

Booklet 6 :

Creating a Healthy and Protective ILFE



Inclusive
Learning-Friendly
Environments



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TOOL GUIDE

This Booklet will help you and your colleagues to begin developing an effective school health and protection component. In Booklet 3, we worked to get all children in school. If our efforts have been successful, more children with diverse backgrounds and abilities will be entering your inclusive, learning-friendly classroom. These children are the ones who have the most to gain by learning in an environment that is healthy and safe.

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Tool 6.1 Creating Healthy and Protective Policies for ALL Children

Ensuring that all children are healthy, safe, and able to learn is an essential part of an inclusive, learning-friendly environment. This Tool presents activities that you can use to advocate for school health policies, to build consensus for their enactment, as well as to identify which policies are most urgently needed.

Improving the health and learning of children through school health and safety programmes is not new. Many schools have such programmes because they realize that a child's ability to attain her or his full potential depends on good health, good nutrition, and a safe learning environment. Children are only able to learn to their fullest when they feel the safest.

School health policies state what actions we will take to improve the overall health, hygiene, nutrition, and safety of our children, and especially those with diverse backgrounds and abilities. Such policies ensure that our schools are safe and secure and promote a positive emotional environment for our children.

Involving many partners including teachers, children, parents, community leaders, and social service providers is the best way to develop school health policies. The key is to get these people to begin thinking, talking, and agreeing to take action.

What do school health policies entail; what do they look like? The following table shows some of the major issues that schools face in trying to become healthy and protective, along with some of the major policies that they have enacted to ensure an inclusive, healthy, and protective learning environment for all.

Examples of School Health and Protection Policies

Policy Issues	Examples of School Policies
Unwanted Early Pregnancy and Exclusion from School	<ul style="list-style-type: none"> ◆ Do not exclude pregnant girls from school. ◆ Encourage students to come back to school after childbirth. ◆ Include family life education in the curriculum. ◆ Prohibit all types of discrimination based on sex.
Tobacco and a Tobacco Free School	<ul style="list-style-type: none"> ◆ No smoking in schools by teachers and students. ◆ No selling cigarettes to children. ◆ No tobacco advertising and promotion.
Sanitation and Hygiene	<ul style="list-style-type: none"> ◆ Separate latrines for male and female teachers as well as boys and girls. ◆ Safe water in all schools. ◆ Active commitment from the PTA or School Management Committee for maintaining water and sanitation facilities.
HIV/AIDS and Exclusion	<ul style="list-style-type: none"> ◆ Skills-based health education focusing on HIV/AIDS prevention. ◆ Stimulate peer support and HIV/AIDS counselling in schools. ◆ No discrimination of HIV positive teachers and students. ◆ Ensure access to means of prevention.
Sexual Harassment and Abuse of Students including by Teachers	<ul style="list-style-type: none"> ◆ Ensure by law that sexual harassment and violence is prohibited in the school by teachers and students. ◆ Make the law well-known and accepted by everyone, empower adolescents to report cases, and enforce effective disciplinary measures for those who abuse.

Delivery of Simple School Health and Nutrition Packages

- ◆ Training and use of teachers to deliver simple health and nutrition interventions, in collaboration with health sector workers and with the involvement of the local community
- ◆ Regulation of food vendors and the quality, hygiene, and standard of the foods provided.

Source: Focusing Resources on Effective School Health. Core Intervention 1: Health Related School Policies. <http://www.freshschools.org/schoolpolicies-0.htm>

ADVOCATING FOR SCHOOL HEALTH POLICIES

Enacting policies to ensure healthy, protective, and inclusive learning environments requires broad support. Gaining this support starts with advocacy, that is, developing meaningful, persuasive messages that help decision-makers see that policies are actually needed.



Action Activity: Identifying Messages for Healthy, Protective, and Inclusive Policies

- ◆ Assemble a small group of your colleagues who share an interest in promoting school health and in improving children’s learning. These persons may be the ones who actively worked to get all children in school, your school’s ILFE Coordinating Team (see Booklet 1), or those who have been involved in school-community mapping or constructing child profiles, as discussed in Booklet 3 in this Toolkit (the information from which could be included in this activity).
- ◆ Organize yourselves into two or three groups, and then ask everyone to think quietly to themselves about how the health and safety of our children and their families affect our schools. They can think of both positive and negative aspects. If it helps, each person can take written notes. This should take about 5 to 10 minutes.

- ◆ Give each group a large sheet of poster paper. Ask them to list their ideas about how the health and safety of children and their families affect the school.
- ◆ After each group has finished, share your ideas. Then, choose three or four of the most common issues cited by each group.
- ◆ Finally, work together to develop effective messages that you can use to justify why school health policies and which address these issues you listed. You can use the following example as a guide. These messages will be the basis for consensus building.

Reasons for Creating Healthy, Protective and Inclusive School Policies¹

Issues: We work hard to give our children the knowledge and skills they need for life. But school attendance drops when children or their family members are ill, when the school is not clean or not equipped with sanitary facilities, or when students fear violence or abuse on the way to, from, or in school.

Message: The time, money, and resources devoted to our schools are among the most important investments that we can make. But our investments in education pay off only if our children attend school.

Issues: Children, and especially girls, who are ill, hungry, weakened by parasitic disease, scared, or tired from doing domestic labour are not capable of learning well. Preventable physical and emotional health problems, especially those that affect vulnerable children, can interfere with learning in children in whom much time and effort have already been invested.

Message: We can do our job only if the girls and boys who attend school are capable of learning.

¹ Adapted from: World Health Organization (2000) Local Action: Creating Health Promoting Schools. Geneva.

Issues: School attendance drops when parents fear for the safety of their children, or when the school does not have the resources to offer basic health and nutrition services that benefit their children.

Message: Since our school's resources are usually limited, gaining access to additional ones rests on working with families and communities. But if they do not have confidence in the school, because the basic policies needed to ensure their children's health and safety are not there, then obtaining the additional resources we need will be next to impossible.

BUILDING CONSENSUS

Once our advocacy messages are developed, we need to communicate them so that we can build the support we need to initiate important school health policies. One way to build support is to share ideas and examples about what an inclusive, healthy, and protective school environment is, what it does, and what it offers students, families, teachers, and the community as a whole. Schools, in turn, will benefit from hearing what the community thinks about local health issues and how the school can help address them. We can start with two activities.



Action Activity: Consensus Building for Policy Development

Assemble a small group of people who share an interest in promoting health and improving children's learning. This may be your ILFE coordinating team or another group. Include the school principal and administrator, a school board or PTA member, interested teachers, students, parents, and other local leaders, such as religious leaders, local government leaders, or people who work with children and youth outside of the school. Also contact local health workers or others, such as social service providers, who can help you to identify and explain opportunities to promote health and improve children's learning. Try to include some health professionals who can talk about children's health problems and emphasize

the importance of and need for health promotion in schools. The group that you assemble may even become the School Health Team that will lead and monitor the school's health promotion policies and programmes over time.

Ask each person to give one or two examples of policies in your school or community that support children's health, safety, and learning, particularly for those children with diverse backgrounds and abilities. List these on large sheets of poster paper or other suitable writing surface. (This activity can also be done in small groups rather than individually.)

Ask each person to give one or two examples of policies that are needed or should be changed to improve these children's health, safety, and learning. List these in one column on the left-hand side of a large piece of poster paper.

Working together in a single group, identify some of the reasons why these policies should be enacted or changed. List these in one column (on the right-hand side of the poster paper).

Work together to develop actions plans to enact or change these policies (see Booklets 1 and 3 on developing action plans)



Action Activity: Consensus Building Through Sharing

Increase your base of support by sharing ideas and examples of school health activities. It is important that you recruit a range of people, such as formal and informal leaders, women, men, and students. Some of the actions that will help you to do this include the following.²

- ◆ Talk about the basic threats to health that affect children's learning, in general, and how school policies and programmes can benefit students, staff, and the community. Meet with community leaders to discuss the basic ideas.

² Adapted from: World Health Organization (2000) Local Action: Creating Health Promoting Schools. Geneva.

- ◆ Talk with parents and students to share information and get their ideas.
- ◆ Invite parents and other community members to an informal meeting, or hold an informal discussion after important school events when the most people are there.
- ◆ Promote the need for school health policies and programmes through public-education techniques, such as flyers, brochures, radio, speeches, and posters (these can even be created by students).
- ◆ Hold a contest to develop a local theme or slogan.
- ◆ Sponsor a street display in a busy area of the community, or encourage children during art classes to decorate the school or community centres with health promotion artworks.

As you promote the need for school health policies and programmes—especially those aimed at addressing the needs of children with diverse backgrounds and abilities—you will soon identify likely community supporters. These persons can be strong advocates, and they can help you to deal with any disagreements or misunderstandings that may arise over sensitive health issues and the role of schools in addressing them. Creating a Community Health Advisory Committee that represents all sectors of the community will be very helpful as well.

A Note to Remember:

School health policies should benefit girls and boys from **ALL** groups of society, not just those with diverse backgrounds and abilities. Policies that address the needs of all children are likely to gain the most support and be the most successful. Creating policies for separate categories of children is time-consuming and expensive, and it can cause conflict.

ASSESSING AND MONITORING OUR SCHOOL HEALTH POLICY SITUATION

Once you have support to develop effective school health and protection policies, the next question is: **"Where do we go from here?"** One of the best ways is to **assess and monitor** existing school health policies as well as prevailing community health problems. One of the ways to do these activities is to use checklists, such as the following.



Action Activity: Assessing and Monitoring School Policies

The checklist below is designed to determine: (a) if school health policies have been enacted; if not, they will need to be; or (b) if the policies have been enacted, whether or not the school has effective programmes to carry them out; if not, new actions will need to be developed. This checklist is not exhaustive, and you may want to add to it based on your school's situation. It is also a good activity to undertake as a follow-up action to the advocacy and consensus building activities discussed above. It will give you and your partners a chance to reflect on what needs to be done as a first step in action planning.³

Does my school have policies against discrimination that guarantee: (check if yes)

- ___ Respect for human rights and equal opportunity and treatment regardless of sex, physical, intellectual, social, emotional, linguistic, or other characteristics?
- ___ Protection from sexual harassment or abuse by other students or school staff and effective disciplinary measures for those who abuse?
- ___ Accommodations for students with disabilities so they can access classrooms and other facilities necessary for learning in a healthy environment?

³ Adapted from: UNESCO (2002) FRESH: A Comprehensive School Health Approach to Achieve EFA. Paris. (ED-2002/WS/8 Rev.)

- ___ That pregnant girls will not be excluded or dismissed from school?
- ___ That young mothers will be encouraged and helped to continue their education?
- ___ That children with diverse backgrounds and abilities receive quality education, such as girls, orphans, ethnic groups, those in unstable or crisis situations?
- ___ That teachers and other staff are appropriately prepared, supported, and paid equitably?

Does my school have policies against violence and substance abuse that guarantee:

- ___ That the school is safe, healthy, and protective, where the physical environment and the psychosocial environment both encourage learning?
- ___ Zero tolerance for violence or bullying; prohibition against weapons on school grounds?
- ___ A drug, alcohol, and tobacco-free environment?

Does my school have policies for safe water, sanitation, and environment that guarantee:

- ___ An adequate supply of potable water that is easy to get to and stored properly (particularly for drinking and hand washing)?
- ___ Separate latrines for male and female teachers as well as girls and boys?
- ___ Adequate numbers of latrines?
- ___ Proper management and treatment of garbage and other waste?
- ___ Proper maintenance of water and sanitation facilities?
- ___ Waste recycling education and mechanisms?

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Does my school have policies to promote skills-based health education that guarantee:

- ___ The provision of age-appropriate, skills-based health and family life education to girls and boys as a regular part of the basic education curriculum?
- ___ Programmes to prevent or reduce risk-taking behaviours associated with unplanned pregnancy, substance abuse, HIV/AIDS, etc.?
- ___ Social support and counselling for students affected by HIV/AIDS, including orphans?
- ___ Provide for youth-friendly outreach and on-site services to address the health problems of adolescents, particularly girls?

Does my school have policies to promote health and nutrition services that guarantee:

- ___ Maintenance of school health records for each student?
- ___ Regular health, dental, and nutritional status screening?
- ___ Equal opportunities for physical exercise and recreation for girls and boys?
- ___ Teacher training and support to deliver simple health interventions?
- ___ Timely and effective emergency response mechanisms in cases of personal injury and natural disasters?
- ___ Access to food by vulnerable students, such as malnourished children?
- ___ Regulation of food service vendors and the quality, hygiene, and standard of food provided in the school?
- ___ Involvement of the local community in developing and providing health education and services targeting preschool and school-aged children?

A Note to Remember:

Take it Slowly! The pace of policy development, and the introduction of changes, should be slow so that those involved feel comfortable with the changes and fully understand the need for them.

**Action Activity: Assessing and Monitoring Community Health Problems**

The ability of children, and especially those with diverse backgrounds and abilities, to stay in school rests not simply on what policies and programmes we enact in our schools. It also rests on how well our policies relate to the major health problems in the children's communities.

For those problems that affect children and their learning environment most closely, school policies and programmes should be developed to solve them in the school and, working with local leaders, in the children's families and communities as well. Following is a tool for assessing and monitoring community health problems as a first step in talking with community leaders and then developing appropriate policy and programme actions.⁴

Directions: Based on your knowledge of health problems, use the list below to note those that are common in your community. Circle a number to indicate how serious each condition is:

1 = not a problem; 2 = fairly small problem; 3 = somewhat of a problem

4 = a serious problem; 5 = a very serious problem

Then describe ways in which each problem affects students, teachers, the school, and the community in terms of health and well-being, absenteeism, academic performance, repetition of grade levels, economic vitality, quality of teaching, and burden on health services. Finally, identify what school policy is needed to reduce the severity of a particular problem.

⁴ Adapted from: World Health Organization (2000) *Local Action: Creating Health Promoting Schools*. Geneva.

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For instance, if tobacco use is a serious problem that hinders the health of teachers, family members, and children (through direct smoking or passive smoke), the school should formulate and enforce a policy to make the school tobacco-free. This includes prohibiting smoking by teachers and other school staff members on school grounds, so they can serve as good role models for the children by not smoking in front of them.

Health problems	How serious	Effect on students, teachers, school, and community	Supportive school policies and actions
Alcohol abuse	1 2 3 4 5		
Tobacco use	1 2 3 4 5		
Immunizable diseases	1 2 3 4 5		
Injuries	1 2 3 4 5		
Vision and hearing problems	1 2 3 4 5		
Helminth (worm) infections	1 2 3 4 5		
Malaria	1 2 3 4 5		
Mental health problems	1 2 3 4 5		
Micronutrient deficiency (vitamin A, iron, iodine)	1 2 3 4 5		
Protein energy malnutrition	1 2 3 4 5		
Oral health problems	1 2 3 4 5		
Respiratory infections	1 2 3 4 5		
Unsafe water	1 2 3 4 5		
Poor sanitation	1 2 3 4 5		
HIV/AIDS and STI	1 2 3 4 5		
Unintended pregnancies	1 2 3 4 5		
Violence (domestic or non-domestic)	1 2 3 4 5		
Other _____	1 2 3 4 5		

DEALING WITH VIOLENCE: TURNING POLICIES INTO ACTION

Once attending school, children with diverse backgrounds and abilities are the most prone to discrimination and violence, oftentimes aimed at highlighting their "difference" from others and seeking to push them away from others within the school, and sometimes outside of it. At worst, this involves sexual harassment and physical violence which can lead to death.

Violence can take many forms and is understood differently in different cultures. In this Toolkit, violence is the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community. It results in or has a high likelihood of resulting in injury, death, psychological harm, poor physical development, or deprivation.

Although we usually think of violence in terms of one child hitting another, actually violence comes in three basic forms.

Self-inflicted violence refers to intentional and harmful behaviours directed at oneself, for which suicide represents the fatal outcome. Other types include attempts to commit suicide and behaviours where the intent is self-destructive, but not lethal (such as self-mutilation).

Interpersonal violence is violent behaviour between individuals and can best be classified by the victim-offender relationship. Types of interpersonal violence include bullying and harassment.

Organized violence is violent behaviour exhibited by social or political groups that are motivated by specific political, economic, or social objectives. Examples here include racial or religious conflicts occurring among groups, gangs, or mobs.

What are the causes of violence? The causes of violence are complicated and varied. Below is a list of factors that are thought to contribute to violent behaviour. You can use these factors, and even expand upon them, to assess how predisposed your school's children, families, and communities are to violence, and whether school policies and programmes are needed to counteract them.

Causes of Violence: Do These Exist in My School and Community?⁵

Child level characteristics

- ◆ knowledge, attitudes, thoughts about violence, and skill deficits, such as poorly developed communication skills
- ◆ drug and alcohol use
- ◆ having witnessed or been victimized by interpersonal violence
- ◆ access to firearms and other weapons

Family level contributing factors

- ◆ lack of parental affection and support
- ◆ exposure to violence in the home
- ◆ physical punitiveness and child abuse
- ◆ having parents or siblings involved in criminal behaviour

Community and other environmental factors that contribute to violence

- ◆ socio-economic inequality, urbanization, and overcrowding
- ◆ high levels of unemployment among young people
- ◆ media influences
- ◆ social norms supporting violent behaviour
- ◆ availability of weapons



Action Activity: Mapping Violence

Many of us may not think of our schools and communities as violent places. But unfortunately, much violence goes unnoticed because neither the victim nor usually the offender wants their teacher to know about it. Moreover, violent episodes may occur outside the school, such as when a child is abused on their way to school, but the effects carry over into the school and your classroom.

Determining the degree of violence in a school can be done in several ways, such as by asking students to answer questionnaires (see Booklet 4 for examples), involving them in discussion groups, or through mapping.

⁵ Adapted from: World Health Organization (1998) WHO Information Series on School Health, Document Three - Violence Prevention: An Important Element of a Health-Promoting School, Geneva.

School mapping aims to determine where and when violence occurs within schools, what type of violence is involved (self-inflicted, interpersonal, or organized), and who are the most common victims and offenders. The mapping process is a valuable tool for monitoring and controlling violence because it can:

1. encourage students, teachers, and administrators to start talking about violence in schools, which can lead to more effective policies;
2. assist in evaluating violence intervention programmes that are created to support policies against violence in the school; and
3. increase the involvement of the school in other violence interventions.

To map violence in your school, you can use a process similar to that for school-community mapping as presented earlier. Start by giving teachers and students maps of the school—or they can create the maps themselves—and ask them to identify where they think violence occurs, when, under what conditions, and who is usually involved. You can then analyze these maps to identify problem locations where violence is, or is likely to be, occurring.

Other teachers have used such maps, and the results of their work suggest that violence occurs at predictable times and locations around the school grounds.⁶ Not surprisingly, violent events usually take place in locations where few or no teachers are present.

Teacher-initiated and implemented policies and interventions have the greatest likelihood of success in reducing school violence. However, children must be involved as well. Group discussions should be conducted to talk about where the “hot spots” for violence are located in the school, why some children are susceptible to violence, and what can be done to reduce violence in these locations and among these students.

⁶ *Monitoring School Violence: Publications and Related Research Summaries*. Global Program on Youth, University of Michigan, School of Social Work. This is an excellent Web site for resources on dealing with violence in the school. It can be found at <http://gpy.ssw.umich.edu>.

Increasing the participation of community members in stopping school violence can improve the community environment as well. This is particularly important where violence occurs outside of the school grounds, such as when children are coming to or going home from school. Here, the mapping strategy can be used to map violence in the community as well as the school.

The school-community mapping exercise presented in Booklet 3 can be used here, where children also map places in their communities where violence to children most often occurs, what type of violence is involved, and who are the most common victims and perpetrators. This type of mapping is an excellent first step in working with community members to identify why certain locations are the most violence prone, to propose solutions, and to undertake effective community-school intervention programmes.

Safe space for girls?

Many parents in Nepal refuse to send their daughters to school, fearing girls are at risk from being abused which will affect theirs and their families' reputations. How can children, especially girls, change their environment and make it a safer place to be and study? How would this impact on their educational lives? Save the Children supports projects in Nepal that facilitate research by children exploring ways to claim back unsafe spaces for themselves. By sharing findings and interacting with local government, school teachers, and parents, the children can begin to mobilize support and change.

Girls in the Surkhet district of Nepal, for example, expressed strong feelings of vulnerability in their community. Save the Children-UK developed a project in which the girls carried out the research themselves, exploring and analysing the types of space they occupied. Using Participatory Rural Appraisal (PRA) tools, the girls were able to determine the characteristics of a safe environment and developed an action plan to take back their "space." The girls mapped unsafe spaces in their village; boys were involved in the process only when the girls felt it was necessary. In order to reclaim their "space," the girls identified the need: (a) for parents to recognize the importance of girls' education; (b)

to avoid conservative traditions, such as sex discrimination within castes, between sons and daughters, and early marriage; (c) for girls to be able to demonstrate their ability within the community; (d) for people to speak out against the injustices and oppression of girls; and (e) to raise awareness of girls' rights and enable their access to equal opportunities.

As a result of the process changes have been identified within the community. The girls' group was consulted by community members on various cases of abuse or mis-treatment of girls. Teachers and boys within schools and the community are paying greater respect to girls than was hitherto the case. Boys who were initially teasers now support girls' efforts to manage change. Boys are beginning to advocate respect for girls through drama. Support groups for girls who have faced abuse have been established by local communities. Moreover, local government bodies believe the community groups provide a strong support system for girls often citing the groups as success stories, inviting them to events related to girls' rights and safety, and in one case providing financial support for future work.

*Contributed by: Irada Gautam, Sulochana Pokharel, Jasmine Rajbhandary;
Funded by: Save the Children (UK). 28 January 2002; Accessible through
<http://www.id21.org>*

Warning Signs for Abused Children

Sometimes girls and boys do not, or will not, tell us they are victims of violence or are in crisis. Rather, they show us. Although changes in a child's behaviour can be due to a variety of reasons, sometimes they arise from the stress of being abused physically or emotionally. Teachers who are alert to these changes can often intervene in abusive situations. Below is a list of external characteristics that an abused child may exhibit.⁷ Keep in

⁷ Source: National Center for Assault Prevention (NCAP). Education, Information and Resource Center, Sewell, New Jersey, 2000. <http://www.ncap.org/identify.htm>. NCAP also has an international division with some materials translated in Spanish, French, Vietnamese, Cantonese, Romanian, Russian, and Japanese. Learn more about this at: http://www.ncap.org/cap_international.htm.

mind, however, that some clues may be normal behaviours for a given child at a given time. Therefore, it is important to pay attention to children's regular behaviour patterns and to be aware of new behaviours that arise, extreme behaviours, or combinations of the following characteristics. If these warning signs are evident, the child should be immediately referred for counselling or other suitable measures (such as access to legal or social welfare services).

How to Identify a Potentially Abused Child (Emotionally, Physically)

Abused Children Are Often

- ◆ fearful of interpersonal relationships or overly compliant
- ◆ withdrawn, aggressive, or abnormally active (hyperactive)
- ◆ constantly irritable or listless, detached
- ◆ affectionless or overly affectionate (misconstrued as seductive)

Physical Symptoms

- ◆ bruises, burns, scars, welts, broken bones, continuing or inexplicable injuries
- ◆ sexually transmitted diseases
- ◆ vaginal or anal soreness, bleeding, or itching

Activity and Habit Clues

- ◆ nightmares
- ◆ fear of going home or to some other location
- ◆ fear of being with a particular person
- ◆ running away
- ◆ delinquency
- ◆ lying

Age Inappropriate Behaviours

- ◆ thumb sucking
- ◆ sexual awareness or activity, including promiscuity
- ◆ bed wetting
- ◆ alcohol or other substance abuse
- ◆ assaulting younger children
- ◆ taking on adult responsibilities

Educational Concerns

- ◆ extreme curiosity, imagination
- ◆ academic failure
- ◆ sleeping in class
- ◆ inability to concentrate

Emotional Indicators

- ◆ depression
- ◆ phobias, fear of darkness, fear of public restrooms, etc.
- ◆ chronic ailments
- ◆ self-inflicted injuries
- ◆ injuring or killing animals
- ◆ excessive fearfulness
- ◆ lack of spontaneity, creativity

Warning Signs for At-Risk Children

In their families, communities, or schools, other children may be in crisis. While not being abused directly, they may be in need of special protection either from stressful interpersonal relationships or substance abuse. Their circumstances and overt behaviours can help you to identify these children. Moreover, the use of other tools can also be valuable, such as the Child Profile presented earlier, which gives you information about the student and his or her family situation, as well as keeping observation records of student behaviour. Below are some of the characteristics of at-risk children and what can be done to help them.⁸

How to Identify and Assist an At-Risk Child

A student may be at risk if a combination of the following factors is present:

- ◆ a dysfunctional family
- ◆ parents who misuse addictive substances or suffer mental illness
- ◆ neglect
- ◆ inappropriate or aggressive classroom behaviours
- ◆ failure at or lack of commitment to school

⁸ Source: Education Queensland. Identifying At Risk Students.
http://education.qld.gov.au/health-safety/promotion/drug-education/html/m_risk.html

- ◆ limited social skills
- ◆ friends who use alcohol or drugs or participate in other risky behaviours
- ◆ low socioeconomic status
- ◆ experimentation with addictive substances at an early age
- ◆ a favourable attitude towards drug, alcohol, or tobacco use

The following signs or symptoms may indicate involvement with addictive substances:

- ◆ a marked personality change, mood swings
- ◆ physical changes, such as weight loss or gain, slurred speech, staggering gait, sluggish reactions, dilated pupils, sweating, over-talkativeness, euphoria, nausea, and vomiting
- ◆ a change in school performance
- ◆ guarded contact with others by phone or arranged meeting
- ◆ a pressing need for funds

These positive factors may help lessen effects of risk factors:

- ◆ strong family bonds, family involvement in the lives of children
- ◆ success at school
- ◆ good social skills
- ◆ involvement in local community activities
- ◆ a caring relationship with at least one adult, such as a teacher

Schools may be able to assist by doing some or all of the following:

- ◆ encouraging supportive and safe relationships
- ◆ ensuring regular and meaningful school attendance
- ◆ developing personal and social skills
- ◆ improving academic skills
- ◆ building supportive social networks
- ◆ encouraging positive values
- ◆ teaching an understanding of how to access information
- ◆ conveying an understanding of how to delay involvement with addictive substances or other risky behaviours
- ◆ facilitating access to counselling

WAYS TO PREVENT VIOLENCE AMONG OUR CHILDREN

You can take the following actions to help prevent violence in your school.⁹

1. Set firm, consistent limits on aggressive and coercive behaviour.
2. Teach young children healthy, non-violent patterns of behaviour.
3. **Learn and apply effective, non-violent patterns of disciplining and consistently correcting children when they misbehave (using physical discipline teaches children that aggression can be an acceptable form of control).** (See Booklet 5 on ways to use positive discipline.)
4. Present yourself and others as effective role models for resolving conflict nonviolently.
5. Improve communication with your children (such as being available to listen).
6. Supervise children's involvement with media, schools, peer groups, and community organizations.
7. Establish appropriate expectations for **ALL** children.
8. Encourage and praise children for helping others and solving problems nonviolently.
9. Identify alcohol, drug, or other substance problems.
10. Teach appropriate coping mechanisms for dealing with crisis situations.
11. Get help from professionals (before it is too late).

⁹ Adapted from: World Health Organization (1998) WHO Information Series on School Health, Document Three - Violence Prevention: An Important Element of a Health-Promoting School. Geneva.

12. Lead community efforts to undertake an analysis of violence in the school and community (such as through the mapping exercise) and to develop, coordinate, and effectively implement school- and community-based support services.
13. Provide opportunities for children to practice life skills, especially how to solve problems nonviolently.



Tool 6.2 Giving Children Skills for Life!

SKILLS-BASED HEALTH EDUCATION

All children, and particularly those with diverse backgrounds and abilities, need skills to be able to use their health knowledge to practice healthy habits and avoid unhealthy ones. One way to impart these skills is through “skills-based health education.”¹⁰

Most schools teach some form of health education. But how is skills-based health education different from other approaches to health education?

- ◆ Skills-based health education focuses on changing **specific health behaviours** in terms of knowledge, attitudes, and skills. These help the child to choose and practice (not simply learn about) healthy behaviours.
- ◆ Skills-based health education programmes are **planned around student needs and rights** and, therefore, are relevant to the daily lives of young people.
- ◆ There is a **balance** in the curriculum of: (i) knowledge and information, (ii) attitudes and values, and (iii) life skills. The aim is to **turn knowledge into immediate action**.
- ◆ Rather than being passive receivers of information, **children participate actively** in learning through **participatory** teaching and learning methods.
- ◆ Such programmes are **gender-responsive**, that is, they address the needs and constraints of both girls and boys.

¹⁰ This section was originally developed from:
www.unicef.org/programme/lifeskills/whatwhy/distinguish.html

In skills-based health education, children participate in a combination of learning experiences in order to develop their knowledge, attitudes, and life skills. These skills help children to learn how to make good decisions and take positive actions to keep themselves healthy and safe. These skills can be practical, “doing” skills, such as knowing how to give first aid. They can also be ways of thinking, such as how to find out or solve problems, or ways of communicating, feeling, and behaving that help children work together with others, and especially those with diverse backgrounds and abilities.

These skills are often called **life skills** because they are essential for living a healthy happy life. The teaching of these life skills is sometimes called “life skills-based education,” a term that is often used interchangeably with skills-based health education. The difference between the two is in the type of content or topics that are covered. Not all of the content may be “health-related,” for example, life skills-based literacy and numeracy, or life skills-based peace education.¹¹

The term “life skills” refers to a large group of psycho-social and interpersonal skills that can help children make informed decisions, communicate effectively, and develop coping and self-management skills that can help them to lead a healthy and productive life. Life skills may be aimed at developing one’s personal actions and actions toward others, as well as actions to change the surrounding environment to make it healthy.

Life skills are also linked to the development of good attitudes. For example, one of the most important life skills that children should learn is the skill of listening to people. When you listen to them, you are showing them respect, which is an attitude. Four of the most important attitudes that need to be developed through skills-based health education include the following.¹²

1. Self-respect, such as I want to be clean, fit, and healthy.

¹¹ This section was originally developed from: <http://unicef.org/programme/lifeskills/whatwhy/define.html>

¹² Son V, Pridmore P, Nga B, My D and Kick P (2002) Renovating the Teaching of Health in Multigrade Primary Schools: A Teacher’s Guide to Health in Natural and Social Sciences (Grades 1,2,3) and Science (Grade 5). British Council and the National Institute of Educational Sciences: Hanoi, Vietnam.

2. Self-esteem and self-confidence, such as I know I can make a difference to the health of my family, even though I am still a child.
3. Respect for others, such as I need to listen to others, to respect them, and their customs, even when they are different or when I cannot agree with them.
4. Concern for others, such as I want to do my best to help others become healthier, especially those who particularly need my help.

The development of attitudes that promote gender equality and respect among girls and boys, as well as the development of specific skills, such as dealing with peer pressure, are central to effective skills-based health education. When children learn such skills, they are more likely to adopt and sustain a healthy lifestyle during schooling and for the rest of their lives.



Reflection Activity: Life Skills and YOU

Giving children skills for life requires that we, as adults, act as role models and develop and use these skills in our own lives. For this activity, ask yourself, "In what ways am I showing self-respect, self-esteem, self-confidence, respect for others, and concern for others?" Fill in the table below and identify what actions you can take to bring out these behaviours more for yourself and for the benefit of your students. Try out some of these behaviours over a two- to four-week period. Do you see any improvement in how you feel or how others treat you?

	What I'm doing now	What I can also do (new behaviours)
Self-respect (such as ways to improve myself)		
Self-esteem, Self-confidence (such as ways that I show myself that I am a valuable person)		

	What I'm doing now	What I can also do (new behaviours)
Respect for others (such as ways that I show admiration for others or take into consideration the feelings of others)		
Concern for others (such as ways I help others to improve themselves)		

After you have tried this activity, don't forget to try it with your students as well. Ask each of them to fill out the table and decide how they can improve their behaviours regarding self-respect, self-esteem, respect, and concern for others. This activity can be incorporated into your skills-based health education or life skills programme.

WHAT SKILLS ARE NEEDED?

There is no definitive list of life skills. The table below lists those that are generally considered important.¹³ Which skills are chosen and emphasized will depend upon the topic, the situation of your school and community, and, most importantly, student needs. Although the categories of skills listed in the table are separate, they actually overlap. For example, decision-making often involves creative and critical thinking ("what are my options") and the clarification of values ("what is important for me?"). Ultimately, when these skills work together, powerful changes in behaviour can occur, especially when supported by other strategies, such as school policies, health services, and the media.

¹³ This section was originally developed from:
www.unicef.org/programme/lifeskills/whatwhy/skills.html

Communication and Interpersonal Skills	Decision-Making and Critical Thinking Skills	Coping and Self-Management Skills
<p>Interpersonal communication skills</p> <ul style="list-style-type: none"> • Verbal or nonverbal communication • Active listening • Expressing feelings; giving feedback (without blaming) and receiving feedback <p>Negotiation/refusal skills</p> <ul style="list-style-type: none"> • Negotiation and conflict management • Assertiveness skills • Refusal skills <p>Empathy</p> <ul style="list-style-type: none"> • Ability to listen and understand another's circumstances and needs and express that understanding <p>Cooperation and Teamwork</p> <ul style="list-style-type: none"> • Expressing respect for others' contributions and different styles • Assessing one's own abilities and contributing to the group <p>Advocacy skills</p> <ul style="list-style-type: none"> • Influencing skills • Persuasion skills • Networking and motivational skills 	<p>Decision making and problem solving skills</p> <ul style="list-style-type: none"> • Information gathering skills • Evaluating future consequences of present actions for self and others • Determining alternative solutions to problems • Analysis skills regarding the influence of values and attitudes of self and others on motivation <p>Critical thinking skills</p> <ul style="list-style-type: none"> • Analyzing peer and media influences • Analyzing attitudes, values, social norms, and beliefs and the factors affecting these • Identifying relevant information and information sources 	<p>Skills for increasing internal locus of control</p> <ul style="list-style-type: none"> • Self esteem and confidence building skills • Self awareness skills including awareness of rights, influences, values, attitudes, rights, strengths, and weaknesses • Goal setting skills • Self-evaluation, self-assessment, and self-monitoring skills <p>Skills for managing feelings</p> <ul style="list-style-type: none"> • Anger management for dealing with grief and anxiety • Coping skills for dealing with loss, abuse, and trauma <p>Skills for managing stress</p> <ul style="list-style-type: none"> • Time management • Positive thinking • Relaxation techniques

In the previous Tool, we explored areas in which your school may need more effective policies, such as preventing violence and substance abuse, improving water and sanitation, etc., as well as what health problems might exist in the community. An important part of implementing and monitoring these policies is to give children the knowledge, attitudes, and skills to adopt healthy behaviours in exactly these areas.

Using the information from the policy analysis in the previous Tool, work together with your colleagues to determine which skills in the table are most important for your students to learn, given your school and community's prevailing policy and health situation. Then develop ways to integrate these skills into the subjects that you teach. Ideas from the HIV/AIDS section presented at the end of this Booklet will help you. Don't forget that children should participate actively in this process.

HOW CAN THESE SKILLS BE APPLIED?

By teaching children necessary skills, such as those listed in the table above, they will be able to deal with the many challenges in their lives that affect their health and the health of those around them. Following are some of the ways in which skills-based health education can be used in your school to prevent major health problems.¹⁴ Discuss with your colleagues about whether or not these problems are affecting your students, and if the skills listed under each problem should become the core focus of your skills-based health education programme. If so, the activities mentioned later for HIV/AIDS can be adapted to address these issues as well.

Prevention of Substance Abuse

Substance abuse means the excessive use of such addictive substances as drugs, tobacco, and alcohol. To identify students who are affected by substance abuse, you will need to observe their behaviours closely and also develop positive relationships with their families. They will then feel confident in sharing their concerns about their children. When used to prevent substance abuse, one or several life skills can enable students to:

¹⁴ This section was originally developed from:
www.unicef.org/programme/lifeskills/whatwhy/issues.html

- ◆ resist peer pressure to use addictive substances (decision-making, communication skills, coping with emotions);
- ◆ resist pressure to use addictive substances without losing face or friends (decision-making, communication skills, interpersonal relationship skills);
- ◆ identify social factors that may cause them to use addictive substances and to decide how they will personally deal with those causes (critical thinking, problem-solving, decision-making skills);
- ◆ inform others of the dangers and personal reasons for not using addictive substances (communication, self-awareness, interpersonal relationship skills);
- ◆ effectively request a smoke-, drug-, and alcohol-free environment (communication skills);
- ◆ identify and counter persuasive messages in advertisements and other promotional materials (critical thinking, communication skills, self awareness skills);
- ◆ support persons who are trying to stop using addictive substances (interpersonal relationships, coping with emotions, coping with stress, problem solving skills); and
- ◆ deal (cope) with substance abuse by parents and others (interpersonal relationship skills, coping with emotions, coping with stress, problem solving skills).

Violence Prevention

For violence prevention, one or more life skills can enable students to:

- ◆ identify and implement peaceful solutions for resolving conflict (problem solving, decision-making, critical thinking, coping with stress, coping with emotions, communication skills, interpersonal relationship skills);

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- ◆ identify and avoid dangerous situations (critical thinking, problem solving, decision-making skills);
- ◆ evaluate ways to avoid violence that appear to be successful as depicted in the media (critical thinking skills);
- ◆ resist pressure from peers and adults to use violent behaviour (problem solving, decision-making, critical thinking, coping with stress, coping with emotions, communication skills, interpersonal relationship skills);
- ◆ become a mediator and calm those involved in violence (self awareness, problem solving, decision-making, critical thinking, coping with stress, coping with emotions, communication skills, interpersonal relationship skills);
- ◆ help prevent crime in their community (problem solving, decision-making, communication skills, coping with emotions); and
- ◆ reduce prejudice and increase tolerance for diversity (critical thinking, coping with stress, coping with emotions, communication skills, interpersonal relationship skills).

Healthy Nutrition

For healthy nutrition, one or more life skills can enable students to:

- ◆ identify personal preferences among nutritious foods and snacks, and then choose them over foods and snacks that are less nourishing (self awareness, decision-making skills);
- ◆ identify and counter social pressures to adopt unhealthy eating practices (critical thinking, communication skills);
- ◆ persuade parents to make healthy food and menu choices (interpersonal relationship skills, communication skills); and
- ◆ evaluate nutrition claims from advertisements and nutrition-related news stories (critical thinking skills).

Improving Sanitation and Hygiene

Improving sanitation, safe water supplies, as well as personal and food hygiene can greatly reduce illness and disease. An important component of hygiene improvement programmes is hygiene education. Using a skills-based approach to hygiene education, rather than only providing information, can help students to:

- ◆ identify and avoid behaviours and environmental conditions that are likely to cause water- and sanitation-related diseases (problem solving, decision-making skills);
- ◆ communicate messages about diseases and infection to families, peer and members of the community (communication skills, interpersonal relationship skills); and
- ◆ encourage others (such as peers, siblings, and family members) to change their unhealthy habits (critical thinking, communication skills, interpersonal relationship skills).

Mental Health Promotion

For mental health, skills-based health education can be one part of a broader effort to create a healthy psycho-social environment at school. A healthy school environment enhances students' psycho-social and emotional well-being and learning outcomes when it:

- ◆ promotes cooperation rather than competition;
- ◆ facilitates supportive, open communication;
- ◆ views the provision of creative opportunities as important; and
- ◆ prevents physical punishment, bullying, harassment and violence.

HOW CAN THESE SKILLS BE TAUGHT?

Children can only learn life skills if we use teaching methods that allow them to practice these skills. That is why the **WAY** you teach is just as important as **WHAT** you teach. Here are some tips for active life skills learning.¹⁵

Active Learning Method	Tips for Successful Teaching
<p>Discussion Groups:</p> <ol style="list-style-type: none"> 1. Help all students to become involved, share their experiences, and give their own opinions on an important health topic. 2. Help students learn to communicate with others and to listen to others as they share their feelings. 	<ol style="list-style-type: none"> 1. Keep the groups small (5-7 students) 2. Choose the leaders carefully, making sure that girls are leaders as well as boys. 3. Ensure there are arrangements and rules that allow everyone to participate. 4. Ensure that tasks are clear and the groups know what they are going to report and how. 5. Ensure that the health topics chosen encourage students to think and draw on their own experience.
<p>Stories:</p> <ol style="list-style-type: none"> 1. Present information in an interesting way to help students understand and remember. 2. Introduce difficult and sensitive topics. 3. Develop students' imagination. 	<ol style="list-style-type: none"> 1. Use stories to introduce new health topics and ideas. Make them really interesting and dramatic. 2. Make sure that students recognize and understand the story's main points including the feelings of the characters. 3. Lead on from stories to other activities, such as drama and drawing.

¹⁵ Adapted from: Son V, Pridmore P, Nga B, My D and Kick P (2002) *Renovating the Teaching of Health in Multigrade Primary Schools: A Teacher's Guide to Health in Natural and Social Sciences (Grades 1,2,3) and Science (Grade 5)*. British Council and the National Institute of Educational Sciences: Hanoi, Vietnam.

Active Learning Method	Tips for Successful Teaching
<p>4. Develop students' communication skills (listening, speaking, and writing).</p>	<p>4. Encourage students to tell the stories they have read or heard to other students and family members. Encourage them to tell and write their own stories.</p>
<p>Practical Demonstrations:</p> <ol style="list-style-type: none"> 1. Relate abstract knowledge to real things. 2. Develop practical skills and observation. 3. Encourage logical thinking. 	<ol style="list-style-type: none"> 1. Use real things (such as food, mosquito larvae, etc.) instead of pictures whenever possible. 2. Get students involved in practical demonstrations. Do as little as possible yourself. 3. Ask them to describe what they are doing and why to other students. 4. Students can use themselves, such as for learning about the body, for demonstrating first aid.
<p>Drama and Role Playing:</p> <ol style="list-style-type: none"> 1. Develop all types of communication skills. 2. Allow students to explore attitudes and feelings, even over sensitive subjects, such as AIDS or disability. 3. Develop self-confidence. 4. Lead on to activities that help students to think clearly and make decisions. 	<ol style="list-style-type: none"> 1. Help and encourage students to make up their own dramas. Do not prepare it all for them. 2. Explore making and using very simple puppets. 3. Use short role-plays frequently, such as "Pretend you saw someone doing this, what could you do or say...?" 4. Lead on from drama or puppets to discussion; for example, "Why did the people act like this? What might happen next time?"

Active Learning Method	Tips for Successful Teaching
	<p>5. Always make sure that students have learned the health messages at the end of the drama.</p> <p>6. Monitor their behaviours outside of the classroom to see if the messages have been taken to heart.</p> <p>7. In difficult situations, perhaps where a child is being teased, encourage your students to think about what is happening and the ways to help that child. Use role-play to test these ways.</p>

SKILLS-BASED HEALTH EDUCATION TO PREVENT HIV/AIDS

This section describes how skills-based health education can be used to prevent HIV/AIDS and reduce the stigmatization of those affected by the disease. The activities in this section, moreover, can be adapted for use in dealing with other health problems as discussed above.

Education is the key to reducing stigma and promoting greater understanding of HIV/AIDS. Your school is an important setting for educating children about HIV/AIDS, as well as for stopping the further spread of the HIV infection. Success in doing this depends upon how well we reach children and young adults in time to promote positive health behaviours and prevent the behaviours that place young people at risk.

Our crucial responsibility is to teach young people how to avoid either contracting the infection or transmitting it to others, as well as to promote the development of HIV-related school policies. In this way, we can make important improvements in the quality of health education provided to young people in our schools, and we can take an important step towards improving the health of our communities.

A skills-based approach to HIV/AIDS uses participatory (active) learning techniques to:

- ◆ help individuals evaluate their own level of risk;
- ◆ examine their personal values and beliefs;
- ◆ decide what actions to take to protect themselves and others from HIV; and
- ◆ acquire skills that will help them to carry through on their decisions.

Skill-based health education to prevent HIV/AIDS can be linked to other relevant issues already addressed in many of our schools, including pregnancy and reproductive health, population education, family life education, and prevention of substance abuse.

What are some of the ways you can begin a skills-based programme to prevent HIV/AIDS amongst our children? Let's look at some of these in terms of activities that you and your schools can do, as well as what you can do with our children.



Action Activity: What Teachers and Schools Can Do¹⁶

1. Be Informed and Active

- ◆ Acquire the most up-to-date, relevant information on HIV/AIDS, its modes of transmission and prevention, and its social consequences.
- ◆ Understand your own attitudes, values, and behaviours regarding HIV/AIDS, and develop confidence in communicating the messages you wish to convey to your students.

2. Establish Partnerships

- ◆ Develop a partnership with at least one other person in your school. Teamwork is recommended.

¹⁶ Adapted from: Schenker II, Nyirenda JM. (2002) Preventing HIV/AIDS in Schools. International Academy of Education and the International Bureau of Education. Educational Practices Series 9. Paris.

- ◆ Find out about organizations and services involved in HIV/AIDS prevention and care in your community. Meet with their representatives, and learn how they can help you with information, teaching aids, and other resources.

3. Introduce Open Communication

- ◆ Prepare yourself to openly discuss five to ten issues in the classroom that you consider most sensitive. Define and explain them, explore their advantages and disadvantages, and discuss them with colleagues.

4. Use Participatory Teaching Methods

- ◆ Gain experience and knowledge in using active learning and participatory methodologies. Practice these methods with a sample group of students before you use them with the entire class.
- ◆ Avoid lecturing your students; have them play an active role in class. Help your students become your partners in seeking information, analyzing it, discussing the epidemic, and identifying ways to prevent infection.
- ◆ Encourage questions, discussion, and the fostering of new ideas.

5. Use Innovative Teaching Sessions

- ◆ Use a curriculum that offers a variety of teaching mediums. Make the classes on HIV/AIDS special, relevant, and interesting for your students.
- ◆ Plan for multiple sessions, at least four classes spread out over time.
- ◆ Through participatory teaching, messages on HIV/AIDS prevention can be brought to the home by students. Develop "take home" information cards and letters, and suggest that parents talk to their children about HIV/AIDS.

- ◆ Involve parents and, if possible, other sectors in the community. Holding separate teaching and learning activities for parents may improve their communication with their children on HIV prevention.

6. Use Gender-Responsive Approaches

- ◆ Address the needs of both boys and girls, and promote learning about HIV/AIDS in both single sex and mixed-sex groups.
- ◆ Relate your teaching to the existing balance of power between boys and girls, and strengthen girls' negotiation skills.
- ◆ Carefully present scenarios with explicit situations to enhance girls' skills and courage to say "NO!"

7. Deal with Culturally-Sensitive Content

- ◆ Locally developed prevention programmes are most effective when they incorporate local traditions, methods of teaching, and terms.
- ◆ Identify the knowledge, attitudes, beliefs, values, skills, and services in your community that positively or negatively influence behaviours and conditions most relevant to HIV/AIDS transmission.
- ◆ Provide concrete examples from their culture when discussing HIV prevention with students.

8. Value of Peer-Based Support

- ◆ Develop a safe space for open discussions in class. Encourage students to support each other in learning about HIV prevention and in talking about risk taking.
- ◆ Acknowledge the existence of group norms. Try to influence their direction so that they support effective strategies for safer sex and the prevention for AIDS and drug use.
- ◆ Use your leadership to involve HIV positive peers or persons as AIDS educators in your teaching.

9. Actively Use Skills-based Education

Promote skills-based education that targets:

- ◆ life skills (negotiation, assertiveness, refusal, communication);
- ◆ cognitive skills (problem solving, critical thinking, decision-making);
- ◆ coping skills (stress management, increasing internal locus of control); and
- ◆ practical skills (using a condom).



Action Activity: What We Can Do With Our Children¹⁷

School children are the future community and must learn to be responsible for others as well as themselves. Guided by teachers, health workers, and community leaders, children can learn how to protect their family, their partners, and themselves against the AIDS virus. Children and young people can make decisions about their own behaviour and offer safer patterns of sexual behaviour for the community.

WHAT EVERY CHILD SHOULD KNOW

Schools should develop a health policy that every child should leave school knowing these essential facts. Health workers and youth group leaders can make a similar commitment to pass on this vital knowledge.

What is AIDS? AIDS is a disease caused by a germ, the HIV virus. AIDS makes people unable to protect themselves against many kinds of diseases, such as diarrhoea, tuberculosis, and pneumonia. Due to AIDS, these diseases can make people become very sick and die.

¹⁷ Source: Baily D, Hawes H and Bonati B. (1994) Child-to-Child: A Resource Book. Part 2: The Child-to-Child Activity Sheets. London: The Child-to-Child Trust. This is an excellent source for increasing children's participation in HIV/AIDS as well as other important health and child development issues. Readers are strongly encouraged to use it.

How is the AIDS Virus Spread?

- The AIDS virus is spread from one person to another person and then to other persons:
- by sexual intercourse with a person infected with HIV;
- when blood containing the AIDS virus gets from one person's body to another person's body, such as during blood transfusions or on needles and sharp instruments.
- From an infected, pregnant mother to her unborn child.

The AIDS Virus is Not Spread by Insect Bites, Touching, or Caring for People with the AIDS Virus!

All teachers, not just the health education teacher, have a responsibility to include teaching on AIDS, sexuality, and HIV infection in their lessons. There are also many opportunities for teaching about AIDS on other occasions where children and young people gather together, such as in clubs, religious meetings, youth, and scout or guide groups. The adults leading these sessions can choose the appropriate activities. (In the following examples the term "teacher" can apply to all adults working with children.)

When and where to discuss about AIDS:

- ◆ In health clubs or special anti-AIDS clubs, where the children learn about how AIDS is spread and make a commitment to protect themselves and teach others how to prevent AIDS.
- ◆ Sometimes it is easier to talk about these sensitive issues in single sex groups. The groups of girls or boys can discuss issues about AIDS, share their concerns openly, and support each other to have confidence in the decisions they need to make. It is easier if the adult involved is also of the same sex.

In getting the facts right about HIV/AIDS, children can:

- ◆ Play a true or false game. The teacher writes down true or false statements about AIDS on separate pieces of paper, such as "You can catch the AIDS virus from mosquitoes" (false); "You can't catch the AIDS virus by shaking hands" (true). On the floor mark three areas: "TRUE", "FALSE", and "DON'T KNOW". Each child takes one statement, places it on one of the three areas, and explains the reason for their choice. Anyone else can challenge the decision.
- ◆ Write quiz questions about AIDS and discuss the answers in pairs.
- ◆ Where possible, find out from newspapers or government health departments the number of AIDS cases in your country. Why might this prove difficult? What are the official attitudes to AIDS? Why? Why might these numbers be underestimates?
- ◆ Visit a local health centre. Health workers can talk about why they give injections and demonstrate how needles and syringes are sterilized.

In discussions and conducting role plays about avoiding AIDS, children can:

- ◆ Imagine how AIDS might affect their lives. They can shut their eyes and imagine their lives in two years' time. The teacher can ask questions like: "Who will you be living with?" "Who will your friends be?" "How will you show your love and friendship?" "Might you try drugs, alcohol, or smoking?" "How might AIDS enter your lives or the lives of your families and friends?" The children can then imagine their lives in 10 years' time and answer the same questions. Finally they can imagine that they are parents and have children aged 13. What advice would they give them?
- ◆ Make a role play about different married couples and how they treat each other. Which are the happiest marriages?
- ◆ Discuss situations when it is sometimes difficult to say "No" and list the reasons why this may be so. In pairs, children can role play

different situations, imagine how people might try to persuade them to do something, and how they could say "No" in a way that is polite but firm. Some of these situations might be:

- √ to have a cigarette,
- √ to go somewhere with a stranger, or
- √ to go out for the evening

In discussions and role plays about attitudes to others who have AIDS, children can:

- ◆ Collect newspaper cuttings concerning AIDS and discuss the attitudes the articles suggest.
- ◆ Write poems expressing their feelings about AIDS and its effects upon their own or other people's lives.
- ◆ Use pictures, such as of someone caring for a friend with AIDS, to help them to imagine how they would feel in the role of one person in the picture. They can ask questions about what events led to the scene shown, and what might happen in the future.
- ◆ Create short plays; for example, about caring at home for a person with AIDS. They can first act the play themselves, then each child can make a simple puppet for their character and perform the play with puppets to the rest of the school or the community.
- ◆ Fill in the details of a story; for example, a story about an imaginary school student thought to have AIDS. The children divide into groups representing, in this example, the student, other students, teachers, and parents. Each group separately considers: "What do I feel?" "What are the main effects on me?" "What do I want to happen?" After 15 minutes, the groups reassemble and share their discussions.
- ◆ Listen to the stories below, and then try to answer the following questions:

A young woman returns to her village from a neighbouring city. As she walks across the square people shout at her "AIDS! AIDS!" Her stepfather insists that she gets an HIV test before she lives in the family home. The test is positive.

Classmates of a girl whose father has AIDS refuse to be in the same classroom as she. At the insistence of her classmates' parents, the girl is expelled from school.

- ◆ What do you think about these situations?
- ◆ Why do people react in these ways?
- ◆ Will these reactions help to control the spread of AIDS?
- ◆ What would you do if you were any of the characters in these stories?

In communicating what they have learned, children can:

- ◆ Develop and perform songs, plays and puppet shows about AIDS.
- ◆ Design and make posters to display in class and on Open School Days.
- ◆ Join in promoting sports for better health of people with AIDS.

In assessing how well children have learned about HIV/AIDS, teachers can:

- ◆ Ask children different questions to find out if they know what does—and does not—spread the AIDS virus.
- ◆ Ask children to write stories about people catching the AIDS virus or about caring for people with AIDS. Then look at the stories. What do they tell us about children's knowledge and about their attitudes?
- ◆ Ask children to find out how many local schools or youth groups have clubs and activities that address AIDS. What do they do? Have the children joined them?

- ◆ Find out if children have either taken part in anti-AIDS campaigns, helped anyone with AIDS, or warned other children about the risks of AIDS.



Action Activities: To Help Students Understand and Act¹⁸

Understanding

1. Collect any information on HIV/AIDS and other Sexually Transmitted Infections (STIs). (Pamphlets, posters, other materials) available in their community. Discuss why HIV is dangerous, how it is spread, and how we can avoid getting it.
2. Do a quiz (true or false) to make sure students know the facts about HIV/AIDS.
3. Play the lifeline game to see if they know the facts about risky and non-risky behaviours. Draw a thick line on the classroom floor (the lifeline) and place three large cards along the line. Place card 1 'No risk' at one end. Place card 2 'High risk' at the other end. Place card 3 'some risk' in the middle. Think of about 12 relevant behaviours and write each one on a separate card. Give two or three behaviours to each pair of students. Ask them to discuss the behaviours and decide whether each behaviour is no risk, low risk, or high risk in relation to HIV. Invite pairs of students to come up and place their card on the relevant place on the lifeline and give their reason. Ask other students to comment and then comment yourself. Examples of behaviours could include: kissing, bathing together, taking drugs, sexual intercourse, shaking hands, breastfeeding, drinking from the

¹⁸ Source: Son V, Pridmore P, Nga B, My D and Kick P (2002) *Renovating the Teaching of Health in Multigrade Primary Schools: A Teacher's Guide to Health in Natural and Social Sciences (Grades 1,2,3) and Science (Grade 5)*. British Council and the National Institute of Educational Sciences: Hanoi, Vietnam. This is an excellent source that can be used in a variety of educational settings, not only multigrade primary schools. Readers are strongly encouraged to use it.

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same cup, having a vaccination, having a blood transfusion, sharing a toothbrush, walking alone after dark, etc.

4. In groups, draw and then discuss a diagram showing why some young people have unprotected sex or inject drugs.
5. Discuss when it is difficult to resist social pressure. Ask students to imagine how people might try to persuade them participate in an unsafe practice and how they could avoid getting into unsafe situations.
6. Role play in groups to develop life skills. Ask your students to choose a situation in which they must resist social pressure, such as taking drugs. Divide your students into two groups; two or three of the students are the persuaders, and the others try to resist them. Ask the persuaders to try and convince the others to participate in an unsafe behaviour. Afterwards, help them discuss how it felt when they were asked to do an unsafe behaviour. How did it feel when the persuaders would not listen to what they said? In a real life situation, what might change your mind? At the end, summarize the importance of avoiding unsafe situations and of learning how to resist pressure.
7. Create short plays about caring for a person at home with AIDS. Discuss how it felt to be the person with AIDS. How did it feel to be the carer?
8. Listen to a story about an imaginary student who was thought to have AIDS. Divide the students into groups representing the student, other students, teachers, and parents. Ask each group separately to consider: "What do I feel?" "What are the main effects on me?" "What do I want to happen?" Discuss in the whole group.

Actions

1. Be careful to avoid unsafe situations.
2. Be strong, say "NO" to unsafe practices.

3. Help someone who has HIV/AIDS.
4. Write a poem about AIDS and read it to the family.
5. Make a drama about a dangerous character called HIV that tries to lead people into unsafe practices. Some people are persuaded but others resist. A group of children have learned how to avoid HIV, and they tell everyone else. The HIV character finds that fewer and fewer people will listen to it. Students can perform the play for other children and for parents.
6. Make posters and display them in the school, clinics, and community.
7. Join an anti-AIDS club and plan a series of weekly activities, such as visits, talks, drama, performing songs and dances, making posters, and writing stories or poems.



Tool 6.3 Providing School Nutrition and Health Services and Facilities

Although we sometimes do not like to admit it, our school environment can harm the health and nutritional status of our school children, particularly if it increases their exposure to hazards, such as infectious disease. Children with diverse backgrounds and abilities are especially susceptible to poor health and nutrition problems. School nutrition and health services and facilities can benefit these children the most through providing food, encouraging healthy hygiene habits, and working with parents and families to improve the availability of safe water.

Our schools can effectively deliver some health and nutrition services if the services are simple, safe, and familiar, and they address problems that are prevalent and recognized as important within the community. Furthermore, in the previous Tool, we learned about the importance of life skills in educating children to adopt healthy habits. But this education has less credibility if our schools do not have clean water and adequate sanitation facilities.

A realistic goal, therefore, is to ensure that our schools offer basic nutrition and health services as well as provide safe water and sanitation facilities. By providing these services and facilities, we can reinforce the health and hygiene life skills and messages we are communicating, and the school can act as an example for students and the wider community. This in turn can lead to a demand for similar services and facilities by the community. Moreover, if we are successful, then the community will see the school and ourselves more positively, and we perceive ourselves as playing an important role within and outside of our schools. This Tool will help you in this process by giving you a means for assessing your school's nutrition and health services and facilities, a step-by-step framework for establishing a school food and nutrition programme, as well as ways to involve children in creating a clean school environment.

ASSESSING OUR CURRENT SITUATION

Before we can formulate objectives and draw up an action plan, we need to assess our school's nutrition and health services. This process is similar to what we did to assess our school's policies in this first Tool in this Booklet. The process entails three main steps.

1. Complete the checklist below. Remember to encourage the participation of community members, health workers, parents, and children in the assessment and action planning process. Some additional participatory activities you can undertake include:
 - ◆ working together to complete the school policy and community health assessment profiles discussed in the first Tool in this Booklet on creating healthy school policies;
 - ◆ drawing maps of the school and community, indicating health service locations, water sources, latrines, and areas where children and adults usually defecate or urinate (this could be a part of, or an addition to, the school-community mapping activities discussed in Booklet 3);
 - ◆ developing unfinished stories that present real life health situations in your school or community; and
 - ◆ having children draw or write essays depicting "Our Clean, Dream School and Community."
2. Thereafter, prioritize those services and facilities that are most urgently needed considering your school and community's health situation.
3. Develop action plans for obtaining these services and facilities, thus improving your school's health and nutrition situation. You can use the action planning processes in Booklets 1 or 3 as guides in developing your plans.

Checklist for Nutrition and Health Services and Facilities¹⁹

This checklist is designed to determine if our school's health and nutrition services are adequate. This checklist is not exhaustive, and you may want to add to it based on your school's situation.

Does my school provide services that include: (check if yes)

- the establishment and maintenance of student health and dental records;
- height/weight screening to identify malnourished children;
- detection and treatment of micronutrient deficiencies (such as vitamin A, iron and iodine) that affect child learning;
- feeding programmes, such as healthy meals or snacks;
- detection and treatment of parasitic infections that cause disease and malnutrition;
- screening and remediation for vision and hearing deficits;
- basic first aid training;
- physical education, sport, and recreation classes;
- youth-friendly outreach or on-site services by specially trained staff for the prevention, testing, treatment, and psychosocial support or counselling for HIV/AIDS, pregnancy, substance abuse, sexual abuse, etc.;
- establishment and management of a system to make referrals to community-based providers of medical and mental health services that are not offered by schools;

¹⁹ Adapted from: (1) UNESCO. FRESH: A Comprehensive School Health Approach to Achieve EFA. Paris, 2002 (ED-2002/WS/8 Rev.), and (2) UNICEF and the International Water and Sanitation Centre. A Manual on School Sanitation and Hygiene. Water, Environment and Sanitation Technical Guidelines Series - No. 5. New York, 1998.

- ___ links to welfare and social support mechanisms, especially for orphans;
- ___ prevention from unintended injury;
- ___ first aid and emergency response equipment;
- ___ surroundings that are comfortable and conducive to learning, play, and healthy interaction, and which reduce the risk of harassment or anti-social behaviour;
- ___ accommodations for students with disabilities;
- ___ adequate lighting within and outside the school;
- ___ prevention of exposure to hazardous materials?

Does my school have facilities that provide: (check if yes)

- ___ an adequate and conveniently located water supply for safe drinking, handwashing, and latrine use;
- ___ regular monitoring and maintenance of all water supplies;
- ___ separate latrine facilities for girls and boys, as well as male and female teachers;
- ___ an adequate number of latrines that are readily accessible by all persons in the school;
- ___ the regular and effective use of water (with a scouring agent) for hand washing;
- ___ regular cleaning of latrine facilities and presence of cleaning materials;
- ___ sanitary drainage of wastewater;
- ___ the safe, efficient, and hygienic disposal of faeces;
- ___ waste (such as refuse and garbage) disposal and/or recycling mechanisms?

SCHOOL FOOD AND NUTRITION PROGRAMMES: HELPING CHILDREN WHO DO NOT EAT WELL

A hungry child cannot learn well. When he or she cannot get enough food at home (if they have a home), your school can be an important source of additional food, since malnourished children are ensured at least one nutritious meal a day. This meal may be especially important for children who must work as well as learn, who live on the streets, or whose families are in dire economic straits due to HIV/AIDS.

Moreover, providing nutritious food at school is a simple but effective way to improve literacy rates and to help children to break out of poverty. When school meals are offered, enrollment and attendance rates significantly increase. In traditional cultures where girls are expected to stay at home, school feeding and "take-home rations" often convince parents to send their daughters to school. In emergencies, school feeding provides a critical source of nutrition and ensures that education is not interrupted.²⁰

Nutritious meals ensure that children receive all of the nutrients they require for healthy growth and development. These include protein, fat and carbohydrates, as well as important micronutrients, such as vitamin A, iron, and iodine. All of these nutrients affect children's physical and intellectual development.

Implementing a school food and nutrition programme requires five basic steps. As with all such programmes, gaining the participation and support of parents and the community is extremely important in obtaining the resources needed to establish and maintain these programmes and ensure their success.

Step 1: Establish a partnership with a local health care provider who has the expertise needed to detect and treat protein-energy malnutrition (through weight and height screening) as well as micronutrient deficiencies. If your school has a nurse, she or he may be able to serve in this capacity.

²⁰ World Food Programme (2002) Fact Sheet: School Feeding. Rome.

Step 2: During the first month of school, assess the nutritional status of all children, and enrol those with deficiencies in a treatment programme under the supervision of the local health care provider. For children with protein-energy malnutrition, their weights and heights will tell you if they are undernourished (below average weight for their age), stunted (below average height for their age), or wasted (below average weight for their height). These correlate to first, second, and third degree malnutrition, respectively, and affected children will need food that is high in protein and energy. Children with signs of vitamin A deficiency may benefit from vitamin A capsules. Their meals should also be high in green leafy vegetables as well as orange and yellow fruits (such as ripe mangos and papaya). For children suffering from iodine deficiency, they can benefit from iodine capsules or the inclusion of iodized salt in their meals. Adolescent girls, in particular, may need appropriate iron supplementation.

Step 3: Based on the information gained in Step 2, determine the types of food supplements that can be offered by the school to meet the needs of your children. Ask the nutritionist or dietitian at a local hospital or health centre to help plan the school's nutrition programme and meal schedule. At this point, it is crucial to involve families and community leaders, since they can be valuable sources of assistance for establishing school nutrition programmes. For instance, they may be able to set aside community food stores to be used by the school to supply a school lunch programme. They may also provide assistance in establishing school gardens, or they may actually help to make the lunches or snacks for the children.

Step 4: As part of their life skills training, teach children what healthy foods they should be eating as part of the school's health education programme. For instance, children can discuss:

- ◆ whether they know any children who are too thin and undernourished; and
- ◆ what are the reasons why children are undernourished?

Remember to encourage older children to discuss the deeper reasons, such as, Why is this child undernourished? Why does he or she lack food? If the answer is, "His or her family is poor," then discuss:

- ◆ why is his or her family poor;
- ◆ what can be done to help this child who is malnourished; and
- ◆ what do I need to do to avoid becoming malnourished too?

Children can also participate in monitoring their own nutritional status and in developing the school's food for education programme. For example, in Thailand's CHILD project, school children were encouraged to become "Growth Monitoring Promoters" who measured and monitored their heights and weights, and then identified ways to improve their own and their peers' nutritional status. They also acted as "Iodine Promoters" who identified iodine rich foods and those foods that may inhibit iodine absorption. They also discussed the consequences of iodine deficiency with their families and tested the quantity of iodine in their families' salt supplies. Their knowledge also was used to improve their schools' lunch programmes.²¹

Step 5: Monitoring/Surveillance. At the end of the school year, Step 2 above should be repeated to see if the children's nutritional status has improved. This is also an important time to make plans for the feeding programme to be undertaken during the next school year. Once again, parents and community leaders **MUST** be actively involved in this process and encouraged to help their children remain well-nourished during school break.

While this strategy is presented here for improving children's nutrition, similar steps can be used to screen, take action on other health problems, such as dental health and the control of parasitic infections, as well as monitor the progress of these interventions.

IDEAS FOR CREATING A CLEAN SCHOOL ENVIRONMENT

Clean hands and clean water can go a long way in preventing diseases in your school and in your children's homes. While this may seem to be common sense, it is often a major challenge for many schools. Sometimes the motivation is not there, but more often teachers are at a loss about

²¹ CHILD Project Update. Promoting Children's Participation.
<http://www.inmu.mahidol.ac.th/CHILD>

how to teach hygiene and sanitation effectively, as well as how to mobilize the needed resources—oftentimes from the community—that are required to build safe latrines and water supplies. Effective strategies that are being used today are child-to-child and child-to-adult education on hygiene and safe water. Here are some activities that you might consider using to promote proper hygiene and safe water supplies in your schools.



Action Activity: Involving Children in Hygiene Education

Diarrhoea, worms, cholera, typhoid, polio, and some other diseases are caused by germs. These germs can pass from one person to another on the hands, in dust, in food, and in drinks. Here are some activities that you can incorporate into your school's skills-based health education programme to improve children's hygiene habits.²²

- ◆ **Discussion groups.** Why do some children—especially girls—not want to use a latrine? Are there any children who do not come to school because there are no suitable latrines for them? Talk about these reasons and agree on ways of encouraging use of the latrine. This is an important issue, because the lack of any sanitation facilities (latrines) for girls—or if they exist, separate from boys—is an important reason for girls not wanting to come to school (especially in South Asia). Girls don't want to share latrines with boys (for reasons both of modesty and safety). Heavy rates of urinary infections have even been reported among girl students in one South Asian country because of their inability to use a latrine during the entire school day!
- ◆ **Discussion groups.** Talk about the way to teach younger children—boys and girls—to use the latrine and keep it clean, and why this is important. Older children can discuss some things that help the germs to spread. Examples could be either taking a piece of cloth, wiping the bottom, and leaving the cloth lying around, or simply holding the child out bare-bottomed over the floor or the ground.

²² The source for this activity is: Baily D, Hawes H and Bonati B. (1994) *Child-to-Child: A Resource Book. Part 2: The Child-to-Child Activity Sheets*. London: The Child-to-Child Trust.

- ◆ **Role plays on practicing good hygiene.** Practice good habits at school with the children; for instance, use the latrine; keep it clean; keep hands clean after using the latrine; wash hands before taking foods. Encourage children to act out how they will practice good hygiene habits.
- ◆ **Stories.** Have the children write stories about when, how, and why they should practice good hygiene habits.
- ◆ **Teamwork.** Form a group to make regular inspections of the latrines. The group could check that the latrine holes are covered and that the latrines are clean. If they are not clean, the group could report to a teacher or health worker and ask advice about how to clean the latrines. This activity will help them to develop key life skills, such as decision-making, communication, and interpersonal skills.
- ◆ **Demonstrations (school or community).** Older children can build a child-size latrine in the school compound as an example, measure the pit and make a mould for the plate. A teacher or other adult should supervise the children who do the construction themselves. Parents can help by providing the materials like sand, cement, wood, etc. The children can be grouped according to the places from which they come. In class, they can develop plans for helping each other build child-size latrines at their homes. A progress chart in class can show each home with a small child. Put a tick when a latrine is built at that home and another when the small child has learned to use it. This may be done for boys and girls separately.
- ◆ **Monitor learning.** In discussion groups, or through essays, ask the children to explain:
 - √ what causes diarrhoea and how can diarrhoea be prevented;
 - √ why is it important to be careful about younger children's stools;
 - √ what are some good hygiene habits that can help to stop the spread of germs;
 - √ does the school now have a latrine and a place to wash hands;

- √ how many families have a special latrine or a special place for little children to defecate;
 - √ how the children helped to make the special latrine; and
 - √ how the children have helped younger brothers or sisters to learn better hygiene. Ask them to describe what they did.
- ◆ **Encourage community participation.** Teachers and health workers can emphasize the importance of keeping clean and using latrines to prevent the spread of diarrhoea. Science lessons can be used for learning more about germs; for example, what are germs and how do they spread disease. Teachers and parents can work with older children to plan and build a child-size latrine.
- ◆ **Encourage children's participation.** Children at school, and through scout, guide, and religious groups can spread the ideas of good hygiene, good food, clean water, and keeping clean, through their own good example. They can teach younger ones how to use a latrine and how to keep themselves clean, and help to build suitable child-size latrines where they are needed.

Sample Lesson Plan - Diarrhoea

Learning Objective: To enable student to explain the causes of diarrhoea.

Teaching Aid: Pictures (Latrine, not fly proof, exposed to flies, food swarming with flies, child eats the food, has stomach ache, frequent loose stools).

Teaching/Learning Activities:

1. Ask the students to look at the pictures in groups and answer the following questions.
 - a. What do you see?
 - b. What happened to the child in the pictures? Why?
2. Tell the students that the children in the pictures have a stomach ache, pass loose stools and vomit sometimes. Tell the students this is called diarrhoea.

3. Go on to explain that diarrhoea is caused by:
- Eating food with dirty hands,
 - Eating unhygienic ("dirty") food,
 - Eating food exposed to flies,
 - Eating un-fresh (spoiled) food, and
 - Drinking unclean, unsafe water.

Source: Zarchin J, Aung TM and Jenkins J. (2001) Skills-based Health Education and Life Skills - The Myanmar Experience. SHAPE Project, UNICEF Country Office for Myanmar.



Action Activity: Involving Children in Safe Water

In teaching children about water and sanitation, it is important to communicate that every living thing needs water to live, but dirty water can make us ill. We must be careful to keep water clean and safe, especially where it is found, when we carry it home, when we store it, and when we use it. Here are some activities that you can incorporate into your school's skills-based health education programme to improve water safety.²³

- ◆ **Children can discuss:** Why is water important? List all of the things you can do with water at home, in the community, in hospitals, on farms, and in the whole country. For which of these do we like to have clean water? Is water which is clear or which has a good taste always safe, clean drinking water? (The answer is no. Why?) How do germs get into water? In what ways can water help us? In what ways can water harm us? Do some of the children often have an upset stomach or diarrhoea? Are there other people in the family who do, too? What about the babies? What do you think might have caused this illness?

²³ The source for this activity is: Baily D, Hawes H and Bonati B. (1994) Child-to-Child: A Resource Book. Part 2: The Child-to-Child Activity Sheets. London: The Child-to-Child Trust.

- ◆ **Group work in the community.** In small groups, let the children go to see the sources of water in the community and make a map to show where they are (make use of your school-community map if you have developed one as part of Booklet 3). Find out which sources are clean and well looked after, and which ones are dirty. Note these on the map. If the source is dirty, what is making it dirty? Watch how people draw water and how they carry it home. Is the water kept clean and safe? Discuss what you have seen with the other children.
- ◆ **Group work at school.** Make a list of illnesses that can be spread through unsafe water, and find out more about them. Examine the school's water sources. Where does the water come from? Are the latrines near the water source? How often is the water container cleaned? Are cups used? Are ladles used? Are cups and ladles washed before and after use? Is there somewhere to wash hands before eating and drinking? Do the students always use it?
- ◆ **Individual work at home.** Have the children make a list of all of the containers used for water in their home. Make a list of people in the family who had an illness that was caused by dirty water. Who collects the water for the home? Can you help them? Who keeps the water clean and protected? Is the water container covered? Is there a ladle? Do they wash their hands after using the toilet, and before eating and drinking? Find out from a health worker what is the best way to get clean drinking water in the community.

Children Can Help

Children can help to keep water clean and to take care of it. They can discover activities that are suitable for their age, and can do them alone, or in teams, or in pairs. Here are some examples of the kinds of things they can do.

- ◆ **At the source of the water,** children can help to keep the water supply clean. Explain to very young children that they must not urinate in the water or pass stools anywhere near the water. Collect rubbish and other objects from around the edge of the water source and take them away. Keep animals away from water. Where

there is a tap, help people to use it. This may mean helping old people to fetch and carry water. Make sure taps are turned off after use. Where there is a well, the surroundings must always be kept clean. If there are stones, help to build a small wall around the well. Check to see that the rope and the container are clean. Help to make a support (such as a hook) to hang them on so that they do not lay on the ground. If there is no cover for the well, help to make one if possible. If there is a special bucket provided, make sure people are not allowed to use their own container or bucket to lift the water out of the well. If there is a hand pump, make sure people use it carefully. It should not be pumped too violently, and it should never be used for play.

- ◆ **When people collect water and take it home.** Explain that the containers they use must be clean. If the water at the source is not clean, explain to people that they should filter or boil the water.
- ◆ **At home.** Explain to younger children that they should not put their hands, dirty objects, or anything else but the ladle into the water. Help to keep the container where the water is stored clean and covered. Help younger children to use a ladle to get water out of the storage container. Teach them to put the cover back on the water container when they have finished. Do not put the cover on the floor while taking water out of the container. Avoid spilling water on the floor, and store the ladle or jug used for taking water out of the storage vessel in a clean place. It should be put out of the reach of animals and not be placed on the floor.

Monitoring

After several weeks or months, children can be asked to discuss with the other children what they have remembered; what they have done to make water cleaner and safer; and what more they can do.

Is the place where water is collected cleaner? Has all the rubbish been taken away? Are water containers always clean, especially on the outside? Do more children wash their hands after defecating and before eating? How many people are still getting illnesses from unsafe water?

Tips to improve your school environment

(The following information, developed by Karin Metell, addresses ways to help create a hygienic and healthy school environment)

1. Assess the school environment. How can you make it more learning-friendly, safe, and healthy? Identify five areas for easy improvement and make an action plan together with the children
2. Assess together the hygienic habits of children and their parents in school and at home. Identify five bad behaviours that affect children's health and set goals to change them.
3. Make sure children have safe water for drinking in school!
4. Organize regular "Clean and Healthy School Days." For example, all students can clean their school compound once a week.
5. Select "child monitors for health" who report on disease prevalence in their community. Link monitoring to environmental action.
6. Invite children to make an environmental map of the community to identify resources and sites in need of protection and improvement. Take action!
7. Involve parents in concrete activities to improve hygiene facilities at school, such as constructing latrines.
8. Take early steps to an environmentally-friendly school by recycling, setting up a compost bin, arranging a kitchen garden, planting trees, and making sure that water is not wasted.
9. Arrange hand-washing facilities with soap or ash close to the latrines. Make sure they are used and maintained!

*From: Exploring Ideas. UNICEF Website: Teachers Talking about Learning.
www.unicef.org/teachers*



Tool 6.4 What Have We Learned?

CREATING HEALTHY AND PROTECTIVE POLICIES

School health policies that mandate a healthy, safe, and secure school environment are the guidelines we need to take action to improve the learning of all children. Determining what policies are needed requires the participation of many stakeholders within the school and community. Development and implementation of such policies—from advocacy, to consensus building, reflection, policy setting, and action—is a process of awareness-raising and partnership building. We can benefit by working closely with health officials and care providers, as well as with teachers, students, parents, and community leaders.

Once policies are in place, they must be effectively enforced and monitored by all parties—including students—to ensure that the benefit all children equally.

Now ask yourself, "What policy changes are needed in my school?" Discuss these with your colleagues and students, and then develop action plans for making your school a healthier place to learn!

GIVING CHILDREN SKILLS FOR LIFE!

Through skills-based health education, children develop their knowledge, attitudes, and life skills. They can then make decisions and take positive actions to promote healthy and safe behaviours and environments.

Skills-based health education programmes focus on changing specific health behaviours that are related to health needs of both girls and boys (gender sensitive). Children actively participate in learning information and, more importantly, how to turn their knowledge into immediate actions.

Some of the important life skills that children learn include communication and interpersonal skills, decision-making and critical thinking skills, as well as coping and self-management skills. These life

skills help children to deal with such issues as the prevention of substance abuse and violence, as well as to promote healthy nutrition, sanitation, hygiene, and mental health. They are particularly valuable in preventing HIV/AIDS and in reducing stigmatization for those who are affected.

Some of the ways we can integrate a skills-based education programme into our teaching is through using active learning methods, such as discussion groups, drama and role playing, as well as stories and demonstrations.

Now ask yourself, "What changes can I make in my classroom teaching to promote skills-based learning amongst my students?" Come up with three personal targets and compare and discuss with your colleagues and students. After one month, compare how you are progressing.

IMPROVING SCHOOL NUTRITION, HEALTH, AND SANITATION

Children with diverse backgrounds and abilities are particularly susceptible to poor nutrition, health, and sanitation. School nutrition and health services and facilities can benefit these children the most through providing food, encouraging healthy hygiene habits, and working with parents and families to improve the availability of safe water and sanitation facilities.

Our schools can effectively deliver some health, nutrition, and sanitation services if they address problems that are prevalent and recognized as important within the community and are simple, safe, and familiar.

Effective school nutrition, health, and sanitation practices can be valuable means for teaching children important life skills and allowing them to practice them at school.

Our schools should be examples for the community and our children. We should not only teach good health, nutrition, and hygiene habits; we should also practice them!

Now ask yourself, "What services or facilities does my school need, or need to improve with regard to nutrition, health, and sanitation?" Discuss these with your colleagues and students, and then develop action plans for improving your school's situation!

WHERE CAN YOU LEARN MORE?

This Booklet has benefited immensely from the following sources, and these are gratefully acknowledged here. Readers are encouraged to consult these sources in order to learn even more about creating a healthy and protective ILFE.

Publications

Baily D, Hawes H and Bonati B. (1994) *Child-to-Child: A Resource Book. Part 2: The Child-to-Child Activity Sheets*. London: The Child-to-Child Trust. This publication is an excellent resource for promoting children's participation in several areas. Readers are encouraged to use it in developing their lesson plans and activities.

Commonwealth Secretariat and Healthlink Worldwide (2001) *Gender and Relationships: A Practical Action Kit for Young People*. London.

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Son V, Pridmore P, Nga B, My D and Kick P (2002) *Renovating the Teaching of Health in Multigrade Primary Schools: A Teacher's Guide to Health in Natural and Social Sciences (Grades 1,2,3) and Science (Grade 5)*. British Council and the National Institute of Educational Sciences: Hanoi, Vietnam.

Schenker II, Nyirenda JM. (2002) *Preventing HIV/AIDS in Schools*. International Academy of Education. Educational Practices Series 9. Paris.

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World Health Organization (2000) *Local Action: Creating Health Promoting Schools*. Geneva.

World Health Organization (1998) *WHO Information Series on School Health. Document 3. Violence Prevention: An Important Element of a Health-Promoting School*. Geneva.

World Health Organization (1998) *WHO Information Series on School Health. Document 4. Healthy Nutrition: An Essential Element of a Health-Promoting School*. Geneva.

World Health Organization (1998) *WHO Information Series on School Health. Document 6. Preventing HIV/AIDS/STI and Related Discrimination: An Important Responsibility of Health Promoting Schools*. Geneva.

Web Sites

Barriers to Girls' Education: Strategies and Interventions. UNICEF Teachers Talking About Learning.
http://www.unicef.org/teachers/girls_ed/barriers_02.htm

Education Queensland. Identifying At Risk Students.
http://education.qld.gov.au/health-safety/promotion/drug-education/html/m_risk.html

Focusing Resources on Effective School Health.
<http://www.freshschools.org>

International Academic of Education. IAE has many publications in its "Educational Practice Series" including such topics as teaching, parents and learning, effective educational practices, teaching additional languages, how children learn, and preventing behaviour problems, amongst many others. You can download copies at:
<http://www.curtin.edu.au/curtin/dept/smec/iae>

International Bureau of Education. Copies of IAE's "Educational Practice Series" as well as other valuable publications are available at:
<http://www.ibe.unesco.org>

National Center for Assault Prevention.
<http://www.ncap.org/identify.htm>.
NCAP also has an international division with some materials translated in Spanish, French, Vietnamese, Cantonese, Romanian, Russian, and Japanese. Learn more about this at:
http://www.ncap.org/cap_international.htm.

School Health Web Site.
<http://www.schoolsandthehealth.org>

The Global Program on Youth. Monitoring School Violence.
<http://gpy.ssw.umich.edu>

UNESCO. Non-Violence Education.
<http://www.unesco.org/education/nved/index.html>