

# The 7th Annual Short Course Report on Strengthening Contemporary School Health, Nutrition and HIV/AIDS Prevention Programmes



**Nairobi, Kenya**  
**24 October – 31 October 2011**







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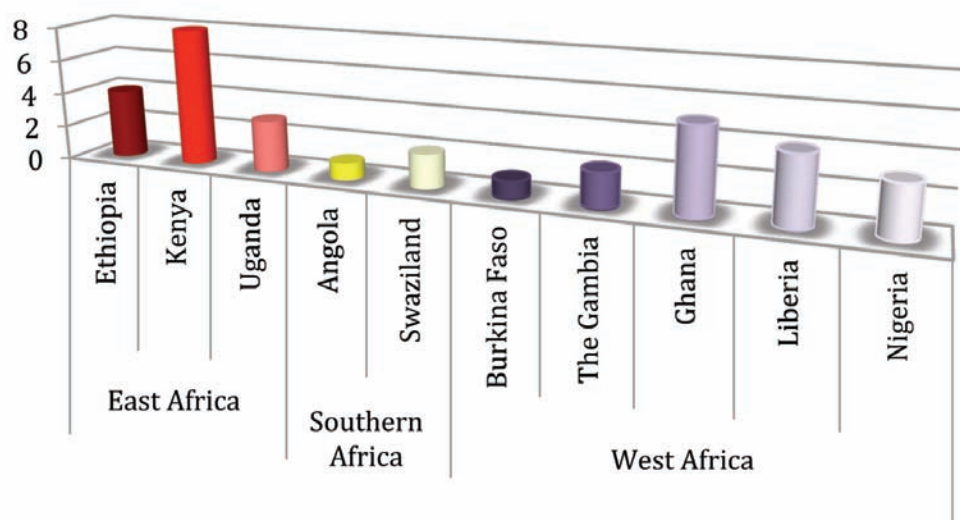
# Introduction

The Partnership for Child Development (PCD), in partnership with the Eastern and Southern Africa Centre for International Parasite Control (ESACIPAC) and West African Centre for International Parasite Control (WACIPAC), held the 7th Annual Short Course on *Strengthening Contemporary School Health, Nutrition and HIV Prevention Programmes* at the Kenya Medical Research Institute (KEMRI) in Nairobi. The course aimed to build capacity amongst participants and their respective countries in school health, nutrition (SHN) and HIV prevention to further contribute to the achievement of the Millennium Development Goals and Global Partnership for Education's Education for All movement.

In total, thirty-three delegates representing ten countries joined together for the intensive eight-day training course. As Figure. 1 shows, all Sub-Saharan regions of Africa were represented with participants coming from Angola, Burkina Faso, Ethiopia, the Gambia, Ghana, Kenya, Liberia, Nigeria, Swaziland, and Uganda.



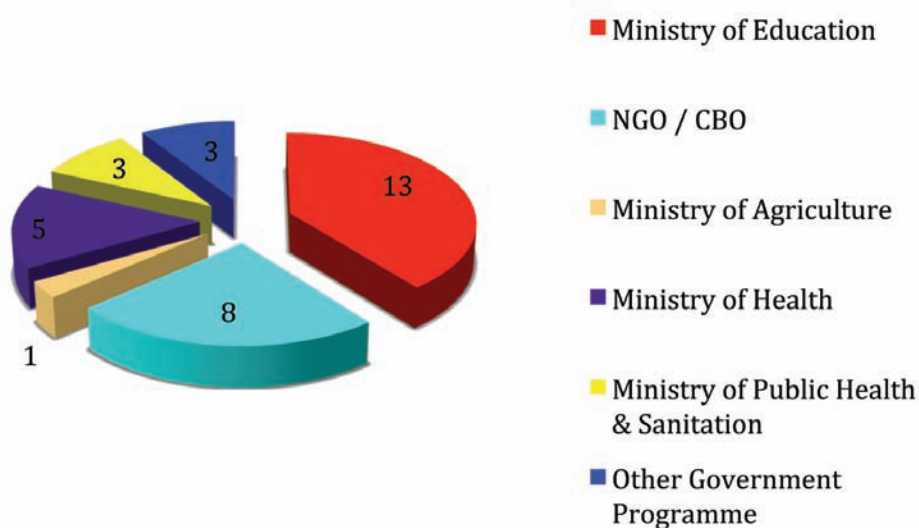
**Figure 1.** Participating countries in 7th Annual Short Course



**Figure 2.** Distribution of participants by country and region

As Figure 2 shows, Kenya had a strong host-country delegation at the short course, as did several other West African countries. Lone participants representing Angola and Burkina Faso made extremely valuable contributions to the course, introducing new countries and partners not previously seen on the Course.

Delegates came from a mixture of professional backgrounds and sectors including Ministries of Health, Education, Agriculture, and Social Welfare and a range of non-governmental organisations (NGO) (see Figure 3). NGOs represented 24% of delegates and those present included but were not limited to the World Food Program, Save the Children, Girl Child Network, and the Catholic Relief Service. Overall, 39% of participants came from the Education Sector, while 15% were from their countries' Ministries of Health. Several delegates worked for Ministries of Public Health & Sanitation and other government programmes and the Ministry of Agriculture (MoA) for Kenya was formally represented. It is hoped that in future years MoAs will increasingly find relevance in attending the course particularly for the components on home-grown school feeding.

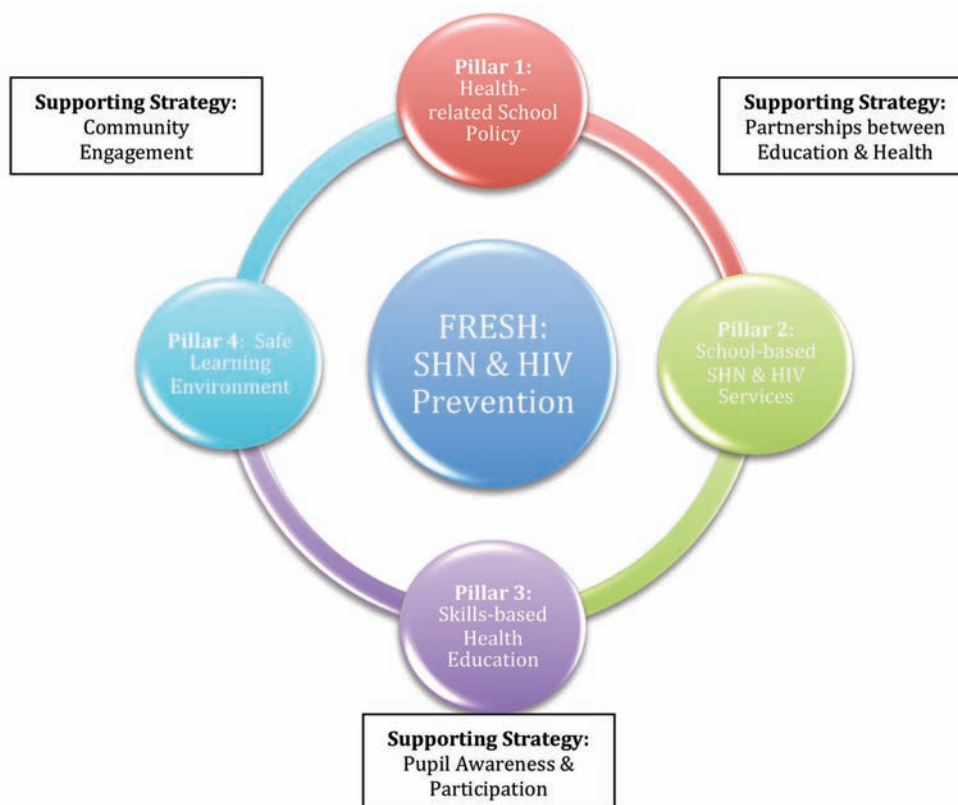


**Figure 3.** Distribution of participants by professional sector

# Course Structure

**The 2011 short course saw delegates join in Nairobi for an intense eight-day workshop during which participants shared best practices, knowledge and experiences in school health and nutrition and HIV prevention amongst countries and across sectors.**

This year the course endeavored to be even more participatory than in previous years as the duration of didactic learning was shortened from ten to eight days and time spent observing and learning in the field was increased. As in previous years, the course remained structured around the FRESH (Focusing Resources on Effective School Health) Framework, illustrated below in Figure 4, (see the Schools & Health website for more information), but with particular emphasis on encouraging country teams and individuals to try tools and guidelines related to the Pillars and Supporting Strategies in group work before returning to home countries.



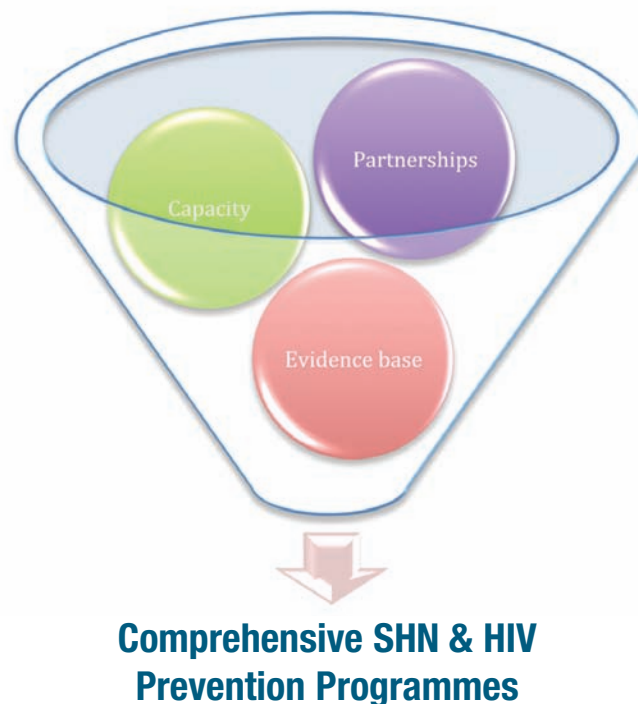
**Figure 4.** Pillars of FRESH (Focusing Resources on Effective School Health) and the supporting strategies

The FRESH framework remains a key feature of the course and an effective means of shaping comprehensive school health, nutrition and HIV prevention programming, however it is acknowledged it is only a starting point and that with each year the Course must continue to introduce new and relevant learning opportunities.

At the outset of the course, participants and facilitators both articulated their expectations for the week as gaining new knowledge of school health; increasing the ability to apply knowledge; increasing capacity for partnership and collaboration; sharing experiences among countries; and specifically, learning more about the area of eye health, this year's keynote topic. Marrying the FRESH framework with course expectations, the eight days focused on further development of skills in logical frameworks, project cycle management, and monitoring and evaluation, coupled with contemporary teaching on emerging issues in school health such as eye health providing participants with up-to-date, practical knowledge and tools, as well as enhancing networking to support their work and contribute to further change in their home contexts.

This structure ultimately supports the short course's longstanding aims to broadly strengthen partnerships, build capacity, and utilise the robust and growing evidence base to advocate for continued and strengthened political and financial commitment to SHN & HIV prevention programming.

## Meeting the Aims of the course



**Figure 5.** The aims of the training course



## Aim 1: To strengthen global, regional, national and local partnerships

The importance of partnership working across sectors and borders was emphasised throughout the course through a variety of formal learning and more social activities including:

### Market Place

Early in the course a social event hosted participants and provided an opportunity for country teams and participants' Ministries and NGOs from across sub-Saharan Africa to showcase their exemplary SHN and HIV prevention programmes. Delegates used the event to share information, education and communication materials used by their various programmes, exchange experiences and knowledge, and form new relationships with practitioners and policy-makers from outside their home contexts. Kenya's Ministry of Education showcased the growing Njaa Marafuku Kenya (NMK) Project radicalizing/End of Hunger in Kenya which offers one potential model for delivering home-grown school feeding. Local NGOs without participants on the course were also invited to join the event. Guests enjoyed dancing and music from a live band and dancing, refreshments and dinner and the opportunity to get to know one another better which supported group interactions as the course progressed.



### Thematic Group Sessions

As priorities and status of implementation of SHN & HIV prevention programming differs greatly across contexts, participants arrived with varying degrees of knowledge, experience and indeed interest in particular aspects of SHN. As such, this year saw participants selecting multiple technical areas in which they could enhance their capacity. Thematic group sessions were available in the following subject areas: deworming, malaria, water, sanitation and hygiene (WASH), HIV/AIDS prevention, school feeding, eye health, community participation, and monitoring and evaluation (M&E). By preferencing thematic groups, participants had valuable time to explore more in depth two issues of particular relevance and/or interest or that they may be responsible for in their home contexts in smaller groups. Groups were led by technical experts with practical and evidence-based experience in the respective thematic area.

According to participants, thematic groups were essential for information sharing and viewed as *“thorough”* opportunities *“to discuss very practical issues”*, to *“clarify country practices following country presentations”* and to identify areas within one's own SHN programme requiring more attention. Others reported thematic groups as positive because of their participatory and interactive nature which diversified experiences and supported networking.

Focused networking and greater engagement across sectors and regions was further contributed to through country teams working together to produce country presentations; through targeted group discussions and practical work piloting tools and walking through steps of programme evaluation; and through visits to the field.

Feedback from participants indicates partnership working and exchange of valuable experiences and information was enhanced through attendance on the course. For some delegates, the course offered the first opportunity to network beyond their national pool of SHN colleagues and to establish international relationships with fellow practitioners. Participants felt fellow attendees were *“relevant”, “professional”,* and came from *“established networks of high quality”*. Through group work, country groups, country presentations and field visits, participants felt they were able to *“meet new people to help with specific issues”*. These new contacts were then used to gather more information and promote leadership by *“learning more effective ways of working and planning”*. Participants expressed interest in maintaining these new-found and strengthened partnerships through future conferences, courses and country-to-country study tours.





## **Aim 2: To strengthen capacity at the national level of both health and education sectors to support all SHN and HIV prevention programme components**

A number of activities were undertaken to support capacity building of country teams and individuals. Didactic technical sessions led by expert SHN practitioners and trainers followed by smaller facilitated group discussions allowed for constructive information sharing and real learning to take place.

### **All Eyes on Refractive Error**

This year's keynote session on eye health as part of comprehensive SHN programming introduced delegates to the evidence base on eye health and refractive error and demonstrated realistic possibilities of incorporating eye health into wider SHN packages of care. Thematic group sessions and side discussions with particularly interested countries/individuals provided opportunities to consider possible implementation models and planning with eye health experts in attendance.

Representatives of Helen Keller International (HKI), the International Agency for the Prevention of Blindness (IAPB), and the International Centre for Eyecare Education (ICEE) were present for the duration of the course to support one-on-one discussions on next steps for those interested in pursuing eye health issues back home. Participants acknowledged the benefit of this year's keynote topic as "*it is not given due importance*" in current SHN programming. School-based eye health programming was also noted as being the most-improved area of SHN in the snapshot evaluation at the end of the course.



### **Capacity Building in Policy and Partnership Working**

The importance of developing and jointly agreeing SHN policy among key stakeholders was reiterated as a cornerstone of effective action on school health and nutrition. Participants were introduced to practical tools and guidance that could support ministries, practitioners and policy-makers to identify priority areas and initiate a way forward for country policies and programmes. Often these were presented in the form of case studies, demonstrating theory in practice. For example, the evolution of Kenya's SHN agenda and specifically their story of strong partnership building between the Ministries of Health and

Education and now Agriculture was used to illustrate the importance of stakeholder engagement, partnership planning and joint ownership over the SHN agenda nationally. Participants reported policy sessions as particularly useful as they focused on presenting example policies from a variety of contexts, “showing how others have done things before” and benefitting those countries “at the beginning of implementation”.

A strong emphasis was also placed on building the practical capacity of participants in planning, implementation and M&E of country programmes and policies.

## Logical Framework Development and M&E

Often translating policy and strategy documents into programmatic terms is the pivotal challenge to realising improved SHN in schools. As such, participants worked collaboratively in country teams throughout the course to consider given priority areas, available resources and stakeholders, and their links to activities, outputs, and ultimately the change they wish to see on the ground. A step-wise process of understanding project cycle management, how to develop logical frameworks, and how to monitor, evaluate and readjust programmes in response to this was undertaken. By the end of the course, each country team had developed draft logical frameworks for their chosen priority area within SHN which could be taken back and shared with colleagues in their home countries. Example logical frameworks for Uganda and Nigeria are presented in part below.

Countries presented their vision for the future of their SHN programmes along with part of their log frames to the delegation and electronic copies of each country’s plan were exchanged at the end of the course.

DRAFT UGANDA SHN LOG-FRAME				COUNTRY: NIGERIA FOCUSING ON WASH.			
FRESH PILLAR 1-FRESH Core Component I School Health Related Policy							
Narrative Summary	Verifiable Indicators	Means of verification	Critical Assumption	Narrative Summary	Verifiable Indicators	Means of Verification	Critical Assumption
<b>Impact/Goal:</b> Improved academic performance of children	-An x% improvement in Mean Scores in school subjects	Exam Grades	Activities implemented will have an impact on the academic performance	<b>Impact/ Goal:</b> Improved health status of school children for high academic achievement with 80% by 2015.	No of trained teachers using IEC materials; % of schools using Gender-sensitive latrines and Urinary; Decreased % of referral cases.	Reports, data, Annual National Schools Result.	Annual budget will be released on time. Development partners will support.
<b>1 Outcome:</b> -Increased coverage of SHN Implementation of the policy and strategic plan by the key-line ministries and other stakeholders in the country	No of key line ministries and stakeholders implementing the approved policy and strategic plan -No of stakeholders represented - Successful launch of the policy -Coverage of policy documents disseminated	Records of policy and strategic plan documents disseminated of schools and children reached	Partners interested will not implement SHN in one area/region	<b>Outcome/Objective:</b> Reduced incidence of childhood diseases with 80% in primary schools by 2015.	% of pupils with higher academic performance by 2015. % of referral cases	Reports, data, Annual Health abstract.	The Minister of Education will give priority to WASH activities in schools
<b>2 Outputs:</b> -Successful launch and dissemination of the SHN policy to key ministries and stakeholders -Official approval of the policy by cabinet -Clearance of the policy by the MoFPED -Strategic plan approved by the Education sector consultative committee and stakeholders.	The policy approved by cabinet approved -The strategic plan approved by stakeholders	Minute extract from cabinet for the policy approved -Clearance certificate from cabinet & MoFPED	Cabinet will buy in & approval the policy	<b>Output/Result:</b> -WASH activities established in primary schools with 80% by 2015.	No of teachers trained on use of IEC materials; No of Pupils washing hand s, using toilets and Urinary 100% correctly.	Reports, data, Annual Health abstract.	The contractors will construct very solid gender sensitive toilets, Urinary and also put hand washing facilities in place according to WHO, UNICEF and World Bank specifications.
<b>3 Activities:</b> -Consultations meetings of key ministries, stakeholders for update of a comprehensive school health policy and SHN strategic plan -Meetings with Ministry of Finance , OPM, National Planning Authority and to layout strategies for the policy approval by cabinet -Brief meeting with Cabinet for the approval	Nq of stakeholders meetings held	Minutes and reports of meetings	Political will & Stakeholders buy-in	<b>Activities:</b> 1. Convening Stakeholders meeting to discuss WASH activities in schools. 2. Mapping of schools with regards to WASH activities. 3. Assessing whether the schools involved demonstrated any significant change. 4. Identifying gaps and discussions with stakeholders on the WAY FORWARD to re-establish WASH in schools. 5. Capacity- building of Implementers on WASH	No of meetings held and a WAY FORWARD concluded to re- establish WASH activities in schools; No of schools visited and mapped out; No of working materials distributed. No of personnel trained.	Annual Reports and data collected	Funds will be available. Existing WASH schools will not demonstrate any significant change.



Delegates rated sessions on project cycle management, logical framework development and M&E as highly important to their learning on the course. Logframes incorporating the pillars of FRESH provided clear “*structure and guidelines*”, and were felt to be more likely to support “*meaningful performance*” and to “*bring about results*” as they help “*in setting realistic, achievable goals that can be monitored at each step of implementation*”. Monitoring and evaluation was “*demystified*” and participants felt uptake of methods taught would likely contribute to “*sustainability*” of programmes. As one participant noted, “*M&E isn’t just for the guy at the top; it’s for me to know my results and progress*”.

The field visits also provided real-life exposure to the pillars of the FRESH Framework and supporting strategies in practice, enhanced participants’ capacity to reflect on effectiveness of implementation and to identify common challenges, successes and potential solutions to their own SHN programmes.

## Field Visits

This year participants travelled to Maragua and Mwea in Kenya’s Central Province, approximately two hours northeast of Nairobi, to engage with local SHN practitioners and observe school level implementation of activities. The visits were structured around the pillars of FRESH with a focus on WASH, skills-based health education, and observance of school-based services including deworming and home-grown school feeding. Prior to the field visit, participants were asked to develop, with support of experts in SHN M&E, checklists of best practice to guide their observations in the field. This supported critical engagement with the interventions seen and guided question and answer sessions with stakeholders on the ground including parent teacher associations, school principals, and students.







The four schools visited were selected as they each presented strengths and challenges in delivering key components of SHN programmes. Model latrines, originally constructed with support of the Japanese International Cooperation Agency (JICA), were in place at one of the observed schools, however the school's WASH facilities have not been externally supported for over five years. Thus the visit exposed participants to the reality of the challenges of sustainability and maintenance, particularly in light of reduction of donor funding and external technical support. Despite recognising these challenges, a number of participants relayed their pleasure and feelings of being greatly impressed by the schools' strong commitment and practice of community engagement. For some, this was the first experience of seeing active and meaningful community participation in the delivery and sustainability of school health and nutrition programmes.

One of the schools participating in Kenya's NMK project highlighted the benefits and indeed necessity of engaging with school management committees, parents, teachers, and other community members, in their roles as farmers and caregivers in order to develop strong and sustainable home-grown school feeding. Participants visited the school kitchens, farms, and observed lunch time feeding sessions. Discussions were then guided by both the school principal and representatives from Kenya's Ministry of Agriculture, further demonstrating excellent partnership working between the government and school and community-level leaders.





In addition to demonstrated community engagement at all schools, participants communicated that observations of widespread WASH such as all children practicing handwashing with soap were *“overwhelming”* and *“eye opening”*. Integrated skills-based health education into every day subjects at each level of schooling was observed and participants praised the *“excellent quality of teaching and student engagement in health education messaging”*.

Though participants spent time at each school speaking with school management committees, parents, teachers, and in some cases students, they suggested that in future years even more involvement with stakeholders and ministries involved in the host country programmes would be advantageous. Additionally, visits to a wider range of school settings, if possible, would allow for further comparison in various models of SHN delivery, e.g. urban versus rural contexts. Overall, school field visits were seen to capture the FRESH Framework, translating theory into practice, thereby reinforcing the course’s teachings and 93% of participants rated the field visit as ‘good’ or ‘very good’ during course feedback.





## Dissemination Plans and Attitudinal Change

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

Course attendees cited no less than 30 separate stakeholders they intended to share course messages with upon returning home. These stakeholders ranged from national level Ministers and Permanent Secretaries, to district level planning teams, (international) non-governmental and community-based organisations working in partnership on SHN activities, to frontline beneficiaries and community members such as teachers, parents, and students themselves. Strategies for sharing information included written reports, post-course briefing sessions, presentations, meetings with partnering ministries, and even arranging a retreat for one country's colleagues that would particularly aim to include sectors and stakeholders previously not engaged. Delegates intended to share materials acquired during the course, but more importantly stressed the cruciality of feeding back country SWOT (strengths, weaknesses, opportunities, and threats) analyses, best practices gathered from other country experiences, the developed draft logical frameworks and action plans. Delegates intended to return home with the message that there is a *“way forward”* despite present gaps and needs, but that there is a *“dire need [for] collaboration between stakeholders in ensuring [SHN activities are] well-coordinated”*.

Notable changes and strengthened commitment to progressing SHN in home countries was evident by the end of the course as participants expressed feeling *“empowered”* and awareness of SHN's potential effects on student performance had *“drastically”* and *“completely changed”* as participants developed better understanding of the real long-term impacts of strong SHN or the lack thereof. Each delegate took away something different of value to their role, however key take-home messages included the importance of student, parent, and community participation in SHN programmes; intersectoral collaboration as a *“must do”*; government will and commitment is essential; and that *“there is no short cut”* to more comprehensive and effective school health and nutrition, but there is much that can be done even in settings with limited training and resources.



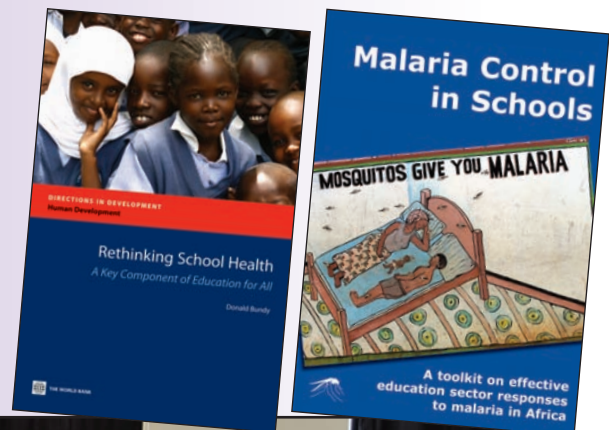


## **Aim 3: To provide evidence-based messages for communications and advocacy to build political and financial commitment for the provision of SHN and HIV prevention programmes**

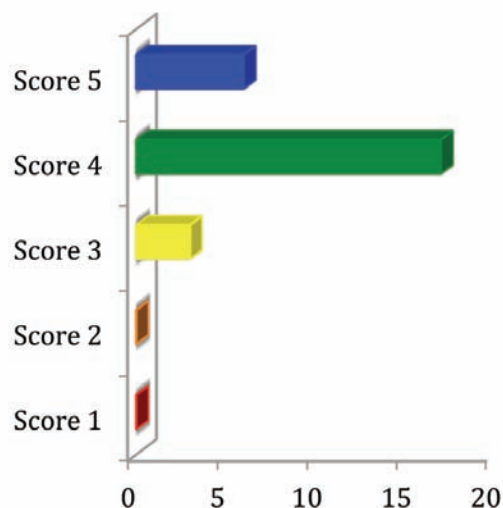
The partners, ESACIPAC-KEMRI, WACIPAC, and PCD, along with expert trainers and facilitators, continue to emphasise the necessity of policy and programme development and implementation to be based on sound evidence. As each organisation is a leader in research in their own right, and maintains strong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

### **SHN Resource Repository**

Participants received a wide range of evidence-based materials throughout the course of the week in the form of case studies and briefing notes, books, toolkits and guidelines, films, and an electronic library of relevant and up to date peer reviewed research and grey literature. Ongoing information sharing and dialogue between delegates and Course partners continues to be encouraged.

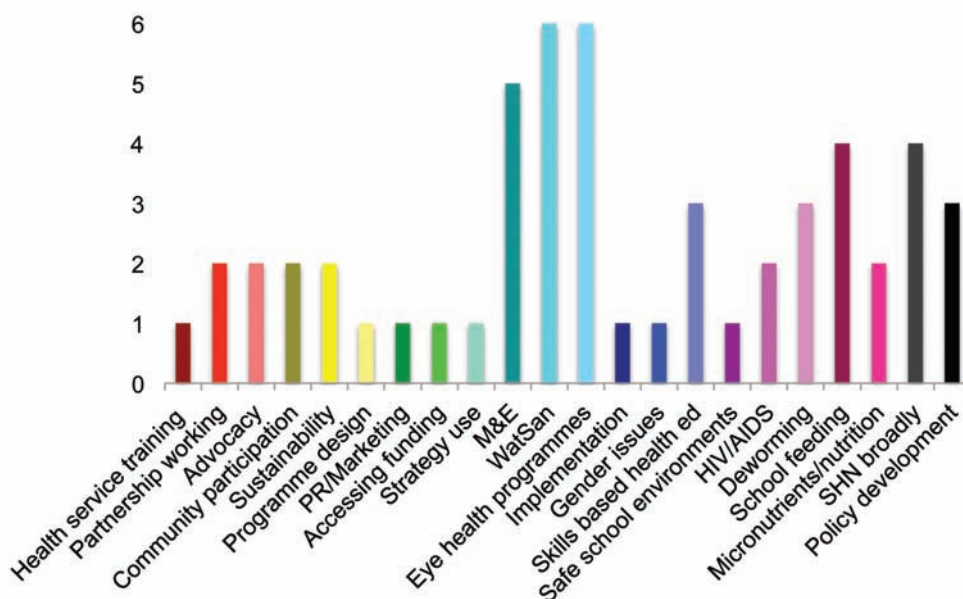


Almost all attendees rated the course's teaching tools and evidence as highly relevant to their current work, reinforcing the message that even in resource-limited contexts good practice can be achieved, but that political will and commitment must be sustained in order to see through the challenges of implementation. When asked to what extent participants felt knowledge acquired during the course could contribute to motivating further political interest in SHN & HIV prevention in their home contexts, the majority of participants responded positively (see Fig. 6 on page 16).



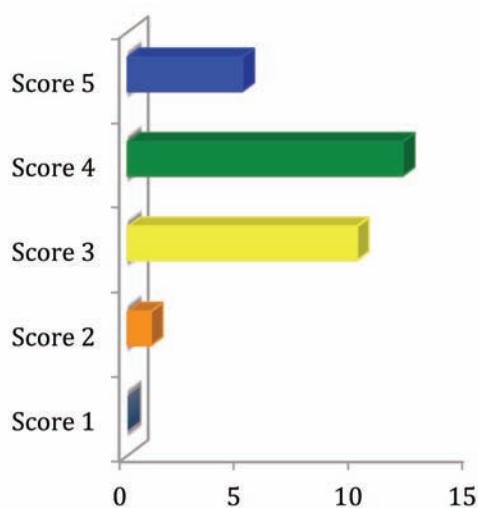
**Figure 6.** Extent knowledge acquired will enable participants to motivate further political interest in SHN

Particular areas in which delegates reported feeling better equipped to advocate for increased attention included eye health; community engagement; home-grown school feeding; improvements in policy, memoranda of understanding and strong collaboration between Education and Health; use of effective planning tools; and the potential of previously disregarded or unconsidered stakeholders, such as teachers, to be involved. However, delegates were also asked whether they as individuals or their respective organisations would be interested in obtaining further support from the Course partners, and if so in which areas they felt further evidence, skills or engagement would be beneficial. As shown in Fig. 7 below, a range of areas were requested, with the highest emphasis on further developing skills in M&E, WASH, and eye health. Although less popular overall, suggested issues such as gaining advocacy skills, support in building partnerships, and matters surrounding funding and sustainability are no less important.



**Figure 7.** Areas in which delegates would like continued or further support from Course partners

This interest in topics such as advocacy, accessing funding, and sustainability is further reflected by participants' slightly less confident feedback that they would be able to garner increased financial commitment to their SHN programmes (see Fig. 8).



**Figure 8.** Extent knowledge acquired will enable participants to secure sufficient SHN & HIV funding

However, as almost all countries in attendance felt current budgets were insufficient to meet the needs of delivering truly comprehensive SHN & HIV prevention programmes, Course partners have taken these requests for further support into consideration and will look to develop future trainings with these challenges and suggested areas of interest in mind.

Overall, delegates highlighted that evidence in the form of case studies and through the process of country assessments “gave concrete ways to implement good practice”, provided ideas “worth experimenting with” and were “helpful in comparing implementation...and gaining motivation or reassurance [we are] doing well...it showed just how far we’d come”. The course’s step-wise approach to evaluating country policies and programmes and developing logical frameworks as a tool to move forward helped delegates “identify crossover effects, where activities run concurrently or by default, how to map activities” and encourage greater “synergies” through better partnership working.

## Reviewing the Course

Throughout the duration of the course, organisers and facilitators engaged in ongoing discussions about each day’s challenges and successes to inform follow-on activities and tailor the course to the needs and expectations of the participants. Course organisers gathered formal feedback from partners, local and technical organising committees, and other collaborators who helped in delivering the course. As learning organisations, PCD, ESACIPAC-KEMRI, and WACIPAC welcomed feedback from course participants. A snapshot evaluation was collected on Day 1 and Day 8 of the course, which aimed to capture changes in participants’ reported understanding of key areas of SHN addressed by the course, with the aim of seeing higher levels of understanding by the end of the course.

**Resources on Effective School Health (FRESH) Framework**

Participant Name: \_\_\_\_\_

- Please rate your current understanding of the following school health-related subjects, where [1] represents no prior knowledge in the area and [10] is an effective practitioner in the area.  
- Please indicate your current understanding by circling a number.

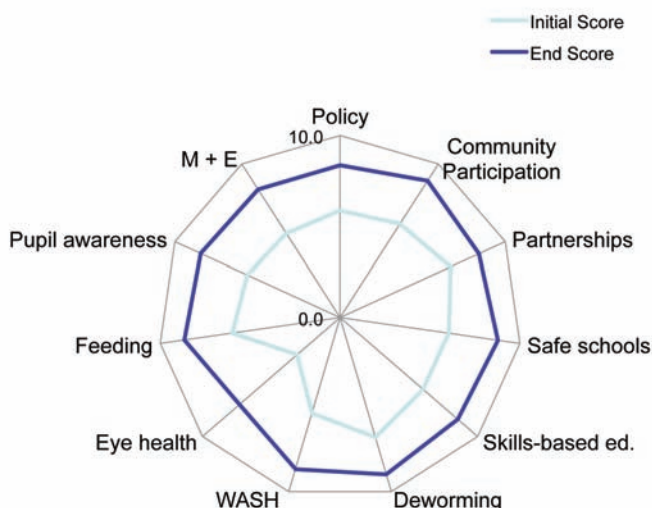
FRESH COMPONENT I: POLICY										
Policy and strategy development in school health and nutrition:	1	2	3	4	5	6	7	8	9	10
Community participation in school health and nutrition interventions:	1	2	3	4	5	6	7	8	9	10
Partnerships between the education and health sectors in school health and nutrition:	1	2	3	4	5	6	7	8	9	10
FRESH COMPONENT II: ENVIRONMENT										
Safe school environments e.g. school-based sanitation, hygiene and water:	1	2	3	4	5	6	7	8	9	10
FRESH COMPONENT III: EDUCATION										
Skills-based school health and nutrition education e.g. malaria & HIV prevention education:	1	2	3	4	5	6	7	8	9	10
FRESH COMPONENT IV: SERVICES										
Deworming interventions in schools:	1	2	3	4	5	6	7	8	9	10
Water & sanitation services in schools:	1	2	3	4	5	6	7	8	9	10
School-based eye health programmes:	1	2	3	4	5	6	7	8	9	10
School feeding programmes:	1	2	3	4	5	6	7	8	9	10
SUPPORTING STRATEGIES IN SCHOOL HEALTH										
Pupil awareness and participation in school health and nutrition programmes:	1	2	3	4	5	6	7	8	9	10
Monitoring & evaluation in school health and nutrition:	1	2	3	4	5	6	7	8	9	10

The following thematic sessions are available later in the course, please provide your top 3 preferences below:

Deworming	Malaria Education	Water & Sanitation Monitoring & Evaluation	1.
Community Participation	School Feeding	School Eye Health	2.
HIV/AIDS Prevention	School Feeding	School Eye Health	3.



As can be seen below through comparing the pre- and post-course snapshot evaluations, participants reported increased understanding in every area of SHN addressed by the course. Particular gains in knowledge are noted in eye health, but also in WASH, school feeding, pupil and community participation and M&E.



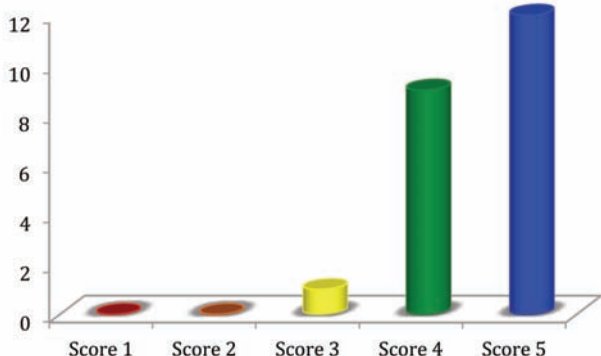
**Figure 9.** Results of the pre- and post-course snapshot evaluations

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

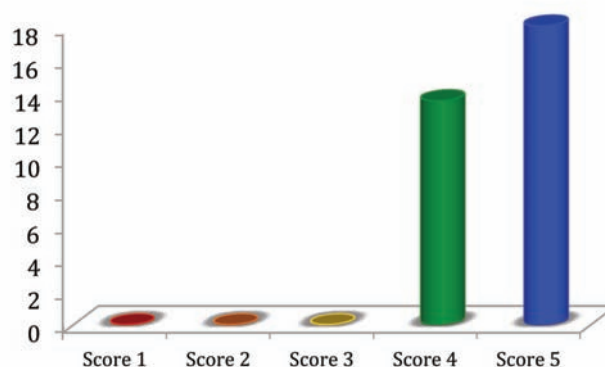
1. To what extent do you think that the technical knowledge acquired during the course will enable you to secure sufficient national SHN/HIV prevention funding?	1 2 3 4 5
2. To what extent has the technical knowledge acquired during the course enabled you to better implement your national SHN & HIV prevention activities?	1 2 3 4 5
<b>Course Facilitation and Administration:</b> Please rate the relevant aspects of the course below on a progressive scale of 1 to 5, where 1 is the worst and 5 is the best. In this scale, 3 is the middle.	
1. How clear was the teaching by the facilitators?	1 2 3 4 5
Please describe:	
2. Do you feel the facilitation could be improved? How?	Yes / No
Please describe:	

Overall, participants were overwhelmingly satisfied with the course.

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



**Figure 10.** Overall course satisfaction



**Figure 11.** Likelihood of participants to recommend the course to other SHN practitioners

## Recommendations and Next Steps

Through review of course evaluations, discussions with participants and Course partners, several key recommendations emerged from this year's short course. Additionally, this year PCD's communications team facilitated discussion among participants to identify preferences for how and what kind of future communication and information they wish to see from the Course partners. Delegates expressed clear interest in maintaining dialogue with one another and with Course partners after the short course, with preferences to engage through the Schools & Health mailing list (see additional information at the end of this report) and one-to-one email exchange as and when required. Desire to explore the possibility of initiating targeted technical assistance between a country and partner(s) of the course was proposed by all but one participant. Participants also encouraged exploration of the possibility to take part in country-to-country study tours; an issue often linked with availability of resources. Short Course partners will continue to engage with individuals or country teams in order to explore their needs and possibilities for targeted engagement.

Delegates requested course organisers and partners consider developing modules not previously seen in the history of the Africa Short Course addressing issues such as advocacy, sustainability of programmes, and networking. Ensuring comprehensive coverage of a wide range of SHN issues, despite having a keynote focus, was stressed. Finally, suggestions to extend the course in length, and arrange for field visits to cover a more diverse range of school contexts, e.g. rural versus urban settings, were made. These suggestions will be incorporated into planning discussions among partners for future SHN short courses.

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Catholic Relief Service (CRS); Ghana Health Service; Global Child Nutrition Foundation (GCNF); Save the Children; United Nations Children's Fund (UNICEF); and the United Nations World Food Program (WFP).



For further information or to download the training course material,  
please visit the following websites:

[www.schoolsandhealth.org](http://www.schoolsandhealth.org)

[www.child-development.org](http://www.child-development.org)

[mailman.ic.ac.uk/mailman/listinfo/schoolhealth](mailto:mailman.ic.ac.uk/mailman/listinfo/schoolhealth)

[twitter.com/schoolshealth](https://twitter.com/schoolshealth)

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