

EQ Review

Educational Quality in the Developing World



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Strategic Opportunities for Effective Education and Health Programs

Evidence demonstrating the mutual benefits between education and health continues to mount. Over the past decade the Demographic and Health Survey (DHS) and other major population and health studies have consistently shown that “educational attainment has a substantial effect on reproductive behavior, contraceptive use, fertility, infant and child mortality, morbidity, and attitudes and awareness related to family health and hygiene.”¹ Effective education interventions in this context can be said to catalyze a virtuous cycle in communities, improving health outcomes for generations to come.

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Meanwhile, children in good health are much more likely to be enrolled in school and attend school more regularly. Studies continue to document that children who bear common burdens of ill health in developing countries such as helminthes, chronic malaria, diarrhea, malnutrition and HIV and AIDS are less likely to attend school than healthy children, participate less in the classroom, and don't perform as well on measures of learning.² These studies often demonstrate that while all children show improved school attendance and attainment following simple health activities that address common health problems, girls often benefit the most.

Evidence of the mutual benefits between education and health have been interpreted by some ministries of education and development agencies as a mandate to systematically link education and health programs training teachers to provide simple health interventions at schools (such as administration of deworming medicine and micronutrients, or provision of clean water and sanitation), and strengthening health education curricula and teacher training (such as on curriculum training on HIV and AIDS prevention, nutrition and hygiene, malaria prevention, etc). Examples of USAID education and health programs that support ministries of education in mainstreaming health activities to the benefit of both sectors include USAID/Uganda's UPHOLD Project, USAID/Malawi's Teacher Training Activity, USAID/Zambia's CHANGES2 Program, USAID/Zambia's EQUIP2 Program, USAID/Nigeria's integrated health information and services project, and USAID/Nicaragua's Early Childhood Stimulation Program. USAID cross sectoral education and health programs such as these respond to the reality that deficits in either sector likely result in serious challenges for both. USAID's investments in health education, whether through the education sector or through the health sector, thus provide important demonstration of the cost effectiveness of “investing in people.”

Meeting the challenge of the second Millennium Development Goal (attainment of universal basic education for all by 2015), the challenges of the continuing increase of the HIV and AIDS epidemic, and responding to the emergence of new public health threats such as pandemic avian influenza also provide powerful justification for establishing and strengthening school-based health and education programs. UNESCO argues in its Education For All (EFA) planning documents that attainment of global education targets require school-based health programming, including HIV and AIDS prevention education, in order to ensure all children have equal access to schooling, and are healthy enough to participate once there.³ The burgeoning number of HIV-affected children, increasing numbers of whom are out of school, has caused some to argue that schools should turn themselves inside out – reaching out into the community to seek and serve those children who are unable to come to school.⁴

Such outreach programs that first targeted support to OVC and out-of-school youth have also provided important demonstration of the efficacy of community outreach for prevention of HIV and AIDS, and help to identify new opportunities to reach public health goals through school-based health education and community outreach programs. New programmatic materials, such as those highlighted in the following articles, are aimed at preventing epidemics and promoting health goals. These materials are strengthened by behavior change communication strategies, but their effectiveness relies on education systems that have mainstreamed training for health promotion within teacher training and professional development systems.⁵

The school health programs described in this newsletter provide examples of strategies that respond to new challenges in education and health. Each of the programs, CHANGES2 Teacher Professional Support for HIV Positive Teachers, Zandi's story, and YouthNET's reproductive health guidelines provide examples of strategic responses to health through education. Each of these strategies can be applied globally, but have very effective community level impacts.

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A teacher learns how to use a tablet pole during training at Kabwata School in Lusaka District

HIV/AIDS Education in Zambia

Many countries with high HIV prevalence find it difficult to quantify the number of teachers who die of AIDS-related illness, or calculate teacher absenteeism due to sickness. Zambian teachers probably have the same HIV prevalence as the rest of the adult population, about 16%, but many who are positive do not know their status. Teacher absenteeism and attrition due to HIV and AIDS has a negative effect on educational quality as well as access. Ministries of education thus often seek to help teachers address their own health status in order to improve educational quality, and in the process have discovered that HIV and AIDS education focused on teachers and their health also improves their ability to address HIV-related issues in the classroom. Support for teachers dealing with HIV and AIDS in their own lives is now recognized as an important aspect of teacher training to improve implementation of life skills education and HIV prevention education in the classroom.

USAID/Zambia's CHANGES2 Program is a major education support activity in the Zambian Ministry of Education (MOE). CHANGES2 is strengthening teachers' classroom pedagogical and leadership skills with a special focus on school health and nutrition, as well as HIV and AIDS prevention and mitigation. Begun in 2005, by 2009 CHANGES2 will have trained teachers and expanded the MOE's school health and HIV education activities to 1600 government schools, and nearly 1000 community schools in four provinces. CHANGES2 also builds partnerships between schools and communities to promote community-wide health and HIV prevention activities. The program also delivers scholarships to needy secondary school level orphans and vulnerable children (OVC) in six provinces.

Within this context, at the school and district level in Zambia one can easily find teachers who are (or are believed to be) suffering from AIDS and the impact on delivery of quality education is clear. Teachers who are HIV positive or suspect that they are positive may suffer from a variety of illnesses and may often be absent from class. In addition, many suffer from the fear of disclosure and discrimination and the shame and loneliness that comes with keeping this frightening secret. It is within this atmosphere of fear, denial and secrecy that HIV/AIDS thrives. HIV prevention education also suffers badly in this atmosphere because HIV positive teachers are reluctant to teach about the subject.

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As part of its HIV prevention education training, the CHANGES2 program has supported work in all 10 of the MOE's teacher training Colleges of Education, training peer educators to encourage student teachers and tutors to go for voluntary counseling and testing (VCT) and then to form post-VCT groups in which they assist each other in dealing with their status. After testing, student teachers can join either HIV negative groups to learn how to remain negative or, if necessary, HIV positive groups to get support to live positively. This work is coordinated with other VCT activities in the education sector to maximize impact of HIV prevention and mitigation activities in the MOE.

Additionally, CHANGES2 trained interested HIV positive teachers in Southern and Central Provinces to form and run teacher support groups. This has been very effective: since the initial training, ten teacher support groups with 192 members have been formed.

Like other Zambians, ailing HIV positive teachers face many difficulties in staying healthy, even if they are able to access antiretroviral therapy (ART). Because of their low pay, they may have difficulties affording the adequate nutrition which is as important as ART. They may find it impossible to pay for the treatment of opportunistic illnesses and infections. And, living in remote areas surrounded by stigma, they may suffer great stress and fear in isolation. Once formed, the groups often need training in basic concepts around HIV/AIDS and group functioning. In response to their requests, CHANGES2 and MOE have provided training to support group members in ART use, adherence and other medical issues, living positively, the provision of psychosocial support within the group, entrepreneurship skills and implementation of income generating projects. It is expected that this training will allow the support groups to continue to function after CHANGES2 support comes to an end.

Teachers involved in the support groups report emotional benefits from the decreased burden of secrecy and shame, as well as from the camaraderie, practical skills and advice they share. Also very important for the education sector, teachers report that they are emboldened to speak openly about their status with their families and community members.

These types of interventions are essential for breaking the silence around HIV infection and opening public dialogue about reducing risk.

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School-Based Reproductive Health and HIV/AIDS Education

In 2005, Family Health International (FHI)/YouthNet, a USAID-funded global technical leadership project on youth, sponsored the first comprehensive review of sex and HIV education programs for youth in both developing and developed countries. The review identified 83 programs that had been implemented among groups of youth using a written curriculum and that had been evaluated, with 18 of them in developing countries. Programs reported on the impact on initiation of sex, frequency of sex, number of sexual partners, condom use, and other sexual behaviors. Globally, two-thirds of the programs had the desired impact on one or more of the sexual behaviors measured. Thirteen of the 18 programs in developing countries had a positive impact; none had a negative impact, i.e., earlier sexual debut or more frequent sexual activity among those already sexually active.

The programs were successful in all types of settings and countries, among males and females, different age groups, and among varying income levels. Also, many programs had positive effects on the factors that determine sexual risk behaviors, including knowledge about sexually transmitted infections (STIs) and pregnancy, awareness of risk, values and attitudes toward sexual topics, self-efficacy (negotiating condom use or refusing unwanted sex), and intentions to abstain or restrict the number of sexual partners. The review identified 17 characteristics that nearly all of the successful programs incorporated. Programs that incorporated these characteristics were more likely to change behavior positively than programs that did not incorporate most of them. The characteristics were divided among the development, content, and implementation of the curriculum.

In a follow-on technical consultation, program administrators provided field context for the curricula characteristics identified by the research project, discussed tips and lessons learned in implementing such curricula, and suggested additional experienced-based characteristics that should also be considered as best practices. Based on this work, a manual of 24 standards was published, which includes lessons learned from field experience, research results, and recommendations for the curriculum based on the field experiences. Program designers, curriculum developers, educators, managers, evaluators, and others can use the manual to assess the quality of existing programs and guide the adaptation or development and implementation of a new curriculum. For example, UNICEF is using the standards to guide programs in more than a dozen countries.

Many implementation challenges go beyond what is captured in these standards, such as how to conduct effective teacher training. An issues paper previously published by FHI/YouthNet assesses teacher training curricula, includes a checklist on teacher selection criteria, and offers recommendations to build on successes described in several short case studies. Even teachers who are trained are often not willing to teach the most sensitive parts of the curriculum, such as information and skills related to condom use. A review of 11 school-based sex education programs in Africa concluded that most programs attempting to address condom use as a method to reduce the risk of HIV transmission encountered resistance from communities and teachers. Strategies that have been used to address this problem of selective teaching include: incorporating values clarification modules in teacher training, working with community stakeholders, and bringing health professionals or other nongovernmental organization (NGO) staff into schools to teach the more sensitive content when necessary. Health providers can also help to change attitudes of influential community members, who in turn can help support teachers.

Another key challenge is moving beyond small pilot projects to scaled-up implementation throughout a country. In Kenya, for example, beginning in 1999, the Primary School Action for Better Health (PSABH) project is seeking to expand HIV education rapidly to a national scale, working with the Kenyan Ministry of Education (MOE). By June 2006, PSABH had been implemented in 11,000 of Kenya's 18,500 primary schools, using a cascade process to train the requisite number of teachers needed to infuse the program throughout classroom subjects and out-of-class activities.

The challenges encountered relate largely to the sensitive nature of the HIV/AIDS information and to quality control when working with such large numbers of teachers and school systems. An evaluation of the project after 30 months, with 6,700 boys and 6,300 girls ages 11 to 17, found significant results in boys and girls remaining virgins and among girls, using condoms in last sex, compared with comparison groups.

The evidence is clear: communities should implement well-designed curriculum-based RH and HIV education programs in their schools, clinics, and youth-serving agencies.

However, countries should not rely only on these programs to address problems of HIV, other STIs, and pregnancy, but also incorporate them as part of a larger effort to prevent sexual risk-taking behaviors.

To download the documents mentioned above, visit <http://www.fhi.org/en/Youth/YouthNet/index.htm>

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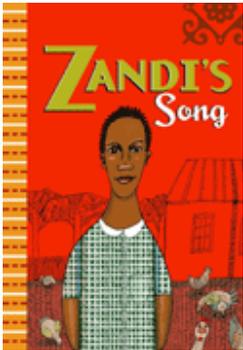


Mrs. Phiri stresses a point in HIV/AIDS education teacher training

Educating Populations about Avian Flu

A scan of recent headlines on avian influenza confirms that bird flu outbreaks are significantly affecting lives of children and their families worldwide. According to Frequently Asked Questions compiled by the World Health Organization, most human cases have occurred in previously healthy children and young adults. This finding is not surprising. In much of the world, children, especially girls, are tasked with taking care of their family's chickens and collecting eggs. In regions such as Southeast Asia, children also are likely to keep poultry as pets. As a result, reaching children through their educational institutions has increasingly been acknowledged as a key component of avian influenza prevention and control efforts -- although admittedly more should be done on this front.

Recognizing this need, the Academy for Educational Development (AED) developed a set of educational materials called "Zandi's Song" intended to be used in a variety of African settings. Zandi's Song is a colorfully illustrated story about a 15-year-old girl, Zandi, who raises chickens to help pay for her school fees. The 28-page storybook discusses transmission and prevention of avian flu as Zandi becomes empowered to help her village learn more about the disease. Zandi's Song is accompanied by a 12-page teacher's guide that contains a step-by-step approach to helping children take action in their community, as well as key information on bird flu. Colorful fact sheets, posters and bookmarks depict ways to protect against avian influenza.



The suggested classroom activities in the Teacher's Guide are divided into learning stages that lead children from understanding the issue, to relating it to their own lives in a meaningful way, and then actually taking action (as in the case of Zandi, who asks her teacher to talk about avian influenza in class, and then urges her uncle to inform village leaders about the importance of educating people on how to protect themselves and their poultry from avian influenza). Some of the active, empowerment activities for children that are suggested in the teacher's guide are to invite a health worker or veterinarian to school or community meetings to provide facts about bird flu; to share Zandi's Song with friends, family members and neighbors; and to use a child-to-child or youth-to-youth approach to create a plan for raising awareness on bird flu among family and friends. Other hands-on classroom activities include drawings and posters, monthly wall newspapers or journals on avian influenza, and dramas and discussions.

Initially available in only in English, Zandi's Song was subsequently translated into French and Portuguese -- and reprinted in large scale in all three languages -- under USAID's Africa's Health in 2010 Project. The Project has distributed 8,165 copies in English, 8,470 in French, and 5,058 in Portuguese to 14 countries all over the African continent as part of its charge to provide technical support to African institutions and networks to improve the health status of Africans.

Anecdotal reports have indicated that students have looked forward to hearing about Zandi, and that teachers, headmasters and principals have appreciated the materials because up until that point, there was nothing available to teach children about the potential dangers of avian influenza.

A group of nongovernmental organizations has begun working on a version of the materials for the Latin American region, and an adaptation, "Rumduol and Hope," has already been designed in Cambodia. AED worked with UNICEF and the Cambodian Ministry of Education's School Health Working Group to develop a storyline and drawings in Khmer. It is hoped that Zandi's Song will continue to be adapted and heard in more parts of the world.

To download a copy of Zandi's Song, please visit www.avianflu.aed.org/zandi.htm and for more information, contact USAID CTO, Mary Harvey at mharvey@usaid.gov