEE</td>
<td></td>
</tr>
<tr>
<td>14.30 - 15.00</td>
<td>Mechanisms of FTI support to the work of the Network.</td>
<td>EFA-FTI (via audio message)</td>
</tr>
<tr>
<td>15.00 - 16.00</td>
<td>Including SHN in education sector plans.</td>
<td>Development Partners: UNAIDS/UNESCO/World Bank/ WFP/WHO etc.</td>
</tr>
<tr>
<td></td>
<td>(Panel Discussion)</td>
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<tr>
<td>16.00 - 16.30</td>
<td>Coffee Break</td>
<td>Organizing Committee</td>
</tr>
<tr>
<td>16.30 - 17.30</td>
<td>Declaration, Recommendations and Next Steps.</td>
<td>Declaration Team</td>
</tr>
<tr>
<td>17.30 - 17.45</td>
<td>Summary and Closing of Meeting</td>
<td>Ministry of Education, Mali</td>
</tr>
<tr>
<td>19.00</td>
<td>Dinner</td>
<td>Ministry of Education, Mali</td>
</tr>
</tbody>
</table>

**Post-Meeting: Friday 1st April, 2011**

Departure of delegates from hotel. Participants
APPENDIX 3: UNAIDS 2009 – 2011 RESULTS FRAMEWORK: TEN PRIORITY AREAS

1. Reduce sexual transmission of HIV.
2. Prevent mothers from dying and babies from becoming infected with HIV.
3. Ensure that people living with HIV receive treatment.
4. Prevent people living with HIV from dying of tuberculosis.
5. Protect drug users from becoming infected with HIV.
6. Empower men who have sex with men, sex workers and transgender people to protect themselves from HIV infection and to fully access antiretroviral therapy.
7. Remove punitive laws, policies, practices, stigma and discrimination that block effective responses to AIDS.
8. Meet the HIV needs of women and girls and to stop sexual and gender-based violence.
9. Empower young people to protect themselves from HIV.
10. Enhance social protection for people affected by HIV.
## APPENDIX 4: SUMMARY OF FRAMEWORKS

### A) System Assessment and Benchmarking for Education Results (SABER), School Health Sub-System Draft Performance Rubrics

**COUNTRY:** 17 Sub-Saharan African Countries (13 ECOWAS, Cameroon, Democratic Republic of Congo, Mauritania and Uganda).

<table>
<thead>
<tr>
<th>Performance Driver</th>
<th>Policy Action</th>
<th>Latent</th>
<th>Emerging</th>
<th>Established</th>
<th>Cutting-edge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Domain 1: Health-related school policies</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>National level policy that addresses school health</td>
<td>Published national policy covers all four components of FRESH(^1) (health-related school policies, safe school environment, school-based health and nutrition services, and skills-based health education).</td>
<td>8</td>
<td>6</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Published national policy involves a multisectoral approach.</td>
<td>7</td>
<td>1</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>School health included in national level poverty reduction strategy or equivalent national policy.</td>
<td>4</td>
<td>1</td>
<td>7</td>
<td>5</td>
</tr>
<tr>
<td>Coordinated implementation of a national level policy that addresses school health</td>
<td>Multisectoral steering committee coordinates implementation of a national school health policy.</td>
<td>9</td>
<td>3</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>Governance of a national school health policy</td>
<td>National school health policy understood at the implementing levels.</td>
<td>9</td>
<td>3</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>Quality assurance of programming</td>
<td>National budget line(s) and funding allocated to school health.</td>
<td>7</td>
<td>3</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Funds are disbursed to the implementation levels in a timely and effective manner.</td>
<td>7</td>
<td>4</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Situation analysis assesses the need for the inclusion of various thematic areas(^2) in school health policy and implementation.</td>
<td>5</td>
<td>5</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Design and implementation of the national school health programme is targeted and evidence-based.</td>
<td>5</td>
<td>5</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Monitoring and evaluation.</td>
<td>6</td>
<td>2</td>
<td>7</td>
<td>1</td>
</tr>
<tr>
<td>Gender</td>
<td>Health dimension of gender addressed in national education policy (e.g., pregnancy, sexual harassment, privacy and sanitation).</td>
<td>4</td>
<td>4</td>
<td>6</td>
<td>3</td>
</tr>
</tbody>
</table>

\(^1\) FRESH is a common framework for school health programmes which was internationally agreed upon in April 2000 at the World Education Forum in Dakar, Senegal. The FRESH partners include many international organizations including Child-to-Child Trust, Education Development Center, Inc., Education International, Food and Agriculture Organization of the United Nations, the International Rescue Committee, PCD, Roll Back Malaria Partnership, Save the Children, UNAIDS, UNESCO, UNICEF, UNODC, WFP, WHO and the World Bank.

\(^2\) Thematic areas may include: Children with Special Needs; Deworming; Disaster Risk Reduction/Emergences; Education for Sustainable Development; General Life Skills/Social and Emotional Learning; HIV and AIDS; Hygiene, Water and Sanitation; Malaria; School Feeding; Nutrition; Oral Health; Vision and Hearing; Physical Activity; Prevention and Response to Unintentional Injury; Sexual and Reproductive Health (SRH); Substance Abuse; and Violence in the School Setting.
### Domain 2: Safe school environment

<table>
<thead>
<tr>
<th>Performance Driver</th>
<th>Policy Action</th>
<th>Latent</th>
<th>Emerging</th>
<th>Established</th>
<th>Cutting-edge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical school environment</td>
<td>Provision of safe water in schools.</td>
<td>2</td>
<td>8</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Provision of sanitation facilities.</td>
<td>2</td>
<td>10</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Provision of sound school structures (including accessibility for children with disabilities) and school safety.</td>
<td>10</td>
<td>7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychosocial school environment</td>
<td>Protection of learners and staff from violence (including corporal punishment, fighting, physical assault, gang activity, bullying, sexual harassment, and gender-based violence).</td>
<td>4</td>
<td>3</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Issues of stigmatisation (e.g., HIV, disability) are recognised and addressed by the education system.</td>
<td>1</td>
<td>5</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Provision of psychosocial support to teachers and students who are affected by trauma due to shock (e.g., conflict, and orphaning, etc.).</td>
<td>8</td>
<td>3</td>
<td>4</td>
<td>2</td>
</tr>
</tbody>
</table>

### Domain 3: School-based health and nutrition services

<table>
<thead>
<tr>
<th>Performance Driver</th>
<th>Policy Action</th>
<th>Latent</th>
<th>Emerging</th>
<th>Established</th>
<th>Cutting-edge</th>
</tr>
</thead>
<tbody>
<tr>
<td>School-based delivery of health and nutrition services</td>
<td>The school-based health and nutrition services identified in the situation analysis and outlined in the national policy are being implemented (e.g., deworming, micronutrients, school feeding, malaria control, and vaccination, etc.).</td>
<td>5</td>
<td>5</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>First aid.</td>
<td>9</td>
<td>5</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>School-based screening and referral to health systems</td>
<td>Remedial services (e.g., refractive error, dental, etc.).</td>
<td>9</td>
<td>5</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Adolescent health services.</td>
<td>9</td>
<td>4</td>
<td>3</td>
<td>1</td>
</tr>
</tbody>
</table>

### Domain 4: Health education

<table>
<thead>
<tr>
<th>Performance Driver</th>
<th>Policy Action</th>
<th>Latent</th>
<th>Emerging</th>
<th>Established</th>
<th>Cutting-edge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge-based health education</td>
<td>Provision of basic, accurate health, HIV, nutrition and hygiene information in the school curriculum that is relevant to behaviour change.</td>
<td>3</td>
<td>3</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Age-appropriate and sex-specific life skills education for health</td>
<td>Participatory approaches are part of the curriculum and are used to teach key age-appropriate and sex-specific life skills for health themes(^3).</td>
<td>3</td>
<td>4</td>
<td>7</td>
<td>3</td>
</tr>
</tbody>
</table>

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3 Essential life skills (social and emotional learning); Basic nutrition and healthy life styles (nutrition and physical activity); Basic health issues (malaria, helminths, influenza outbreaks – these should be linked to the health issues identified in the situation analysis); Basic safety issues (road safety, safety at home and at school, first aid, emergency preparedness); Personal health and hygiene issues (hygiene, oral health, vision and hearing); Physical, emotional and social development and sexual and reproductive health; HIV and AIDS; Substance abuse; Violence prevention; Sustainable development (climate change, resource management, environmental protection, disaster risk reduction); and Gender issues.
B) System Assessment and Benchmarking for Education Results (SABER), School Feeding Sub-System Draft Performance Rubrics

COUNTRY: 17 Sub-Saharan African Countries (13 ECOWAS, Cameroon, Democratic Republic of Congo, Mauritania and Uganda).

<table>
<thead>
<tr>
<th>Performance Driver</th>
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<th>Established</th>
<th>Cutting-edge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Domain 1: Policy frameworks</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Overarching policies for school feeding – sound alignment with the national policy</td>
<td>National level poverty reduction strategy or equivalent national strategy identifies school feeding as an education and/or social protection intervention.</td>
<td>1</td>
<td>4</td>
<td>7</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Sectoral policies and strategies (education sector plan, nutrition policy, social protection policy) identify school feeding as an education and/or social protection intervention, clearly defining objectives and sectoral responsibilities.</td>
<td>2</td>
<td>4</td>
<td>7</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>A technical policy related to school feeding outlines the objectives, rationale, scope, design, and funding and sustainability of the programme.</td>
<td>3</td>
<td>10</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Comprehensiveness of school feeding policy</td>
<td>School feeding policy addresses all four other domains (institutional capacity and coordination, financial capacity, design and implementation, and community participation) and covers a strategy for local production and sourcing.</td>
<td>5</td>
<td>9</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>Domain 2: Financial capacity</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Governance of the national school feeding programme – stable funding and budgeting</td>
<td>National budget line(s) and funding are allocated to school feeding.</td>
<td>6</td>
<td>7</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Funds are disbursed to the implementation levels (national, district and/or school) in a timely and effective manner.</td>
<td>9</td>
<td>4</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td><strong>Domain 3: Institutional capacity and coordination</strong></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>School feeding coordination – strong partnerships and inter-sector coordination</td>
<td>Multisectoral steering committee coordinates implementation of a national school feeding policy.</td>
<td>9</td>
<td>4</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Government-led coordination among school feeding stakeholders (including international agencies, NGOs, the private sector and local business representatives).</td>
<td>6</td>
<td>7</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Management and accountability structures, including staffing – strong institutional frameworks for implementation</td>
<td>National (and sub-national if applicable) management and accountability structures are in place, coordinating with school level structures</td>
<td>7</td>
<td>3</td>
<td>4</td>
<td>3</td>
</tr>
</tbody>
</table>
School level management and accountability structures are in place. 4 4 2 7
An assessment of staffing and resource needs for management and implementation at central, regional, district and school levels has been undertaken and the resulting changes to staffing and resources made. 7 4 3 3

### Domain 4: Design and implementation

<table>
<thead>
<tr>
<th>Performance Driver</th>
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<th>Latent</th>
<th>Emerging</th>
<th>Established</th>
<th>Cutting-edge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Situation analysis undertaken to assess school feeding needs.</td>
<td>5 5 3 4</td>
<td></td>
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<tr>
<td>A functional monitoring and evaluation system is in place as part of the structure of the lead institution and used for implementation and feedback.</td>
<td>8 1 7 1</td>
<td></td>
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<tr>
<td>Food safety is ensured.</td>
<td>9 5 2</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Programme design identifies appropriate target groups and targeting criteria corresponding to the national school feeding policy and the situation analysis.</td>
<td>6 6 3 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food modalities and the food basket correspond to the objectives, local habits and tastes, availability of local food, and nutrition content requirements.</td>
<td>3 4 8</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Procurement and logistics arrangements are based on procuring as locally as possible, taking into account the costs, the capacities of implementing parties, the production capacity in the country, the quality of the food, and the stability of the pipeline.</td>
<td>9 3 2 2</td>
<td></td>
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</table>

### Domain 5: Community roles – reaching beyond schools

<table>
<thead>
<tr>
<th>Performance Driver</th>
<th>Policy Action</th>
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<th>Established</th>
<th>Cutting-edge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community participation and accountability – strong community participation and ownership (i.e., teachers, parents, and children).</td>
<td>Community participates in school feeding programme design, implementation, management and evaluation and contributes resources (e.g., in-kind, cash or as labour).</td>
<td>4 4 4 5</td>
<td></td>
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</table>
ECOWAS Plans Roll Out of the Healthy Children Initiative

Bamako, March 31, 2011 – At the fifth Annual Meeting of the Education Sector Network of School Health and Nutrition (SHN) and HIV and AIDS Focal Points in the Economic Community of West African States (ECOWAS) and Mauritania, Network members recommended implementation of the new World Bank-led Healthy Children Initiative (HCI).

HCI aims to help children realize their potential through various age-specific interventions such as school health (including school-based deworming and malaria control); school feeding programmes that focus on meals prepared with locally produced foodstuff; and early childhood development programmes.

“Schools are the perfect environment for developing behavioural change and promoting better health both among children and in the community,” said Her Excellency Siby Ginette Bellegarde, Minister of Secondary and Higher Education and Scientific Research, Mali.

Thirteen countries in the ECOWAS sub-region, as well as Mauritania, the Democratic Republic of Congo, and Uganda, participated in the meeting. The delegations plan to strengthen links across sectors that are essential to healthy child development, especially education, health, social welfare and agriculture.

The overall objective is to develop a national approach that ensures that children are born healthy and then supported through their development. The World Bank is providing technical support and coordination as well as operational support to country projects, and is working to draw in investment from partners.

“The Partnership for Child Development [PCD] will support the Government’s actions and the partnership at the global, regional, and national levels to realize the full potentials and opportunities of a well-integrated and inclusive development programme” said Mr. Daniel Mumuni, PCD’s Regional Programme Manager. “We firmly believe that the Ministers of Education and Health should continue to scale-up their efforts to ensure effective collaboration for the development of each child in school.”

World Bank technical support to ECOWAS members includes helping countries to identify gaps that need urgent attention in their national SHN programmes. The ECOWAS Network’s Coordinating Committee is working with countries and partners to explore how these gaps can be filled.

“All countries present here have made remarkable progress in terms of access of children to school,” said Mr. Ousmane Diagana, World Bank Country Manager in Mali. “However, creating the conditions for health education and optimal nutrition will allow children to attend and be alert in school and thus, take advantage of the opportunities afforded to them in learning institutions.”

HCI also demonstrates that education is important to prevent HIV and AIDS, and that this pandemic is important for education. The ECOWAS Network has over the last five years, actively developed the ability of all participating West African countries to include HIV prevention in their education curriculum. In addition, this has been the progressive development of a support network for teachers living with HIV.

According to a new report on education and HIV and AIDS presented at the meeting, young people – especially girls – who do not complete basic education are twice as likely to become infected with HIV. The impact of the epidemic in some countries has included the reversal of hard-won educational gains.
Mr. Hervé Bougault, Head of Delegation for Agence Française de Développement (AFD), and Leader of the technical and financial partners in Mali’s education sector, noted that:

“There is a direct correlation between health and the quality of learning in schools: Infectious and parasitic diseases and malnutrition have a major impact on student school attendance, and consequently on learning time and quality.”

Ms. Alice Martin-Daïhirou, the United Nations World Food Programme (WFP) Country Director in Mali emphasized that:

“The expertise acquired by WFP over 40 years of operations in the area of school feeding and nutrition showed the significance of the partnership with the various sectoral ministries, communities, beneficiary local governments, and the other stakeholders, for the establishment of sound and sustainable programmes.”

At the meeting, Network members also called for improved technical knowledge related to HCI. The members also identified country-specific priority areas with respect to technical assistance, with a view to ensuring the successful implementation of this initiative.

This meeting was held in the context of a partnership with the Government of Mali, through the Ministries of Education, Literacy, and National Languages; the East African Community (EAC); the Economic Community of Central African States (ECCAS); ECOWAS; the Fast Track Initiative (FTI); the New Partnership for Africa’s Development (NEPAD)/Comprehensive Africa Agriculture Development Programme (CAADP); PCD; the United Nations Educational, Scientific and Cultural Organization, Regional Education Office for Africa (UNESCO-BREDA); the World Bank; and the World Health Organization, Africa Region (WHO-AFRO).

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