

Summary Report on
Strengthening the Education Sector Response to
School Health, Nutrition and HIV&AIDS Programmes

Country Participation: Cambodia, China (Yunnan Province), Lao PDR, Thailand and Vietnam, with Bhutan

Hosted by the Ministry of Education, Youth and Sport (MoEYS), Kingdom of Cambodia

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Acronyms

ACIPAC	Asia Centre of International Parasite Control
ADB	Asian Development Bank
ASEAN	Association of South East Asian Nations
AusAID	Australian Agency for International Development
CDC	Center for Disease Control
CFS	Child Friendly Schools
CHAS	Centre for HIV/AIDS/STI
CIDA	Canadian International Development Agency
CNM	Cambodia National Center for Parasitology, Entomology and Malaria Control
COHED	Centre for Community Health and Development
DEO	Dzongkhag Education Officer
DfID	Department for International Development
DMO	Dzongkhag Medical Officer
EBEP	Expanded Basic Education Program
EC	European Commission
EDP	Education Development Plan
EduCam	Education Cambodia
EFA	Education For All
ESG	Education Strategy Group
ESWG	Education Strategy Working Group
FRESH	Focusing Resources on Effective School Health
GER	Gross Enrollment Ratio
GIPA	Greater Involvement of People Living With or Affected by HIV/AIDS
GMSR	Greater Mekong sub-Region
HE	Health Education
HE	His Excellency
HRD	Human Resources Development
IATT	Inter-Agency Task Team on Education
ICHA	Interdepartmental Committee for HIV and AIDS
JICA	Japanese International Cooperation Agency
KAB	Knowledge, Attitudes and Behaviour
KAP	Knowledge, Attitudes and Practice
KAPE	Kapucheane Action for Primary Education
KHANA	Khmer HIV/AIDS NGO Alliance
MDG	Millennium Development Goal
M&E	Monitoring and Evaluation
MEDiCAM	Medical Cambodia
MoE	Ministry of Education
MoET	Ministry of Education and Training
MoEYS	Ministry of Education, Youth and Sport
MoH	Ministry of Health
MoU	Memorandum of Understanding

NCCA	National Committee for the Control of AIDS
NCHAD	National Centre for HIV/AIDS, Dermatology and STIs
NGO	Non-Governmental Organization
NRIES	National Research Institute for Education and Studies
NSP	National Strategy Plan
PCD	Partnership for Child Development
PDR	People's Democratic Republic
SCN	Standing Committee on Nutrition
SCUS	Vietnam National Action Plan for HIV/AIDS and Reproductive Health
SEAMEO	South East Asian Ministers of Education Organization
SHD	School Health Department
SHN	School Health and Nutrition
SIDA	Swedish Agency for Development Cooperation
TG	Thematic Group
TOR	Terms of Reference
TOT	Training of Teachers
TTC	Teacher Training College
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNESCO	United Nations Educational, Scientific and Cultural Organization
VCD	Video Compact Disk
VSO	Voluntary Services Overseas
WHO	World Health Organization
WB	World Bank
WFP	World Food Programme

1. EXECUTIVE SUMMARY

The Greater Mekong sub-Regional Workshop on Strengthening the Education Sector Response to School Health, Nutrition (SHN) and HIV/AIDS Programmes took place from the 5th to the 9th March 2007, in Siem Reap, Cambodia. Hosted by the Kingdom of Cambodia, through its Ministry of Education, Youth and Sport, the Workshop brought together 113 participants from 6 countries, namely; Cambodia, China (Yunnan Province, herein referred to as China), Lao People's Democratic Republic (PDR), Thailand and Vietnam, and an observer team from Bhutan, including representatives from 20 country and Regional level Civil Society organizations and Development Partners.

The Workshop provided an excellent opportunity for practitioners to share experiences and to learn from existing good practice within the sub-Region. Additionally, all country teams and Development Partners recognized the need to harmonize SHN and HIV/AIDS prevention activities and to better align assistance in order to: promote a more systematic and comprehensive response; reduce transaction costs; and increase the efficiency of the allocation of resources. The overall aim being to develop systematic strategies to sustainably integrate and scale up SHN programs within the education sector, with a particular emphasis on strong HIV prevention activities.

Using the FRESH (Focusing Resources on Effective School Health)¹ Framework, traditional and contemporary health and nutrition issues that affect the learning and educational outcomes of school-age children were discussed and prioritized within the four pillars of the FRESH framework, namely:

- Development of health-related school policies (including those that address HIV/AIDS issues, and gender);
- Promotion of a safe and supportive school environment (including access to safe water, adequate sanitation and a healthy psychosocial environment);

- Skills based health education (including curriculum development, life skills training, teaching and learning materials);
- Schools-based health and nutrition services (including deworming, micronutrient supplementation, school feeding, malaria treatment/referral and psychosocial counselling)

The three key outputs of the Workshop were:

- Country specific response plans. All countries revisited and enriched their national education sector plans with strengthened SHN and HIV&AIDS components. In order to plan for the effective implementation of the plans, all countries have organized national follow up workshops upon their return.
- Development of a sub-Regional Sourcebook of Good Practice. It was agreed by all participating countries and Development Partners that, a comprehensive sourcebook documenting existing examples of good practice in the sub-Region will be produced. This will serve to inform practitioners on how such activities have been sustainably implemented at all levels.
- Request for the Formation of a South East Asian Ministers of Education Organization (SEAMEO)/Association of South East Asian Nations (ASEAN) sub-Regional Network. In order to maintain current momentum and to build on the recommendations of the Workshop, all countries and Development Partners recommended the formation of a network to provide a framework for consultation, exchange and sharing of experiences among actors in the field of SHN and HIV&AIDS. Follow up on the request to form such a network will be forthcoming.

¹ FRESH is an inter-agency initiative developed by UNESCO, UNICEF WHO, Education International and the World Bank, launched at the Dakar Education Forum, 2000, and now includes a large number of other organizations (including PCD). The FRESH framework captures best practices from program experiences for the design and implementation of effective school health and nutrition programs.

2. INTRODUCTION

In response to a request by SEAMEO Ministers to strengthen school health, nutrition and HIV&AIDS prevention activities in the sub-region and in support of national efforts to achieve Education for All (EFA) and Universal Access to HIV&AIDS Prevention, a multi-agency effort has been undertaken to strengthen school health and nutrition programs, including the education sector response to HIV&AIDS, in the Greater Mekong sub-Region (GMSR).

A regional dialogue was undertaken during June-July 2006 with government and development partner representatives in Vietnam, Cambodia and Lao PDR. In each country a mini-stocktaking of the school health and nutrition policies and activities, including the education sector response to HIV&AIDS, was developed with the government and development partner team (see Appendix 1).

All of the countries have developed and implemented school health and nutrition programs, as well as HIV&AIDS prevention programs, as joint activities of the education and health sectors. These activities accord with the Education For All – School Health and Nutrition framework but there is considerable variation among the countries in the quality and coverage of the subcomponents. In general there is a tendency towards fragmentation, with attendant higher transaction and management costs, and a particular tendency for HIV&AIDS education to be developed separately from the national school health and nutrition program.

Each country has developed or is in the process of developing a working group to address these issues of coordination and content, and to move towards the development of a systematic national policy and strategy. In response to this, the governments, ministries of education and other sectors, development partners and civil society agreed to come together at a sub-Regional workshop to share their experiences in addressing these regionally similar challenges.

The Greater Mekong sub-Regional Workshop on Strengthening the Education Sector Response to School Health, Nutrition and HIV&AIDS Programmes took place from the 5th to the 9th March 2007. The Workshop was hosted by the Kingdom of Cambodia with participating teams from Cambodia,

China, Lao PDR, Thailand and Vietnam, with an observer team from Bhutan [see Opening Remarks by His Excellency (HE) Im Sethy, Appendix 2]. The Workshop was intended to lead to strengthened actions within countries and enhanced harmonization and alignment of support from development partners (see Appendix 3).

3. GOALS AND OBJECTIVES OF THE WORKSHOP

The goal of the Workshop was:

- to improve the health, nutrition and education of school-aged children in the GMSR.

The objectives of the Workshop were:

- to identify and share the rich experiences of school health, nutrition and HIV&AIDS programming currently in place in the sub-region;
- to learn from these shared experiences; and
- to strengthen current SHN programs at the country level based on these shared experiences.

4. WORKSHOP PROCESS

The Workshop brought together sub-regional, national and local stakeholders involved in developing education sector responses to health-related issues including HIV&AIDS in the five Greater Mekong sub-Region countries of Cambodia, China, Lao PDR, Thailand and Vietnam, and in Bhutan, which sent an observer team. Planning of the Workshop included input from country planning teams as well as several development partners, and adopted the principles of 'greater involvement of people living with or affected by HIV/AIDS' (GIPA). A total of 108 participants attended including delegates representing the national Ministries of Health, Education and Women's Affairs, National AIDS Commissions, teacher training authorities, and agencies of environmental health and water supply, as well as 20 civil society groups and international organizations (see Participants List in Appendix 4). Key national/sub-regional/international experts were in attendance, who not only provided a source of relevant knowledge and experience, but also played an important facilitation and guidance role.

The Workshop followed a general format that has been refined over time by the UNAIDS Inter-Agency Task Team on Education (IATT) Working Group to Accelerate the Education Sector Response to HIV&AIDS and that now reflects feedback received from organizing committees and participants. The agenda for the week (see Appendix 5) was developed to achieve a suitable balance between plenary sessions and group work. For adult learners, maximizing time in group work has been shown to be the most effective way of ensuring a set of definite deliverables (plans, strategies and decisions) upon the completion of the Workshop.

There were clearly some areas of knowledge where more formal information sharing methods were necessary. Where this information was specific to a technical area, it was delivered within the specific **Thematic Group** (TG) to the team of specialists interested in that topic. The aim of the Thematic Groups was to provide an opportunity for smaller expert groups to discuss, in depth, the key issues, good practice and priority actions in the specific thematic areas. Although each TG focused on issues directly related to specific areas, emphasis was also given to the cross cutting issues of: (i) the gender dimensions of school health and nutrition programming; (ii) the development of effective partnerships; (iii) improving donor harmonization; and (iv) increasing efficiency and availability of resources.

The four Thematic Groups focused on the following:

1) Policy: Development of health-related school policies, including those that address HIV&AIDS issues. Key issues included:

- In practice, how Ministries have worked together to implement activities
- How MoEs have been able to mainstream activities
- Both the content and the process of implementing policy

2) School Environment: Promotion of a safe and supportive school environment (including access to safe water and adequate sanitation, and a healthy psychosocial environment). Key issues included:

- How to provide access to safe water and sanitation
- How to provide a supportive school environment including psychosocial support and safety issues

3) Health Education: Skills based health education (including curriculum development, life skills training, teaching and learning materials). Key issues included:

- How to promote positive behaviors with a focus on life skills

4) Health and Nutrition Services: Schools-based health and nutrition services (including deworming, micronutrient supplementation, school feeding and malaria treatment/referral). Key issues included:

- How to achieve sustainable national level deworming programs
- Identifying emerging issues in school feeding and determining how best to address them

In a very few cases the information was so important or so cross-cutting that it was addressed to the whole group of participants in plenary (e.g. gender, mainstreaming, scaling up, financing, partnerships). Plenary presentation and discussion of the findings and recommendations of each TG provided regional and country teams with information and guidance that will assist them in the development of more systematic and comprehensive strategies to sustainably integrate and scale up school health and nutrition programs and the education sector response to HIV&AIDS.

Each **country team** was asked to fill out a pre-Workshop Questionnaire in order to give a snapshot of the current situation in relation to SHN and HIV&AIDS at country level. The organizing committee worked with the country teams during the Workshop to facilitate completion of the Questionnaires and to produce a document recording a comparative view of the responses (see Appendix 6).

During the course of the workshop, the country teams were asked to make presentations. In particular, the presentations concerned the **Current Situation** (given at the beginning of the workshop and incorporating relevant information from the Questionnaire) and the **Response Plan** (given at the end). Information was provided in a comparative manner so that participants could easily see the areas of similarity and difference between what these countries/regions/districts are doing or plan to do.

The Workshop process was completed by an offer of ongoing technical support for planning and implementation of activities at country level through: ongoing development partner initiatives in the region that are seeking to harmonize SHN activities; and sub-regional communication and support networks.

5. WHAT COUNTRIES ARE CURRENTLY DOING

Country teams from Bhutan, Cambodia, China, Lao PDR, Thailand and Vietnam made presentations in relation to their countries' current education sector response to school health and nutrition. The pre-Workshop Questionnaire responses, detailing elements of national response, are displayed in Appendix 6. A summary of the Situation Analyses presented by country teams on Day 1 of the Workshop is recorded below.

Policy

- Though school health and nutrition policies exist, there is still some way to go towards achieving a fully systematic policy covering both principles and process of implementation.
- There is fragmentation in policy without a coherent "big picture" (e.g. HIV/AIDS policies separate from nutrition policies).
- Look this week at developing SHN policy that is fully systematic both in directions to be taken and in processes for implementation.

School Environment

- As yet, a range of different ideas are included in the context of what is meant by healthy school environment (e.g. sanitation, psychosocial, no smoking).
- Could be a need to develop stronger guidelines and a more comprehensive picture of what is meant by "healthy learning environment."

- Much work going into upgrading school physical environment (e.g. water, sanitation).
- There is still room for considerable progress in implementation, especially in rural areas.
- There is a need for School Environment and Policy people to work together.

Health Education

- There has been considerable progress, with a great deal of activity going on.
- There is fragmentation, with separate SHN, hygiene education, HIV/AIDS education and Life Skills education. There is a need for systematic understanding and a comprehensive, systematic package.
- There is considerable variation between rural and urban areas.
- Different countries have reached different levels of implementation; there is significant scope for lessons to be learned by sharing experiences of implementation.
- In- and pre-service training are key issues.

Health and Nutrition Services

- All countries are doing excellent work in the area of deworming and scaling up the level of coverage. The challenge now is to build on the success of deworming programs to provide a systematic package for the delivery of other services children need (e.g. School feeding, screening and referral).
- Besides deworming, other services are much more patchily delivered.

6. KEY EMERGING ISSUES IDENTIFIED BY THEMATIC GROUPS

» Topic List

Thematic Group 1 – Policy

Thematic Group 2 - Safe School Environment

Thematic Group 3 - Skills Based Health Education

Thematic Group 4 - School Based Health and Nutrition Services

During the Workshop, a large amount of time was allocated to group work and plenary discussion of each of the FRESH components and their supporting strategies. Thematic Groups delivered group presentations on Day 5 of the Workshop and their content is reproduced below.

THEMATIC GROUP 1 – POLICY » Up

Justification: A policy for School Health and HIV&AIDS is needed to ensure a national comprehensive framework allowing for all around development of children. Such a policy serves to improve quality and access to education, reduces drop-out and repetition rates and improves overall performance in school. It also addresses the achievement of international covenants such as EFA, Millennium Development Goals (MDG) goals, Convention on the Rights of the Child (CRC), etc.

Key Challenges

- Fragmentation of policies.
- Mainstreaming/ institutionalization/ scaling up.
- Collaboration/ harmonization of ministries.
- Lack of a policy framework based on holistic approach to child health and development.
- Lack of networking and regional strategies among countries in the region.

- Translation of policy (by teachers, administrators, health workers) into action.
- Influencing decision-makers to prioritize & mainstream; institutionalize school health, nutrition, HIV&AIDS and fund it
- Lack of national school health indicators and coordinated mechanism for monitoring.
- Sustainability of policy implementation through adequate human, financial, material resources.

Good Practice

- Participatory development of policy which includes monitoring system and is consistent with international covenants and in which elements and strategies are defined. Good coordination and collaboration between ministries of Education and Health and other relevant stakeholders with clearly defined Terms of Reference (TOR) at all levels
- Mainstreaming systems and processes for effective School Health implementation (e.g. HIV/AIDS, de-worming, etc)

Good Practice: Cambodia

How to turn Policies into Action: The Need for Systems and Structures to Mainstream School Health and HIV&AIDS in Sectorial Ministries: The Cambodian Experience of its School Health Department

The School Health Department (SHD)

- *Education, Youth and HIV&AIDS are at the center of the Cambodian Development Strategies;*
- *The Ministry of Education, Youth and Sport (MoEYS) established in 1998 the SHD to contribute to improving better health conditions of Cambodian students. The SHD is also present and active in all 24 Provinces. It cooperates with line Ministries, National Health centers and their decentralized offices. SHD was also developed partnerships with Development partners.*

Key Results of SHD:

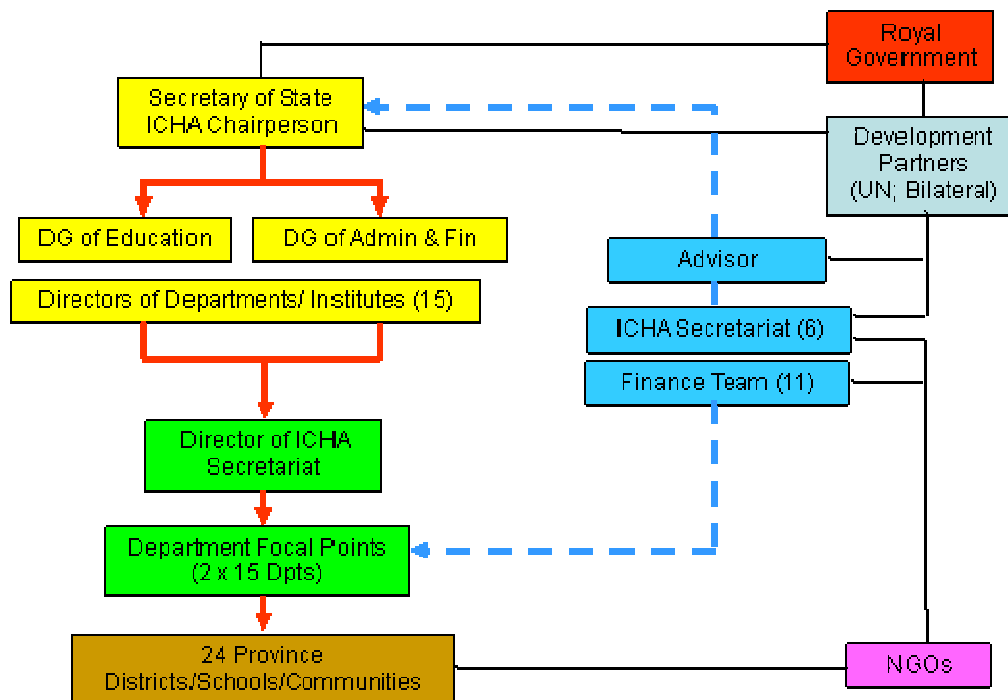
- *Basic Health Education is integrated in the national curriculum (eg: HIV&AIDS, Malaria, Dengue, Hygiene, etc);*
- *Over 90% of students are provided with deworming tablets, twice a year;*
- *School breakfast is provided to over 500,000 students, in 1,450 primary and secondary schools.*

Good Practice: Cambodia

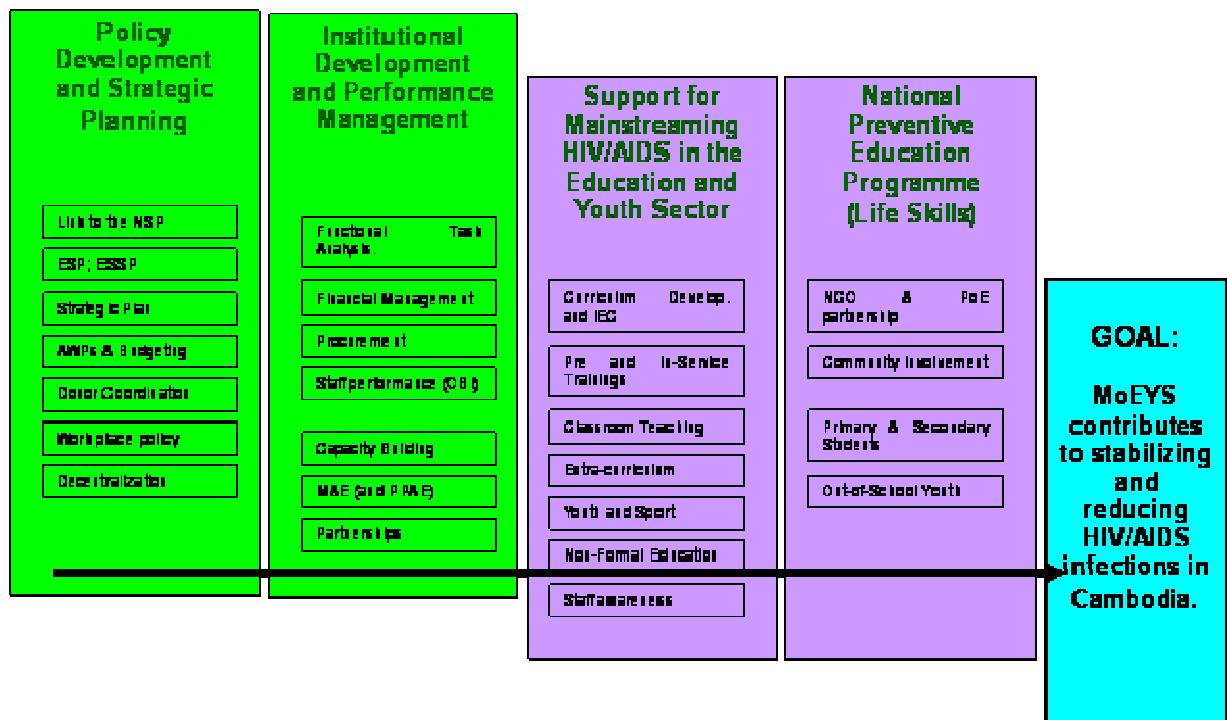
How to turn Policies into Action: The Need for Systems and Structures to Mainstream School Health and HIV&AIDS in Sectoral Ministries: The Cambodian Experience of its Interdepartmental Committee for HIV&AIDS

The Interdepartmental Committee for HIV&AIDS (ICHA) as a Coordination Structure

- To respond to the increase of the HIV&AIDS prevalence rate and the commitment of MoEYS to strengthen its contribution to the National HIV&AIDS Strategic Plan, the ICHA was created in 1999. It's chaired by the Secretary of State and comprises of 15 MoEYS Departments. ICHA has an Annual Comprehensive Work plan (approx. USD 2,3 million/year) which is developed through a Joint Programming mechanism with Development Partners.
- The ICHA Structure: From Political leadership to Local implementation



- The 4 Pillars of the ICHA Strategy: A strategy focused that focuses on Strengthening Systems as well as Interventions



Practical Recommendations

- Countries should take stock of current status of policies related to school health, nutrition, HIV& AIDS as a first step to developing a comprehensive school health policy.
- School health policies should be developed within framework of the national plans, policies, strategies, etc.
- Countries should ensure adequate resources to carry out the policies.
- Countries are encouraged to access regional networks and expertise to ensure quality of formulation and implementation of policies.

THEMATIC GROUP 2 - SAFE SCHOOL ENVIRONMENT » [Up](#)

Part 1: Creating a safe physical environment

Justification

- Direct need for safe physical environment:
 - Comfort and safety of students enabling them to enjoy their school experience (particularly girls and children with special needs)
- Indirect need for safe physical environment:
 - Knock on effect within community (e.g. good practices being transferred to the home environment)
 - If children are to apply lessons learnt in health education (e.g. hand washing) an enabling environment must be provided
- Both direct and indirect effects lead to improved education sector indicators (e.g. improved school attendance rates and decreased drop out)

Key Challenges

- Limited resources (human and financial)
- Inter and intra departmental and sectoral coordination needs to be improved (e.g. first aid protocol)
- Guidelines exist in all countries, but not followed up through effective monitoring and evaluation (M&E)
- Lack of updated guidelines to respond to new emerging issues

Good Practice: Cambodia

Cambodian Child Friendly Framework

Aim: To combine all known CFS into a single, specific approach to provide a safe school environment

- *Running since 2004*
- *Partnership: MoEYS, UNICEF, UN Standing Committee on Nutrition (SCN), Kapuchean Action for Primary Education (KAPE)*
- *Operates at school level (included in in-service and pre-service teacher training)*
- *Committees have been established at central, provincial and district levels*
- *Focusing on providing clean and safe classrooms, playgrounds, proper sanitation, clean food and safe water*

Good Practice: Cambodia , Lao PDR and Thailand

School Support Committee

Aim: To ensure effective running and improvement of school performance through partnership with parents and communities

- *Running since 1994*
- *Partnership between: MoEYS, schools, parents and communities*
- *Operates at school level with activities monitored by School Cluster Committee; District Education Officers; Provincial Education Officers; and MoEYS at Central level*
- *In Cambodia : National Annual Seminar on "Community Participation in Education"*
- *Main activities: Meetings when required by schools for problem solving; annual planning meetings for school development plan; collection of community contributions (cash or in kind) for maintenance and repair of school environment; school mapping and enrolment campaign; and linkage between school and community*

Good Practice: Cambodia

Health and Hygiene Child Clubs

Aim: To enable students to maintain and improve their own school environment

- Running since 2001
- Partnership between: Students, teachers, principals and School Support Committee
- Operates at school level with monitoring of activities by Principal and School Support Committee
- Main activities: Cleaning latrines, playground and classroom environment; making sure there is water and soap in latrines and classrooms; and use child to child approach to demonstrate good health and hygiene practices

Part 2: Creating a safe socio-psychological environment

Justification: Schools should be “sanctuaries” rather than “places of risk” for children, thus we need to:

- eliminate violence and abuse, sexual harassment and bullying
- address issues such as gender access and privacy
- promote overall health and psychological well-being

Key Challenges: How to mainstream programs creating a safe socio-psychological environment given the:

- Limited resources (human and financial)
- Lack of guidelines

Good Practice: Lao PDR

Inclusive Education Program

Aim: Promote inclusive education especially for children with special needs

- Activities:
 - Train teachers, school principals and local administrators to implement the program.
 - Regular monitoring of the program implementation
- Program started in 1993 and covers all provinces of Lao PDR
- Partners:
 - UNESCO; Save the Children UK , UNICEF, Swedish International Development Cooperation Agency (SIDA), Save the Children Norway
- Lessons learned:
 - To motivate teachers involved, regular meetings and exchange visits between schools are done
 - The number of students should be limited (lower than in a regular class) to provide more time for interaction between teacher and students

Good Practice: Cambodia

Boarding Assistance Component of the Scholarship for Girls Project

Aim: Provide support and assistance to girls involved in the scholarship program in the boarding houses

- The assistance provided include:
 - Health and reproductive health
 - Relationship within the school, the boarding house and families
 - Participation in community activities
 - Absenteeism
- Running since 2001 in 7 communes in Leuk Dek district, Kandal province
- Partnership between CARE International and the MoEYS
- Lessons Learnt:
 - The project provided psycho-social support to girls in boarding houses, resulting in them staying in school longer
 - Having female teachers in the committee contributed to the effectiveness of the project

Practical Recommendations

- Develop a sub-Regional Policy and Guidelines (with strong M&E) on safe and healthy school environments to include emerging issues (substance abuse, game shops, motorbike accidents) for countries to adapt to their own context
- Effective sensitisation and mobilisation of students, parents and communities and facilitation of their involvement in the maintenance and improvement of the school environment is essential
- Despite some existing efforts promoting a safe psychosocial environment in schools far more work needs to be done
- Need to map existing problems and services related to psychosocial environment utilizing the CRC framework:
 - types and extent of problems
 - types and coverage of programs
 - resources available that can be tapped to include partners
 - gaps between problems and services/programs
- Develop/Expand psychosocial services/programs such as counseling to address identified gaps
- Good plan, good support and good money – a great school

THEMATIC GROUP 3 - SKILLS BASED HEALTH EDUCATION » [Up](#)

Justification

- Educating children and adolescents can instill positive health behaviours in the early years and prevent risk and premature death
- To make responsible and healthy choices, children/young people need to know how to seek out

relevant, accurate information

- Explicitly including social, emotional skills building has a positive impact on important health promoting behaviours

Key Challenges

- Curricula which continues to emphasise knowledge, with limited opportunities for skills development
- Little systematic application of assessment tools, particularly in relation to social & emotional skills
- Challenges in the teaching of sensitive, controversial issues (such as sexuality and reproductive health)
- Participation of children/young people
- Challenges with partnerships and disparate, project-based interventions
- Poorly defined roles and responsibilities of educators
- Ensuring pilot initiatives have the stamina to go to scale with quality (sustainability)
- Lack of resources (human, financial, material)

Good Practice: Lao PDR

Curriculum Development & Delivery: Blue Box

Aim: To provide a comprehensive package for teaching-learning on health issues to primary schools and Teacher Training Colleges (TTCs)

- *Process: Programme is based on research outcomes from Knowledge, Attitudes and Behavior/Knowledge, Attitudes and Practice (KAB/KAP) surveys and an understanding of local needs*
- *Materials were developed through collaboration between Ministry of Education (MoE), Ministry of Health (MoH) and specialists*
- *Consists of teachers' guides, posters, card stories, comics/story books, games, cassettes/video compact disks (VCDs) at a minimal cost*
- *A comprehensive capacity development system: teachers, school directors, parents*

Good Practice: Cambodia

Professional Development Systems: Pre Service Teacher Training

Aim: Strengthen delivery of health education through pre-service teacher training

- *Process: Various decentralised teacher training institutions are involved both formal and non formal (ie Community Learning Centers, primary, lower secondary, upper secondary)*
- *Development of skills based health education materials with teachers on HIV/AIDS, substance misuse, STD's, etc*
- *An institutionalised Monitoring & Evaluation System*
- *Key Results: Shift from partnership to ownership*

Good Practice 3: China

Partnerships with Young People, Parents, Communities and Local Organizations: Peer Education

Aim: HIV prevention through peer education

- *Process: Initiated by the Yunnan Provincial University in 2001 through the training of teacher trainers and subsequent training of peer educators who engage in outreach within their communities*
- *Key Results: Significant number of teachers trained on HIV prevention and most colleges delivering HIV prevention curriculum. Approximately 3300 peer educators have been trained to educate other students the wider community. As a result, 85% of college students have increased their knowledge on HIV/AIDS*

Note: Whilst increased knowledge on HIV/AIDS has been reached rapidly, more emphasis needs to be placed on developing the necessary skills for HIV prevention

Practical Recommendations

- Strengthening health education assessment/M&E systems (ie holistic standards/ benchmarks)
- Investing in research for more effective programmes
- Applying a life skills based methodology to achieve health education outcomes
- Developing policies which outline expectations, responsibilities and support for/within the provision of health education (including coordination mechanisms)
- Improving professional development systems and support for health educators, administrators and managers
- Providing flexibility for programmes to address local health issues
- Explicitly including mental health, sexuality & reproductive health issues within curriculum
- Identifying mechanisms by which out of school young people can be provided with skills based health education
- Ongoing sharing of practice

THEMATIC GROUP 4 - SCHOOL BASED HEALTH AND NUTRITION SERVICES » [Up](#)

Justification

- Care of children is a government priority
- Improved health and nutrition leads to improved learning capacity, enrolment and retention
- Health and nutrition services promote the physical, mental and psychological development of children
- Education system is an effective means of delivering services
- Practical action complements health and nutrition education
- Strengthening social adaptation increases motivation for self health care
- Addresses key development indicators

Key Challenges

- Ensuring political commitment and leadership at all levels
- Ensuring effective inter-sectoral collaboration and co-ordination
- Ensuring commitment at the school level
- Capacity and resource issues
- Moving from piloting to scale level implementation

Good Practice: China

Educational Care Service for Children Affected by HIV&AIDS

Aim: *To support education of all children affected by HIV&AIDS*

- *Program operating time: 4 years*
- *Program Developers: Yunnan Provincial Bureau of Education in cooperation with Women's Union, Red Cross, UNICEF*
- *Levels at which program operates: All educational levels (kindergarten, primary, secondary, tertiary)*
- *Services: Free Education, Counselling, Exchange activities, Health check-ups*
- *Changes over time: Original concern for free education. Other services (e.g. counselling) added later*
- *Partnerships: Yunnan Provincial Bureau of Education, Yunnan Provincial Bureau of Health, Yunnan Provincial Drug-Banning and AIDS-Preventing Youth Education Base, School Education Base and Education Base, Yunnan Center for Disease Control (CDC)*

Good Practice: Thailand

School Feeding

Aim: *To provide school lunch to all children in Thailand*

- *Program operating time: 26 years*
- *Program developers: MoE, Local Government Authorities*
- *Levels at which the program operates: kindergarten, primary and secondary schools*
- *Services: Daily lunch funded by government, cooked by parent volunteers, using locally produced food (school garden and community sourced)*
- *Changes over time:*
 - *Regional direction and ownership of the program becomes stronger*
 - *Malnutrition rate has declined from 30% at beginning to 1% now*
- *Partnerships*
 - *MoE, MoH*

- *Local Government*
- *Communities and temples*
- *Parents*
- *Students*
- *Local businesses*

Good Practice: Cambodia

Deworming

Aim: *To reduce worm infection prevalence in pre-school and primary school children*

- *Program operating time: 4 years*
- *Program developers: MoE, MoH, other partners*
- *Levels at which program operates: Pre-school and Primary schools country-wide*
- *Services: Deworming (mebendazole) 2x per annum*
- *Changes over time:*
 - *2003 – 11 provinces*
 - *2004 – entire country (24 provinces)*
- *Partnerships:*
 - *MoE*
 - *MoH*
 - *Development partners*
 - *Community*
 - *Teachers*
 - *Students*

Practical Recommendations 1

- Ensure commitment and leadership at all levels
- Ensure roles and responsibilities of different stakeholders are clear
- National task force can help activities to move quickly
- Search for synergy – deliver services as part of comprehensive package
- Monitoring and evaluation based on good, few and simple indicators are essential
- Identify good technical support

Practical Recommendations 2

Wherever possible, integrate complementary activities into existing programs e.g. Micronutrient supplementation, School Feeding, HIV& AIDS Prevention, etc. How?

- Strengthen partnerships wherever possible
- Seek good community partnerships
- Evidence based
- Develop human resources
- Share experiences

7. RESPONSE PLANS

All of the countries decided that there were areas where current practices could be expanded or strengthened, or where additional practices could be implemented. Country Response Plans are presented in Appendix 7.

All countries are planning to hold national workshops on their return to share this information with key stakeholders at the national level and to use such an opportunity to identify key resources for technical support.

8. CREATION OF A SEAMEO/ASEAN SUB-REGIONAL NETWORK ON SCHOOL HEALTH, NUTRITION AND HIV&AIDS

The following message was addressed by the participants of the Workshop to HE Im Sethy for consideration at the upcoming SEAMEO meeting to be held in Bali , Indonesia , March 14 th-16 th, 2007.

A request to HE Im Sethy from the Greater Mekong Sub Regional Meeting on "Strengthening the Education Sector Response to School Health, Nutrition and HIV&AIDS".

Your Excellency,

The participants of the above meeting would be most grateful if you would be so kind as to table or to speak to the message below at the forthcoming SEAMEO meeting to be held in Bali , Indonesia 14 th – 16 th March, 2007.

cc SEAMEO Secretariat Director
UNESCO Regional Director, Asia and Pacific Region

Message from the Participants

The first Greater Mekong Sub Regional Meeting on "*Strengthening the Education Sector Response to School Health, Nutrition and HIV & AIDS*" was held in Siem Reap, 5 th-9 th March, 2007 . It was hosted by the Royal Government of Cambodia under the especial care of its Ministry of Education, Youth and Sport.

The event was attended by over 100 participants from Ministries of Education and Health, Civil Society and Development Partners from Cambodia , China , Lao PDR, Thailand , Vietnam and observers from Bhutan . It was supported by Department for International Development (DFID), Japanese International Cooperation Agency (JICA), the Partnership for Child Development, Save the Children (US), SEAMEO, UNESCO, UNICEF, World Health Organization (WHO), and the World Bank (WB).

In the context of achieving EFA and education MDGs, the workshop addressed the critical issues of school health, nutrition and HIV&AIDS, with particular reference to school based health policies, the school environment, skills based health education and school based health and nutrition services. The workshop helped raise countries' awareness of these issues and gave participants opportunities to share their experiences and good practices and also to learn from these and each other. Participants committed to translate policies into actions and to strengthen coordination and harmonization within governments and with partners, as well as to promote regional cooperation around the issues

discussed.

In order to keep the current momentum and to build on the recommendations of the Siem Reap Meeting, participants strongly recommended that a regional network be developed, under the auspices of the SEAMEO/ASEAN Secretariat, that would promote continuing support, development of regional guidance and exchange of information concerning school health, nutrition and HIV&AIDS. To further these aims, the participants expressed the wish to have a second workshop organized within the next 12 to 18 months, also under the auspices of the SEAMEO/ASEAN Secretariat, with broader participation from other countries from across the region and elsewhere as appropriate. Participants further expressed the intention that on their return to their home countries, the ideas and thinking expressed during the workshop would rapidly be translated into action on the ground.

9. DOCUMENTATION OF GOOD PRACTICE

A key output of the Workshop is the drafting of a comprehensive document highlighting examples of school health and nutrition initiatives in the sub- Region. The document will aim to:

- present a detailed and thorough description of specific programs and projects in school health and nutrition including HIV&AIDS that have been identified as good practice examples in the sub-Region; and
- record recommendations of good practice, based on country experience and decided in plenary, that might be implemented at the national level.

A preliminary draft of the document is currently being prepared by members of the Workshop Coordinating Team with input from country team delegates, and representatives from civil society organizations and development partners.

August 4, 2006

The Education Sector Response to Health and Nutrition issues, including HIV/AIDS in Viet Nam, Cambodia and Lao PDR

Executive Summary

In support of national efforts to achieve Education for All and Universal Access to HIV and AIDS Prevention, a multi-agency effort is underway to strengthen school health and nutrition programs, including the education sector response to HIV and AIDS, in the Greater Mekong sub-Region. A regional dialogue was undertaken during June-July 2006 with government and development partner representatives in Viet Nam, Cambodia and Lao PDR. In each country a mini-stocktaking of the school health and nutrition policies and activities, including the education sector response to HIV and AIDS was developed with the government and development partner team.

All of the countries have developed and implemented school health and nutrition programs, as well as HIV and AIDS prevention programs as joint activities of the education and health sectors. These activities accord with the EFA-FRESH framework but there is considerable variation among the countries in the quality and coverage of the subcomponents. In general there is a tendency towards fragmentation, with attendant higher transaction and management costs, and a particular tendency for HIV/AIDS education to be developed separately from the national school health program.

Each of the countries has developed or is in the process of developing a working group to address these issues of coordination and content, and to move towards the development of a systematic national policy and strategy. A sub-Regional Workshop is planned for early 2007 to facilitate sharing of experiences in addressing these regionally similar challenges. The workshop will be hosted by Cambodia, and participating countries are expected to include Viet Nam, Lao PDR, Myanmar, Thailand and China. These processes are intended to lead to strengthened actions within countries and enhanced harmonization and alignment of support from development partners.

For further information on any aspect of this report please contact dbundy@worldbank.org or lesely.drake@imperial.ac.uk

1. Background

1.1 The Issues

The countries of the Greater Mekong sub-Region support the goals of Education for All and of Universal Access to HIV and AIDS Prevention. The education and health sectors together make two important contributions to these goals: by providing school health

programs to ensure that schoolchildren are well enough to attend school and learn; and by ensuring that young people have the knowledge and skills to avoid HIV infection.

School health programs can address the parasitic infection, malaria and malnutrition that are common among schoolchildren in the GMR countries, and constrain EFA by reducing the educational participation and achievement of schoolchildren. While life skills programs that promote positive, healthy behaviors can help the next generation grow up with the knowledge and skills to avoid disease, including AIDS. The currently low levels of infection in the GMR make a focus on prevention all the more timely.

The education and health sectors of the GMR countries have responded by beginning to develop school health and nutrition programs that also address HIV and AIDS. All GMR education sectors have based their school health programs around the EFA-FRESH framework of good practice in school health

- Development of health-related school policies, that address HIV and AIDS issues
- Access to safe water and adequate sanitation (including promotion of a safe school environment)
- Skills based health education (including curriculum development, life skills training, teaching and learning materials)
- Schools-based health and nutrition services (including deworming, micronutrient supplementation, malaria treatment/referral, psychosocial counseling)
- Partnerships in support of school health, nutrition and HIV/AIDS programs.

Development Partners are assisting the governments of the GMR countries at the national level to develop and implement a systematic and comprehensive response to health, nutrition and HIV/AIDS within the school health programming. This has been echoed at the regional level by, for example: the UNESCO support for capacity building on FRESH and the education sector response to HIV/AIDS; the UNICEF support for Child Friendly Schools; the JICA and Hashimoto Initiative support for the Asia Centre of International Parasite Control (ACIPAC) program to provide training in school health to education and health officials; the WHO support for school-based national parasite control programs; and the SEAMEO Trop Med regional leadership in school health programming.

The countries and Development Partners now recognize that it would be timely to harmonize these actions and better align assistance in order to: promote a more systematic and comprehensive response; reduce transaction costs; and increase the efficiency of the allocation of resources.

1.2 The Proposed Response

The Development Partners engaged in this process initially include UNESCO, UNICEF, JICA, DfID, the Hashimoto Initiative, SEAMEO, the Partnership for Child Development, and the World Bank. These development partners are working together and with the countries of the GMR to develop a systematic strategy to sustainably integrate and scale up the school health programs and the education sector responses to HIV and AIDS.

A three step process is envisaged. The first step is to jointly undertake a mini-stocktaking of current activities in Viet Nam, Cambodia and Lao PDR with the aim of identifying gaps and opportunities. Based on responses during the first phase, the second phase would be to hold a sub-regional workshop to promote good practices through the sharing of experiences in neighboring countries. The final phase would be to strengthen actions at the country level with a specific focus on enhancing harmonization and alignment of development partner assistance.

This report describes the outcomes of a stocktaking mission to Viet Nam, Cambodia and Lao PDR, undertaken during the period June 23rd to July 13th, 2006. The report describes separately for each country: 1) the role of the education sector in the National HIV and AIDS Response and, where available, the inclusion of health, nutrition and HIV/AIDS in the education sector strategy, 2) the current implementation of school health, nutrition and AIDS/education activities, emphasizing the roles of the education and health sectors and of the Development Partners, and 3) the next steps envisaged for each country. Finally, the report outlines the plans for a sub-regional workshop.

2. Viet Nam

2.1 Role of the Education Sector in the National HIV and AIDS Strategy

In 2004, the Prime Minister signed the decision No. 36/2004/QD-TTG on the approval of the *National Strategy on HIV/AIDS Prevention and Control Till 2010 with a vision to 2020*. The role of the education sector is clearly defined.

Article 3 from decision No. 36/2004/QD-TTG

“The Ministry of Education and Training shall assume the prime responsibility for, and coordinate with other ministries, branches, central agencies and provincial/municipal People’s Committees in organizing the integration of the program on education of the HIV/AIDS prevention and control knowledge and skills into the training curricula of universities, colleges, intermediate professional schools, vocational training and general education schools, suitable for their students.”

The role of the education sector is also clearly defined in *the National Strategy itself*.

Part V, Section 4b. Behavioural change information, education and communication

“To deploy, and improve the quality and effectiveness of, the program of training on prevention of HIV/AIDS transmission, gender education, reproductive health and life skills education at universities, colleges, intermediate vocational schools and general education schools.”

In 2006, the National Assembly voted - and approved - a new law on HIV/AIDS including prevention education in schools.

Unofficial Translation

Article 12

Ministry of Education has the responsibility to organize and coordinate with Ministry of Health and Ministry of Labor to develop a program and curriculum on health education to combine and integrate HIV/AIDS education with reproductive health education and to implement in schools at grass roots level.

Article 15

Schools must accept children with HIV or AIDS.

2.2 Mini-Stocktaking: policy and implementation of the education sector response to School Health and HIV/AIDS.

The mission team met with HIV/AIDS Focal Point, Ministry of Education and Training (Madame Dung), Director of Vietnam Administration of HIV/AIDS Control (VAAC), Ministry of Health (Mr Nguyen Huy Nga) and other representatives of both Ministries.

The mission also met with representatives of the Asian Development Bank (ADB), European Commission (EC), UNAIDS, UNESCO, UNICEF, WHO, World Bank, Canadian International Development Agency (CIDA), DfID, USAID and representatives of Civil Society, Save the Children (US) and the Centre for Community Health and Development (COHED). See Appendix 1 for details.

The government and development partners within Viet Nam are actively reflecting on the adequacy, efficiency and appropriateness of the current response. The Education Sector Working Group established an HIV/AIDS Task Force on June 13th, with the Ministry of Education and Training (MOET) as the Secretariat, and participating organizations including UNICEF and EC as Joint Chairs, with UNESCO, UNAIDS, WHO, WB, ADB, Save the Children (US), CIDA and DfID.

In convening the Task Force, the Education Sector Working Group also plans to request that MOET seeks to harmonize the various HIV/AIDS work within the ministry. In respecting this process, the mission team did not attempt an analysis of the ongoing activities but simply records the following, non-exhaustive list of the numerous elements that contribute to the school health, nutrition and HIV/AIDS response in Viet Nam:

- Memorandum of Understanding (MOU) between MOH and MOET on school health and nutrition
- Draft School Health Policy
- Training of youth union representatives in SHN and implementation of health clubs by the SHN team within the MOET department of Student Affairs
- Establishment of a SHN unit within the MOH
- Screening of some pupils at the commune level by MOH
- Deworming of 2.7 million primary school children by MOH and MOET (with WHO)
- Development of supplementary teaching materials by many partners
- Implementation of Health Promoting primary Schools in circa 9 provinces (with WHO)

- Implementation of Child Friendly Schools, with a focus on water and sanitation, in 15 provinces (with UNICEF)
- Piloting a life skills curriculum (with UNICEF)
- Development of a project action plan for HIV/AIDS at the secondary level [with the President's Emergency Plan for AIDS Relief (PEPFAR)/Save USA]
- Addressing Trachoma in schools in 7 provinces (with International Trachoma Initiative)
- HIV/AIDS in youth prevention program to be developed in 15 provinces by the Commission for Population and Children (with ADB support)
- Support to the national HIV/AIDS strategy through VACC (World Bank, Global Fund, DfID, PEPFAR)
- Recent survey of Vietnamese youth "Survey Assessment of Vietnamese Youth" (Ministry of Health, in collaboration with the General Statistics Office, UNICEF and WHO).

Excerpt from Executive Summary of Survey

"The vast majority of young people were found to have high levels of knowledge about HIV/AIDS and reproductive health, although the accuracy of this knowledge was lower. Notably over three quarters of young people who had never attended school had not heard of HIV/AIDS".

The mission team was invited to attend the first meeting of the HIV/AIDS Task Force of the Education Sector Group on June 27th. The following is taken from the minutes of the meeting, reflecting comments and suggestions from Education Strategy Group (ESG) members in response to four specific questions relating to the objectives of the mission.

What is the current situation (of School Health and HIV/AIDS in Education) in Viet Nam?

- Comprehensive approach to school health is not happening at the moment in Viet Nam, with most of health and nutrition-related work under the MoH's responsibility while curriculum-related work is under MOET's.
- Donors and agencies are, for the most part, working on independent projects, approaching school health issues from various angles like life skills education, health and nutrition, reproductive health, etc. These projects are also fairly limited in scope.
- The National Action Plan for HIV/AIDS and Reproductive Health (SCUS) is under MoET's Student Affairs Department, which governs extracurricular activities and is focal point for school health, but has no control over curriculum or other education levels.
- For this National Action Plan, an interagency advisory group has presented an opportunity for better and more coherent working methods.
- It is necessary for the ESG to take leadership in bringing together donors and agencies to work in a more harmonized manner and also assist MOET to take a comprehensive approach to school health so that the issues embodied in FRESH can be addressed in schools in the most efficient manner.
- While technical work of projects still remain unchanged (for instance, existing working groups like PEPFAR advisory group still continue drafting the work) ESG

will serve as a coordinating body to assist MOET and donors to collectively work towards a comprehensive, high-level approach to school health.

- ESG can also work together when opportunities arise on a programmatic level, such as mainstreaming of life skills curriculum in secondary education.

Is the FRESH (framework) necessary in Viet Nam? Can it be used effectively?

- In Viet Nam, with the ESG already working towards harmonizing the work in the education sector, FRESH does not necessarily need to be emphasized as a separate initiative to harmonize the work on comprehensive school health. There is a risk that introducing FRESH as a new initiative may lead to further perceptions that there is a new project on the block.
- The HIV/AIDS prevention element (through life skills education) in FRESH can be emphasized to support MOET's work; water and sanitation, health and nutrition elements can also be supported whether it is under MoH or MOET.
- FRESH can be useful in sending across the message that a comprehensive, coordinated approach is necessary.

What are the practical implications of having a FRESH workshop, regional and country levels?

- It would be better to have an in-country consultation before a regional workshop so that the agenda for harmonization can be put forward with the participation of relevant stakeholders in the Government and the donor community.
- Consultation could be held around September; by this time, ESG will have identified the appropriate persons from MOET (and other relevant line ministries) to address the issue of harmonization and start the discussion for a comprehensive strategy on school health, with HIV/AIDS prevention as one of the key components.
- Viet Nam delegates can then attend the regional workshop later in the year (now planned for early 2007) to share and learn from experiences of other countries which will help facilitate the development of the national strategy.
- Cambodia seems to be the ideal place to hold the regional meeting, because of logistical ease as well their experience in life skills education and HIV/AIDS prevention; Decision needs to be made whether or not to include China as part of the regional meeting.

What are the next logical steps for the Viet Nam ESG and the proposed sub-regional workshop?

- ESG co-chairs (including Mr. Hung) will meet and discuss the possibility of meeting with Vice Minister(s) and, whenever possible, with the new Minister; ESG will encourage MoET to take a comprehensive, sector-wide strategy for school health, with commitment from the higher levels.
- (the mission team) colleagues will also meet with relevant counterparts to convey the same message.
- Dialogue between ESG and (the mission team) on the sub-regional workshop will remain open, with UNESCO, UNICEF and MOET as contact points.

2.3 Future Directions and Next Steps

The mission team met with representatives of MOEYS and VACC who indicated their interest in participating in the sub-regional workshop. The Task Force, in liaison with the workshop preparation team (see section 5 below) will facilitate the participation of the government team.

The mission team also met subsequently with representatives of ADB, PEPFAR/USAID, DfID and WB, four development partners making a large external financial contribution to education and to HIV/AIDS in Viet Nam. As discussed by the Task Force, it was recognized that a costed work plan would be a key element of any sector wide strategy for school health and HIV/AIDS, and an essential basis for harmonization and alignment of support. Developing a coherent sectoral plan would provide development partners with a roadmap for complementary investment. The agencies plan to meet to explore these issues further, and the WB education team will facilitate this.

As indicated by the Task Force, the Education Sector Group co-chairs (including Mr. Hung) will meet and discuss the possibility of meeting with Vice Minister(s) and, whenever possible, with the new Minister; ESG will encourage MOET to take a comprehensive, sector-wide strategy for school health, with commitment from the higher levels. Since the meeting on the 27th July, the new Minister of Education has taken up his duties and the counterparts in the Ministry are engaged with introductory activities. The issue of SHN and HIV/AIDS will therefore be revisited with the Ministry in early August.

3. Cambodia

3.1 Role of the Education Sector in the National HIV and AIDS and School Health Strategies

The National Law on HIV/AIDS clearly defines the role of the education sector.

Chapter 2 "Education and Distribution of Information", article 3 "The State shall enforce the below interventions: 1) Mainstream HIV/AIDS awareness in schools. Education shall include training about reasons, infection and prevention, and implications of HIV/AIDS including other sexual transmitted diseases, especially focussed on life skills that fit with social moral, by integrating into curriculums of all institutions and education levels including non-formal education", 2) conduct workshops and training on prevention and protection of HIV/AIDS epidemic to teachers and trainers that are assigned to conduct continuous education, and 3) organize feedback sessions from communities, associations, non-governmental organizations on HIV/AIDS education.

In November 2005, the National Strategic Plan (NSP) for a Comprehensive and Multisectoral Response to HIV/AIDS 2006-2010 (NSP-II) was launched. The role of the education sector is clearly defined.

Section 4. Overall Goals.

MoEYS will scale up school-based prevention strategies for students.

Strategy 1. Increased coverage of effective prevention interventions, additional interventions developed.

Specific Objective 7. Increased coverage and quality of preventive education interventions for in-school and out-of-school youth.

Major Activities. Implementation of the comprehensive workplan of the MoEYS, including life skills/peer education, mainstreaming of HIV/AIDS, curriculum and IEC development and teacher training.

The education sector also plays a significant role in the national control of helminthiasis.

Excerpts from the National Policy for Helminth Control in Cambodia (2004)

“Target coverage of 75% of all school-age children at risk of morbidity will be offered regular treatment in accordance with WHO recommendations.”

“This approach will be school-based and the education and health sectors will be equally involved in all phases of development of a plan of action and the implementation of the activities”

3.2 Mini-Stocktaking: policy and implementation of the education sector response to School Health and HIV/AIDS.

The mission met with the Secretary of State, Ministry of Education, Youth and Sport (H.E. Im Sethy), Director of School Health Department, Ministry of Education (Pen Saroeun), Deputy Director of Health Promotion, Ministry of Health (Heng Limtry), Chief BCC Unit, the National Centre for HIV/AIDS, Dermatology and STIs (Neth Sansothy) and other representatives of both Ministries.

The mission also met with representatives of UNESCO, UNICEF, WHO, World Bank, DfID and representatives of Civil Society, Plan International, Voluntary Services Overseas (VSO) and World Education.

There is substantial activity ongoing in both the education sector response to HIV/AIDS and in school health and nutrition. These areas have, however, evolved separately and, despite efforts to bring them together, have established different trajectories and institutional arrangements.

The **school health and nutrition subcomponent** of MOEYS is managed by the School Health Department of MOEYS with technical support from several Departments of the MoH. The principal mechanism for this inter-ministerial coordination is the SHN Technical Committee which includes the MoH Departments of Health Promotion, Preventive Medicine, the National Nutrition Program and the National Malaria Centre. In terms of health and nutrition services there are numerous programs, each with a

separate implementing partner, which together comprise the national school health and nutrition program:

- The national deworming program is coordinated by the National Malaria Centre. The drug costs have been met by the MoH, the delivery is via MOEYS teachers, and the training and administrative costs have been covered by WHO. This program has demonstrated remarkable cost effectiveness and has gone to scale in all primary schools.
- A teachers' manual for addressing malaria in primary and secondary schools and promoting referral to health centres is being developed jointly by the SHN Dept and the National Malaria Centre, with support from the Global Fund. This follows a similar program directed at Dengue prevention by using schools to promote the use of bed nets and mosquito breeding source reduction.
- All secondary school girls >15yr are intended to be beneficiaries of a national program to provide weekly iron folate supplements to all women of reproductive age. The tablets are provided by the National Nutrition Program and delivered by teachers in 10 provinces.
- The Dept of Preventive Medicine coordinates two programs directly with schools: 1) a program of oral health promotion supported by the private sector, and 2) a road safety program in collaboration with the traffic police. Both these activities are largely confined to Phnom Penh and other urban centres.
- The Dept of Health Promotion works with schools in four provinces to promote food hygiene and the safety of food provided through food vendors.
- An avian flu awareness campaign, based around materials developed by government with UNICEF/WHO/Japan support, has been implemented in 24 provinces throughout the country under the leadership of the provincial governors. The Ministry of Education will also conduct follow-up advocacy campaigns at national level and in 24 provinces.

In most cases these services are supported by separate teacher training activities for each separate program. To enhance coordination among these activities, and minimize transaction costs for teachers, the SHN Department, in collaboration with government and development partners has developed a National School Health Policy in draft, but the process for adoption and dissemination now appears to be stalled.

*Excerpt from the Expanded Basic Education Programme (EBEP II)
(MoEYS/SIDA/UNICEF)*

"Improving Equitable Access and Quality of Basic Education Project will improve the quality of education in primary schools in 6 priority provinces and in 18 TTCs. It will support the national mainstreaming of Child Friendly Schools (CFS) approach and promote skills-based health, hygiene and gender responsiveness."

The **HIV and AIDS prevention component** of MOEYS is coordinated through the Interdepartmental Committee for HIV and AIDS (ICHA) which involves 15 Departments of MOEYS, including: primary education, secondary education, non-formal education, youth and sport, pedagogical research, teacher training, higher education, and planning. ICHA is chaired by the MOEYS Secretary of State, and the primary source of TA within the government is the National Centre for HIV/AIDS, Dermatology and STIs (NCHAD).

Since 2003, the DfID supported program to “Strengthen Cambodia’s Response to HIV and AIDS” has provided an advisor to the education sector and support for implementation of the education sector response nationally.

ICHA serves as a coordinating mechanism for HIV and AIDS prevention efforts for both in and out of school children. The primary completion rate is 46% so out of school children are an important target group. Also, because most children enroll late for age and the gross enrollment ratio (GER) in lower secondary is less than 25%, the majority of adolescent children in school are in primary school. For these reasons the prevention curriculum includes the last grades of primary school. The ICHA coordination mechanism, and the establishment of a formal curriculum at the primary and secondary levels, has reportedly worked well in helping ensure consistency in the approach to HIV/AIDS prevention.

From the Ministry of Education, Youth & Sports/Inter-Departmental Committee on HIV/AIDS Strategic Plan (2001-2005)

Mission

“It is the mission of the MoEYS to continue to support activities that will result in reducing the spread of HIV/AIDS in the next generation of children and youth by assuring access to reliable and current information on HIV/AIDS, providing quality and equitable lessons that focus on the social, personal, cultural and intellectual development of all and ensuring the continual development of staff expertise in modern pedagogical practices in relation to HIV/AIDS education.

The MoEYS will also act to mobilise and focus resources on priority strategies that promote HIV/AIDS education in Cambodia based on a continual assessment of the situation of HIV/AIDS in Cambodia and current best educational best practices in relation to HIV/AIDS.

Furthermore, the MoEYS will foster an attitude of commitment, coordination, cooperation and collaboration with international donors, organisations and non-governmental organizations (NGOs) working with HIV/AIDS education.”

Objectives

1. Ensure that all initiatives address HIV/AIDS education
2. Increase awareness of the range of HIV/AIDS education strategies to education personnel at all levels
3. Increase the awareness of the need to develop and be committed to HIV/AIDS education in all departments of the MoEYS
4. Improve links through expanding collaborative activities, cooperation and coordination between international and local agencies working in HIV/AIDS education in all education sectors.

From the Education Sector Support Program 2006-2010

Section 2.3. Primary Education Access Quality and Efficiency

1. Strengthen and expand the child friendly school program, including local life skills programs, such as prevention of HIV/AIDS and other health problems.
2. Provision of MoEYS classroom based life skills for HIV/AIDS program, in cooperation with selected NGOs (supported through ICHA).

Section 2.4 Lower Secondary Education Access, Quality and Efficiency.

1. Provision of MoEYS peer-education life skills for HIV/AIDS program, in cooperation with selected NGOs (supported through ICHA).
2. Support the implementation of the life skills, HIV/AIDS and reproductive health policies and programs through the provision of life skills textbooks, resources and specific life skills teacher training.

Section 2.9 Non-Formal Education Expansion

Provision to out-of-school youth of MoEYS peer education life skills for HIV/~AIDS program, in cooperation with selected NGOS (Supported through ICHA)

There is a reported lack of coordination between the SHN program and the HIV/AIDS program. The Secretary of State for MOEYS identified a need for mainstreaming health holistically in the curriculum: not only HIV and AIDS but also health, hygiene, nutrition and other behavior related issues that influenced the health, development and education of children.

Coordination between SHN and HIV/AIDS has been achieved using a Child Friendly Schools approach, with the technical assistance of UNICEF and additional financial support from SIDA. This approach, which conforms with the FRESH framework, is being developed comprehensively in 6 provinces, with the aim to support ToT in all 24 provinces. The criteria for Child Friendly Schools include: effective policies, a safe environment including water and sanitation, skills-based health, hygiene, nutrition and HIV/AIDS education, as well as effective health services. The participatory life skills approach is specifically broader than HIV/AIDS prevention, and addresses health promotion, reproductive health, accident, drugs and other important health issues for youth.

The Child Friendly School approach is being implemented in 6 provinces by UNICEF and in 7 provinces by Save the Children (Norway). The government's ESSP, supported by the World Bank, strengthens education in 10 provinces, and in 6 of these VSO provides TA through a Japanese Social Development Fund to strengthen inclusive education, including support for children infected and affected by HIV/AIDS and other disadvantaged children. Unlike the other two countries visited on this mission, Cambodia has a large number of international and local NGOs active in the areas of SHN and HIV/AIDS. This has raised the issue of NGO coordination, which is addressed by such networks as Education Cambodia (EduCam), Medical Cambodia (MEDICAM) and Khmer HIV/AIDS NGO Alliance (KHANA). The present inventory is not intended to be exhaustive, but other important development partners mentioned in the SHN and AIDS/education area include Belgian Technical Cooperation, Plan and Care.

3.3 Future Directions and Next Steps

Cambodia has made remarkable strides in developing programs to support the health and nutrition of school age children and in providing a strong HIV and AIDS response by the education sector. In doing so the education sector of Cambodia, in collaboration

with the health sector, has significantly strengthened its response to the national commitments to provide Education for All and to provide Universal Access to HIV/AIDS prevention.

What remains to be done, as indicated by the Secretary of State for MOEYS, is to coordinate both these issues, and to mainstream them nationally for the benefit of the all the schoolchildren of Cambodia. A key commitment by the Government in the 2006-2010 Education Sector Strategy is ensuring that 70% of all schools meet the Child Friendly criteria by 2010. Addressing this commitment as a priority for government and development partners could help harmonize the SHN and HIV/AIDS programs and establish a single national response.

The definition of CFS includes HIV and AIDS prevention within the overall concept of promoting the health and nutrition of school children. Achieving the goal of 70% CFS would imply a sustained effort and commitment to ensure enhanced coordination and between the SHN and HIV/AIDS subsectors of MOEYS, and concomitant coordination with the various relevant Departments within MoH. The mechanisms to achieve this coordination already exist through the SHN Technical Working Group and ICHA. A key initial product of this mechanism would be the adoption and dissemination of a joint MOEYS and MoH School Health and HIV/AIDS policy.

Achieving the goal of 70% CFS by 2010 would in effect translate the SHN policy, and the Education Sector Strategy into action. The Education Sector Working Group is the appropriate forum for exploring how this can be sustained in the medium term. For example, applying the CFS approach to the 6 provinces supported by UNICEF/SIDA, the seven by Save the Children (Norway) and the 6 by WB/VSO could potentially provide an effective SHN and HIV/AIDS response by the education sector in 19 out of the 24 provinces. Developing a coherent sectoral plan would provide development partners with a roadmap for complementary investment.

Representatives of MOEYS and MOH have indicated their interest in participating in a subregional workshop with neighboring countries to share experiences on SHN and AIDS Education. Cambodia's commitment to this goal, and willingness to share its achievements with neighboring countries was also indicated by the Secretary's offer to host the proposed sub-Regional workshop (see Section 5, below). Representatives of UNESCO [the chair of the Education Strategies Working Group (ESWG)], DfID and the World Bank will work with other development partners to assist government.

4. Lao PDR

4.1 Role of the Education Sector in the National HIV and AIDS and School Health Strategies

The National Strategic and Action Plan on HIV/AIDS/STI 2006-2010 is due to be launched mid July 2006. The role of the education sector is clearly defined.

Section 3.1.3 Young People

Section 3.1.3.3.4 Enhance young people's knowledge about HIV/AIDS and methods of prevention

1. Disseminate and update an age-appropriate life skills curriculum, including basic information about HIV/AIDS, sex education and drugs.
2. Include basic education on HIV/AIDS, reproductive health and drug issues in the teacher's pre-service and in-service training and strengthen the capacity of teachers to deliver this information in an effective way.
3. Strengthen coordination and cooperation between key stakeholders in educational settings under the leadership of the MoE
4. Incorporate HIV/AIDS/STI/drugs into the curriculum of vocational schools and non-formal education.

The National School Health Policy was launched in May 2005 was developed jointly by the Ministries of Education and Health and co-signed by both Ministers. The specific components of the policy cover many health, hygiene and nutrition issues, including HIV/AIDS.

“The National School Health Policy is to be integrated into the EFA plans and to be implemented by both the Ministries of Education and Health. Lao PDR has recognised that effective school health promotion activities will promote higher quality education by making students healthy, well nourished and motivated.”

In addition to the school health policy, the education sector also plays a key role in the national control of helminthiases.

From the National Intestinal Helminthes Prevention and Control Policy

“The target is to cover at least 75% of all school-age children using the educational system. The program will be integrated into the Health Promoting School framework.”

Health and hygiene in schools is also promoted in the Hygiene, Prevention and Health Promotion Law.

“Schools must keep their premises hygienic and create a healthy physical environment for their pupils. Health and nutrition services should be available at schools. Health topics should be included in the existing curriculum”.

4.2 Mini-Stocktaking: policy and implementation of the education sector response to School Health and HIV/AIDS.

The mission met with the Director General, Department of General Education, Ministry of Education (MoE) Mr Khamhoung Sacklokham, the Deputy Director of the National Research Institute for Educational Sciences (MoE), Phouangkham Somsanith, Director of Centre for HIV/AIDS/STI (CHAS), National Committee for the Control of AIDS

(NCCA) Ministry of Health (MoH), Dr Chancy Phimpachanh, and other representatives of both ministries.

The mission also met with representatives from UNICEF, World Food Programme (WFP), WHO, World Bank, National commission for UNESCO, Australian Agency for International Development (AusAID), JICA and a representative of Civil Society, Save the Children Australia.

The education sector responses to school health and to HIV/AIDS appear to have developed separately, to have different agencies supporting them, and to be perceived as primary school (SHN) and secondary school (HIV and AIDS) issues.

The National School Health and Nutrition Program appears to have achieved the strongest political traction. This program is implemented in primary schools only. Discussion with MoE representatives indicated that SHN, and the FRESH framework, were perceived as important components of EFA: it was recognized that children who were sick or malnourished could not benefit from EFA. This recognition may help explain why Laos, uniquely among the three countries visited, has all of the following in place:

- A formal MOU between the MoE, as implementer of SHN, and the MoH, as advisor on SHN.
- A formally adopted, published and disseminated National School Health and Nutrition Policy, cosigned by the MoE and the MoH
- A National Task Force for SHN, jointly between the MoE [with representation from the Depts. of General Education, Teacher Training, National Research Institute for Education and Studies (NRIES)] and the MoH (Department for Hygiene and Prevention, including malaria, water supply).

The program has developed a common set of supplementary materials for teachers – a so-called “Blue Box”. This was initiated by UNICEF Water and Sanitation and is being taken forward by WHO and now contains materials from multiple sources on many topics, but is not specific about HIV and AIDS. Provincial workshops undertaken with WHO teach teachers how to use the “Blue Box” and approximately one third of primary schools have been covered. WHO also helps coordinate a school based deworming program that covers a majority of the primary schools. JICA, in an apparently separate program, but also with the support of the National School Health Task Force, is assisting 32 primary schools in one province to implement the National SHN policy. WFP is supporting the SHN policy in primary schools in 3 provinces where they are providing take home rations for girls and a morning snack for all children in the target schools.

HIV and AIDS prevention education is focused on the secondary school level. NRIES has included health topics in the curriculum. Co-curriculum subjects at the primary level include knowledge about some risky behaviors, but not HIV/AIDS. At junior secondary level reproductive health is introduced, but the only actual curriculum subject that includes AIDS is Biology at the senior high school level. UNICEF and UN Population Fund (UNFPA), with AUSAID and WFP support, are assisting in the implementation of

these curricula with a life-skills based program that addresses a range of risky behaviors in relation to health, reproductive health and HIV/AIDS. This is being done in eleven provinces, in 25% of primary schools and 50% of secondary schools. UNESCO, with MoE, is implementing an apparently separate program, using different materials specifically targeting HIV and AIDS, in 15 higher secondary schools in 16 provinces.

The MoE Department of General Education intends to mainstream HIV/AIDS and SHN in the curriculum. To allow time for appropriate revision of textbooks to assist this process the re-printing of textbooks, scheduled for this year under the Education Development Plan II (EDP2) (supported by the WB), has been postponed. In 2007 the Department will also be implementing a Basic Education Development Project (supported by ADB) which will add a year to lower secondary and provide an opportunity to strengthen the HIV/AIDS component of the curriculum.

The MoE is also working with CHAS to target its HIV/AIDS interventions. Given the current low prevalence of HIV, the constraints on resources and the apparent variability in risk in the different provinces, the government is targeting its interventions, including school interventions, at those provinces most at risk. These include provinces engaged in trading/transport with China and Thailand, and those involved in major construction projects.

4.3 Future Directions and Next Steps

The Government of Lao has made real progress in developing a school health program in primary schools, and in beginning to establish an HIV/AIDS prevention program at the secondary level. In doing so the education sector of Lao PDR, in collaboration with the health sector, has significantly strengthened its response to the national commitments to provide Education for All and to provide Universal Access to HIV/AIDS prevention. There remain important challenges however, both in including life skills training at the primary level, and in institutionalizing both the SHN and AIDS responses.

Addressing AIDS at the primary level raises societal issues about the appropriate age to begin AIDS education. In Laos however, where the primary completion rate is less than 50% and most children enroll late for age, the majority of adolescent children in school are in primary school. Delaying AIDS education to secondary school may miss an important opportunity to promote positive behaviors among vulnerable young people.

The current approaches to SHN and AIDS education appear to be fragmented between the efforts at the primary and secondary levels, and among programs within each of these levels. As suggested by representatives of the Department of General Education and of NRIES, one contribution to a more systematic response would be the adoption of a national curriculum that addressed both AIDS and SHN, and became the common guiding principle for all programs.

The MoE and CHAS have indicated their interest in participating in the planned sub-regional workshop on school health and HIV/AIDS education. The WB country office is working with other development partners to assist in coordinating participation and in

developing the Lao contribution to the workshop. Addressing the two challenges mentioned above and the development of a systematic sectoral plan for the education sector response to SHN and HIV/AIDS would provide the basis for more harmonized donor support.

5. The sub-Regional Workshop

Date: January/February 2007 *Duration:* 4 days *Venue:* Siem Reap, Cambodia.

Host country: the Government of Cambodia

Structure: The workshop will provide opportunities for sharing operational experiences, technical discussion in working groups of specific thematic areas, and facilitated support for country delegations to reflect these experiences in their sectoral action plans.

Country delegations: representatives of the Education Sector, Health Sector and National HIV/AIDS Authority, with relevant development partners representing the national Education Sector Working Groups. Total of approx 8 to 10 per country.

Participating GMR Countries: Viet Nam, Cambodia and Lao PDR have all agreed to participate. Discussions are ongoing with Thailand (led by UNESCO), Myanmar (led by UNICEF) and China (led by SEAMEO).

Participating Countries outside the GMR: Interest has been expressed by other countries in attending as observers (perhaps with delegations of 2 to 3 people). There is specific interest from Bhutan, because of the focus on countries with Buddhist beliefs and practices, and from Bangladesh, which in common with the GMR countries is a participant in the school health training program offered by ACIPAC/SEAMEO/JICA/Mahidol.

Conference Organizing Committee in Cambodia: the Government of Cambodia with development partners, currently the country representatives of UNESCO (chair of the ESWG), DfID and the World Bank.

Coordinating Committee: representatives of partners in the participating countries (see report above for organizations currently making this commitment) and representatives at the regional level of UNESCO, UNICEF, ACIPAC/JICWELS, SEAMEO, World Bank.

Financing arrangements: where possible, country teams and local development partners will be responsible for their own travel and accommodation costs. SEAMEO will contribute to the costs. The Partnership for Child Development, with support from the World Bank, will cover technical facilitation and documentation costs.

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**Opening Remarks of H.E. IM SETHY
Secretary of State
Chairperson of ICHA, Ministry of Education, Youth and Sport**

At the occasion of the Opening Ceremony of the
**Greater Mekong Sub-Regional Workshop on
“Strengthening the Education Sector Response to School Health,
Nutrition and HIV & AIDS Programmes”**

Siem Reap,
Century Hotel, 5 – 9 March 2007

***Excellencies,
Dear Development Partners,
Ladies and Gentlemen,
Dear Colleagues,***

Today, I have great honor and pleasure to preside over the Opening Ceremony of the Greater Mekong Sub-Regional Workshop on “*Strengthening the Education Sector Response to School Health, Nutrition and HIV & AIDS Programmes*” to be held in Siem Reap, which most of you know for being one of the ancient capital and famous World Heritage site.

On behalf of the Royal Government of Cambodia and the Ministry of Education, Youth and Sport, I wish to warmly welcome all the delegates from GMS countries namely China, Lao PDR, Thailand, Vietnam, Cambodia and other countries around the region to attend the important meeting here. Cambodia very much appreciates the opportunity to discuss and share experiences on how to co-operate and develop the education sector, particularly School health, Nutrition and HIV & AIDS in our region. In the spirit of partnership building, I am very pleased to see that such a large number of representatives from government, UN agencies and nongovernmental organizations, have come to this event.

I would specifically like to express my thanks to the World Bank, represented here by Mr. Don Bundy, to UNESCO represented by Mr. Sheldon Sheaffer, the Regional Director as well as to Dr. Lesley Drake from the Partnership for Child Development (PCD), to Dr. Edilberto de Jesus from SEAMEO, to DFID, UNICEF, WHO and the many other organizations and individuals who are supported this initiative.

Whilst we are all committed to the “Education for All” goals and increasing access and quality of education for our children, especially for the most vulnerable ones, one of the key elements that we should not forget is to provide them with appropriate school health education and services. If we are neglecting this, and if we are not sufficiently providing

healthier learning environments, our government will not succeed in reaching our education priorities.

As you are aware Cambodia had been crossing different hardship for over almost 30 years of civil war, genocide, instability and political crisis that caused millions of human lives. During the same period, most of 80% of former teachers had been killed and more than 90% of school buildings had been destroyed but more important we were left without textbooks, educational materials and human resources.

For the last 2 decades recovering from a tragic history, Cambodia, with the support of countries, international organizations and NGOs is rebuilding its education and youth sector. Piece after piece we are trying to recompose the puzzle and provide to the Cambodian youth a better chance to have access to quality education. We have achieved many results but a lot of work and challenges are still in front of us.

As in many countries of this Mekong sub-region, Cambodia has since many years decided to place Education in the center of its Development strategies. The Royal Government of Cambodia under the leadership of **Samdech Hun Sen**, the Prime Minister, has been implementing the Rectangular Strategy, education and health are among the top priorities of the Government's strategy, as a supporting tool to achieve the political platform of Cambodia to attain poverty reduction, development, progress, prosperity, national harmony and happiness of the Cambodian people. The main goal of the Royal Government of Cambodia is to firmly and steadily build Cambodian society by strengthening peace, stability and social order, entrenching democracy, promoting respect for human rights and dignity, ensuring sustainable and equitable development, and strengthening Cambodia's social fabric to ensure that the Cambodian people are well-educated, culturally advanced, engaged in dignified livelihood and living in harmony in family and society.

In term of implementing the Rectangular Strategy, the private sector, national and international organizations, UN agencies and NGOs have been regarded as the most effective development partners of the Government. It is critical that the development partners have participated actively in educating people with health care and prevent them from becoming infected and remain healthy.

Whilst we are working towards improving Education, and as a lesson learned from our history, we truly know that Cambodia can not loose another generation which could be affected by poor health and infected by HIV. This is the reason why our Ministry pays a special attention to providing health and HIV & AIDS education to its 3,5 million students and is trying to reach-out to the many other Cambodian youth who are enrolled in Non-formal education and those who do not yet have this chance and are left alone in villages and in the streets of Phnom Penh.

***Excellencies,
Ladies and Gentlemen,***

Health Education and HIV & AIDS are therefore essential and should be part of all our Education strategies. Since 1992, our Ministry is addressing hygiene and school health issues. The Department of School Health was later established in 1998 at the central level and we now have “School Health Committees” in our 24 Provinces.

In 1999, to respond to the increase of the HIV prevalence rate, the Ministry has set up its Interdepartmental Committee for HIV & AIDS as a coordination structure to strengthen our Education Sector’s response to HIV & AIDS.

In Cambodia, the spectrum of school health activities is very large, and our Ministry relies on many other line Ministries such as the Ministry of Public Health, the Ministry of Women Affairs and the Ministry of Rural Development. In addition to these Ministries, our School Health and HIV & AIDS Programmes would not be possible without the support and cooperation that we are receiving from National Institutions and Centers such as:

- the Cambodia National Center for Parasitology, Entomology and Malaria Control (CNM), for Malaria, Dengue and Deworming;
- the National Centre for Health Promotion (NCHP), for Hygiene and Sanitation;
- the CDC which recently helped us for the Bird flu prevention;
- the National Center for HIV/AIDS Dermatology and STD (NCHADS), for HIV & AIDS and Sexual Transmitted Infection (STI);
- but also the National Authority Control Drug (NACD) for Substance abuse;
- and many other institutions.

I would now like to focus your attention on the critical issue of HIV & AIDS.

As we all know, HIV & AIDS is not just a public health issue and therefore needs to be addressed by all the different actors of the society. As an epidemic that affects the entire society and seriously undermines and threatens the fabric and institutions of families, communities and countries, it’s our responsibility to respond to this epidemic even if, because of our cultural norms, it is not always an easy task.

If again we are neglecting HIV & AIDS, and are not effectively delivering prevention programmes to our students as well as to the out-of-school youth, then again we would put our children at risk and jeopardize the development of our nations.

As earlier mentioned, our Ministry is addressing HIV & AIDS since 1999, whilst it was at the beginning delicate to introduce the topic among our own staff, we have now prevention programmes delivered to primary and secondary students as well as to out-of-school youth and the street children of Phnom Penh. More important, the Ministry has embarked in a long process to strengthen its capacity to plan, implement, coordinate and monitor HIV & AIDS activities at the central and local levels. With the support of DFID, UN Agencies and NGO partners, the Ministry’s Interdepartmental Committee for HIV & AIDS (ICHA) is now considerably strengthened.

I am sure you will hear more of our key achievements in the coming days, but allow me to mention 4 of them:

- HIV & AIDS is now integrated in the new national Curriculum;
- Every year, 100% of our pre-service teachers are systematically trained on HIV & AIDS;
- The Ministry is not focusing only on students but also reaching out to the most vulnerable children, those out-of-school or working and living in streets;
- Last but not least, whilst our prevalence rate has dropped from 2.1 to 1.9%, our Ministry still considers HIV & AIDS as a cross-cutting priority and is placing it at the center of its Education strategies and policies.

As part of this effort, we would like to say that not only the school or teacher alone can accomplish with all tasks because the issues are concerned to all of us and requiring a strong participation and cooperation as a view stated *"education at school has to be linked with education inside family, community and society as whole"*. Therefore we could prevent and reduce from acquiring and transmitting HIV/AIDS applying to a guideline that *"Prevention in advance is better than treatment"*.

Our ICHA Programme has proved that the resources allocated to mainstream HIV & AIDS in the Education sector can significantly contribute to strengthening our own institutional systems and processes, in areas such as Financial management, Staff performances, Monitoring and Evaluation as well as Coordination and harmonization with donors and implementing partners. I would therefore recommend that this workshop also looks at the relation between HIV & AIDS and Development, in the Education Sector's context.

***Excellencies,
Ladies and Gentlemen,***

Finally, it is now time for me to, again, sincerely thank our Development partners, the workshop secretariat and our planning and logistic colleagues, from PCD and MoEYS who have worked hard to make this Regional Workshop possible.

On behalf of the Royal Government of Cambodia and the Ministry of Education, Youth and Sport, ***I now declare the workshop open and wish you a productive meeting and an excellent stay in Cambodia.***

Thank you!

APPENDIX 3. CONCEPT NOTE

GREATER MEKONG SUB-REGIONAL WORKSHOP

'STRENGTHENING THE EDUCATION SECTOR RESPONSE TO SCHOOL HEALTH, NUTRITION AND HIV&AIDS PROGRAMMES'

Organised by the Ministry of Education, Youth and Sport (MoEYS), Kingdom of Cambodia

Siem Reap, Kingdom of Cambodia, 5th-9th March, 2007

CONCEPT NOTE

1. Context

In response to a request by SEAMEO Ministers to strengthen school health, nutrition and HIV&AIDS prevention activities in the sub-region and in support of national efforts to achieve Education for All and Universal Access to HIV&AIDS Prevention, a multi-agency effort is underway to strengthen school health and nutrition programs, including the education sector response to HIV&AIDS, in the Greater Mekong sub-Region (GMR).

A regional dialogue was undertaken during June-July 2006 with government and development partner representatives in Vietnam, Cambodia and Lao PDR. In each country a mini-stocktaking of the school health and nutrition policies and activities, including the education sector response to HIV&AIDS, was developed with the government and development partner team.

All of the countries have developed and implemented school health and nutrition programs, as well as HIV&AIDS prevention programs, as joint activities of the education and health sectors. These activities accord with the EFA-SHN framework but there is considerable variation among the countries in the quality and coverage of the subcomponents. In general there is a tendency towards fragmentation, with attendant higher transaction and management costs, and a particular tendency for HIV&AIDS education to be developed separately from the national school health and nutrition program.

Each country has developed or is in the process of developing a working group to address these issues of coordination and content, and to move towards the development of a systematic national policy and strategy. In response to this, the governments, ministries of education and other sectors, development partners and civil society have agreed to come together at a sub-Regional workshop to share their experiences in addressing these regionally similar challenges.

The workshop will be hosted by the Kingdom of Cambodia, with participating teams from Vietnam, Lao PDR, Myanmar, Thailand and China (Yunnan Province) and observer team from Bhutan. These processes are intended to lead to strengthened actions within countries and enhanced harmonization and alignment of support from development partners.

Date:

5th-9th March, 2007

Venue:	Angkor Century Hotel, Siem Reap
Number of participants:	Approximately 100
Participating countries:	Cambodia, Lao PDR, Vietnam, Myanmar, Thailand and China (Yunnan Province)
Observer Countries:	Bhutan

2. Background

The countries of the GMR support the goals of Education for All and of Universal Access to HIV&AIDS Prevention. The education and health sectors together make two important contributions to these goals: by providing school health and nutrition programs to ensure that schoolchildren are well enough to attend school, take better advantage of the opportunities whilst there, thus leading to better learning; and by ensuring that young people have the knowledge and skills to avoid HIV infection.

School health and nutrition programs can address the parasitic infections, malaria and malnutrition that are common among schoolchildren in the GMR and constrain EFA by reducing the educational participation and achievement of schoolchildren. While life skills programs that promote positive, healthy behaviors can help the next generation grow up with the knowledge and skills to avoid disease, including AIDS. The currently low levels of infection in the GMR make a focus on prevention all the more timely.

The education and health sectors of the GMR countries have responded by beginning to develop school health and nutrition programs that also address HIV&AIDS. All GMR education sectors have based their school health and nutrition programs around the EFA-SHN framework of good practice in school health:

- Development of health-related school policies, including those that address HIV&AIDS issues and a healthy psychosocial environment;
- Promotion of a safe and supportive school environment (including access to safe water and adequate sanitation);
- Skills based health education (including curriculum development, life skills training, teaching and learning materials);
- Schools-based health and nutrition services (including deworming, micronutrient supplementation, school feeding, malaria treatment/referral, psychosocial counselling)
- Partnerships in support of school health, nutrition and HIV&AIDS programs.

The countries and development partners now recognize that it would be timely to harmonize these actions and better align assistance in order to: promote a more systematic and comprehensive response; reduce transaction costs; and increase the efficiency of the allocation of resources. This would lead to the development of a systematic strategy to sustainably integrate and scale up the school health and nutrition programs and the education sector response to HIV&AIDS.

3. The sub-Regional Workshop in Siem Reap

The Workshop aims to bring together regional, national and local stakeholders involved in developing education sector school health and nutrition programs, including responses to HIV&AIDS. This may include stakeholders from ministries of education, health, community development/social welfare, women and youth, National AIDS Commissions, teacher unions, civil society, people living with HIV&AIDS and development partners. Key national/regional/international experts are identified who not only provide a source of relevant knowledge and experience but also play an important facilitation and guidance role.

The Workshop follows a general format that has been refined over time and that now reflects feedback received from organising committees and participants¹. The agenda for the week has been developed to achieve a suitable balance between plenary sessions and group work. Maximising time in group work is the most effective way of ensuring the Workshops produce a set of definite deliverables (plans, strategies and decisions).

On Day One of the Workshop, countries and/or regions or districts will put together and present the **Current Situation** of activities in their specific setting. The purpose of this activity is to ensure a common starting ground for discussions throughout the rest of the week. These discussions will take place during **Thematic Group Work Sessions** and cover specific technical issues identified by participating countries as being priority areas for the sub-Region. The outcomes of these discussions will then be presented in plenary, during which time participants will be given the opportunity to discuss the issues raised. Participants will then use the outcomes of the Thematic Group Work and ensuing discussions as the basis for the development of their enhanced school health and nutrition and HIV&AIDS **Response Plans** to be presented on the final day.

4. Workshop Organisation

1. All participating countries have established country planning teams. These country planning teams are comprised of representatives from government and the relevant development partners (in essence, the national education sector working groups). The principle role of these country planning teams is the identification and participation of the most appropriate country delegation and, where possible, financing of travel and accommodation costs.
2. These country teams together also constitute the REGIONAL PLANNING TEAM with joint responsibility for the development of the technical content of the workshop (including the identification of key issues, best practice and most appropriate facilitation).

¹ To date, 38 countries and a comparable number of development partners have participated in creating information sharing networks in 15 Workshops at the sub-regional and national levels led by Ministries of Education and the UNAIDS Inter-Agency Task Team Working Group on "Accelerating the Education Sector Response" (IATTWG). All partners within the Working Group are supportive of the expansion of the Accelerate Initiative to the GMSR as an effective mechanism for harmonisation of efforts at national and sub-Regional level.

3. The Government of Cambodia with development partners are covering the full cost of hosting the Workshop (including meeting room and equipment hire, secretariat staff, lunches, tea/coffee breaks, transport to and from the airport, sightseeing visits, welcome reception and documentation). With specific regard to financing the participation of country teams, each country team will cover travel, accommodation and participant per diem expenses.

APPENDIX 4. LIST OF PARTICIPANTS AND CONTACT DETAILS

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'STRENGTHENING THE EDUCATION SECTOR RESPONSE TO SCHOOL HEALTH,
NUTRITION AND HIV&AIDS PROGRAMMES' Siem Reap, Cambodia, 5- 9 March, 20

Organised by
The Ministry of Education, Youth and Sport (MoEYS)
Kingdom of Cambodia

With support from:
DFID, JICA, PARTNERSHIP FOR CHILD DEVELOPMENT, SAVE THE
CHILDREN,
SFAMEO UNICEF UNESCO WHO and THE WORLD BANK

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APPENDIX 5. PROGRAMME

FINAL PROGRAMME

TIME	ACTIVITIES	RESPONSIBILITY	PLACE
SUNDAY 4 MARCH: Registration from 18:00 to 19:00			In front of Plenary Room
DAY 1: MONDAY 5 MARCH			
7:15 - 8:30	Registration of Participants		In front of Plenary Room
8:30 - 9:30	<p style="text-align: center;">Opening Ceremony (1h) Welcome message by Patrick Duong, UNDP/DFID Advisor to the Cambodian Ministry of Education, Youth and Sport,</p> <p style="text-align: center;">Goodwill Message from Dr Lesley Drake, Development Partners Representative</p> <p style="text-align: center;">Speech from H.E Teng Kunthy, Secretary General of NAA</p> <p style="text-align: center;">Opening Remarks by H.E Im Sethy, Secretary of State Ministry of Education Youth and Sport, Kingdom of Cambodia</p>		Plenary Room
09:30 - 10:00	COFFEE BREAK (30min)	ALL	In front of Plenary Room + terrace
10:00 - 10:20	<p style="text-align: center;">SHN, HIV&AIDS and Education - A Global Perspective (20min) by Mr Donald Bundy, Lead Specialist, School Health & Nutrition, World Bank</p>		Plenary Room
10:20 - 10:50	<p style="text-align: center;">SHN, HIV&AIDS and Education - A sub-Regional Perspective (20min) by Mr Sheldon Shaeffer, UNESCO Regional Director for Asia and the Pacific</p>		Plenary Room
10:50 - 11:10	<p style="text-align: center;">An Overview of the Cambodian Education Sector Response to HIV&AIDS (20min) by Mr Leang Nguonly, Deputy Director General for Education, MoEYS</p>		Plenary Room
11:10 - 11:30	<p style="text-align: center;">Workshop Aims, Objectives and Feedback Mechanisms (20 min)</p>	Donald Bundy, World Bank	Plenary Room
11:30 - 11:50	<p style="text-align: center;">Introducing Each Other (30 min)</p>	Michael Beasley, PCD	Plenary Room
12:00 -13:15	LUNCH (1h15)		Restaurant of the Hotel
Session 1 Chairperson: HE Nath Bunroeung, Cambodia			
13:15 -14:45	<p style="text-align: center;">Team Work: (1h 30min) Preparation of Presentations of Current National Situations</p>	Facilitators	4 Break out rooms + 3 groups in Plenary Room

TIME	ACTIVITIES	RESPONSIBILITY	PLACE
14:45 - 15:30	Plenary Session Presentation of Current National Situations Cambodia - China (Yunnan Province) - Lao PDR (15min per presentation for 3 presentations)		Plenary Room
15:30 - 16:00	COFFEE BREAK (30min)		In front of Plenary Room + terrace
16:00 - 17:00	Plenary Session (continuation) Presentation of Current National Situations (15min per presentation for 4 presentations) Thailand - Vietnam – Bhutan (Observer)		Plenary Room
18:00	Welcome Dinner		Le Meridien Siem Reap Departure of the Bus at 18h00 in front of the hotel
DAY 2 : TUESDAY 6 MARCH			
Session 2			
Chairperson: Dr Chitsavang Chanthavisouk, WHO Lao PDR			
8:30 -8:45	Reflections/Feedback (15min)	Feedback Representative	Plenary Room
8:45 - 10:00	Plenary Session Explanation of Procedures for Thematic Groups (1h15min)	Donald Bundy	Plenary Room
10:00 - 10:30	COFFEE BREAK (30min)		In front of Plenary Room + terrace
10:30 -12:30	Thematic Group Work: Session #1 (2h) Group1: Development of health-related school policies, including those that address HIV&AIDS issues and a healthy psychosocial environment; Group 2: Promotion of a safe and supportive school environment (including access to safe water and adequate sanitation); Group 3: Skills based health education (including curriculum development, life skills training, teaching and learning materials); Group 4: Schools-based health and nutrition services (including deworming, micronutrient supplementation, school feeding, malaria treatment/referral, psychosocial counseling)	Facilitators	Break Out Rooms
12:30 - 13:45	LUNCH (1h15min)	ALL	Restaurant of the hotel
Chairperson: Ms Le Thi Minh Chau, UNICEF Vietnam			
14:45 - 15h15	School health related video by Vietnam		Plenary Room
15:15 – 16h15	Thematic Group Work: Session #2 (1h) Group1: Development of health-related school policies, including those that address HIV&AIDS issues and a healthy psychosocial environment; Group 2: Promotion of a safe and supportive school environment (including access to safe water and adequate sanitation); Group 3: Skills based health education (including curriculum	Facilitators	Break Out Rooms

TIME	ACTIVITIES	RESPONSIBILITY	PLACE
	development, life skills training, teaching and learning materials); Group 4: Schools-based health and nutrition services (including deworming, micronutrient supplementation, school feeding, malaria treatment/referral, psychosocial counselling)		
16:15 - 16:45	COFFEE BREAK (30min)		In front of Plenary Room + terrace
DAY 3: WEDNESDAY 7 MARCH			
Session 3			
Chairperson: Dr Saipan Sripongpankul, Thailand			
8:30 -8:45	Reflections/Feedback (15min)	Feedback Representative	Plenary Room
8:45 -9:45	Panel Discussion Partnerships and Harmonisation: (1 hr) This second session will discuss regional networking, available resources and funding mechanisms at national, regional and international level, as well as feedback from the participants.		Plenary Room
9:45 - 11:00	Thematic Group Work: Session #2 continuation. (1hr15 min) Group1: Development of health-related school policies, including those that address HIV&AIDS issues and a healthy psychosocial environment; Group 2: Promotion of a safe and supportive school environment (including access to safe water and adequate sanitation); Group 3: Skills based health education (including curriculum development, life skills training, teaching and learning materials); Group 4: Schools-based health and nutrition services (including deworming, micronutrient supplementation, school feeding, malaria treatment/referral, psychosocial counselling)	Facilitators	Break Out Rooms
11:00 - 11:30	COFFEE BREAK (30min)	ALL	In front of Plenary Room + terrace
11:30 -13:00	Thematic Group Work: Session #3 (1h 30min) with a focus on developing Thematic Group Summaries for presentation to plenary	Facilitators	Break Out Rooms
13:00 - 14:15	LUNCH (1h15min)	ALL	Restaurant of the hotel
14:30 - 18:30	Visit to Angkor Wat	Organization Team	Bus departure in front of the hotel
DAY 4: THURSDAY 8 MARCH			
Session 4: Chairpersons: Sandra Tempongko, SEAMEO Mr Khamhoung Sacklokham, Lao PDR			
8:30 -8:45	Reflections/Feedback (15min)	Feedback Representative	Plenary Room
8:45 - 10:15	Thematic Group Work: Session #3 continuation. (1h30min) Group1: Development of health-related school policies, including those that address HIV&AIDS issues and a healthy psychosocial environment; Group 2: Promotion of a safe and supportive school environment	Facilitators	Break Out Rooms

TIME	ACTIVITIES	RESPONSIBILITY	PLACE
	(including access to safe water and adequate sanitation); Group 3: Skills based health education (including curriculum development, life skills training, teaching and learning materials); Group 4: Schools-based health and nutrition services (including deworming, micronutrient supplementation, school feeding, malaria treatment/referral, psychosocial counselling)		
10: 15 -10:45	School health related video by Lao PDR and Thailand	Country Team	Plenary Room
10:45 -11:15	COFFEE BREAK (30min)		In front of Ballroom + terrace
11:15 -12:30	Plenary Session Presentation of the 4 Thematic Group Summaries (15 min per presentation)		Plenary Room
12:30 -13:00	School health related video by Cambodia	Facilitators	Plenary Room
13:00 - 14:15	LUNCH (1h15min)	ALL	Restaurant of the hotel
14:15 - 16:30	Country Team Work: Preparation of Response Plans (2h15min)	Facilitators	4 Break Out Rooms + 2 groups in Plenary Room
17:00 - 19:00	Exhibition Place with Cocktail (2h)		Plenary Room + terrasse

APPENDIX 6. QUESTIONNAIRE RESPONSES

SCHOOL HEALTH AND NUTRITION INCLUDING HIV&AIDS IN THE GREATER MEKONG SUB-REGION

QUESTIONNAIRE RESPONSES: CURRENT SITUATION

The following responses were submitted by the country teams from Bhutan (B), Cambodia (C), China, Yunnan Province (CYP), Lao PDR (LPDR), Thailand (T) and Vietnam (V). Note that all responses for China apply to Yunnan

DAY 5: FRIDAY 9 MARCH			
Session 5 : Chairperson: Mr Pen Saroeun, Cambodia			
8:30 -8:45	Reflections/Feedback (15min)	Feedback Representative	Plenary Room
8:45 – 9:30	Plenary Session Presentation of Response Plans, with input from Donors, High Level Representatives, etc. (15min per presentation for 3 presentations)	Teams	Plenary Room
9:30 – 10:00	COFFEE BREAK		
10:00 to 10:45	Plenary Session Presentation of Response Plans, with input from Donors, High Level Representatives, etc. (15min per presentation for 3 presentations)	Teams	Plenary Room
11:15 to 13:15	Closing Ceremony Welcome Honourable Guests Wrap-Up and Summary of the Workshop by Mr Donald Bundy, Lead Specialist, School Health and Nutrition, World Bank Thanking Remarks from the Participants by HE Khamhoung Sacklokham, Representative of the participants Closing Remarks from HE. Mam Bun Heng, Secretary of State, Ministry of Health, Kingdom of Cambodia Distribution of Certificates		Plenary Room
13:15 -14:15	LUNCH (1h)	ALL	Restaurant of the hotel
	End of the Workshop		

Province only.

A plus (+) indicates 'yes' and a minus (-) indicates 'no'. Blank boxes indicate that no answer was recorded.

POLICY PLANNING AND MANAGEMENT

Please indicate 'yes' or 'no' for each of the following. In some cases you will be asked to fill in a blank with additional information.	B	C	CYP	L PDR	T	V
1. Is there a national school health and nutrition policy?	-	+	+	+	+	-
If yes, is it implemented by the Ministry of Health		-	+	+	+	
If yes, is it implemented by the Ministry of Education?		+	+	+	+	-
2. Is there a national work place policy? (If yes, please provide a copy.)	- (being prepared)	- (planning)	+	+	+	+
If yes, does it include HIV&AIDS?			+	+	+	+
3. Is there a School Health, Nutrition and HIV & AIDS unit in the Ministry of Education?	+	+	+	+	+	+
If yes, is there a full-time Coordination/Manager of the unit?	+	+	+	-	+	+
4. Do you have a National HIV&AIDS strategy paper? (If yes, please provide a copy.)	+	+	-*	+	+	+
5. Do you have an Education sector HIV&AIDS strategy? (If yes, please provide a copy.)	+	+	-*	+	+	-
6. Do you have an Education sector HIV&AIDS action plan? (If yes, please provide a copy.)	+	+	-*	+	+	-
7. Has the Ministry of Education or any other authorized agency undertaken any impact projections/assessment of school health and nutrition initiatives on supply and demand in terms of attaining their EFA goals? (If yes, please provide a copy of the report.)	-	+	-	-	+	-
8. Are any health indicators collected as part of data for the Ministry of Education?	-	+	+	+	+	-
If yes, give examples of indicators collected:		Water, Latrines		Water, Latrines	Health Promoting School, Nutrition, Life Skills, HIV/AIDS, Drugs	
9. Do you have joint programming for school health and nutrition involving a number of donors?	+	+	+	+	+	-
10. Is the Ministry contracting NGOs to assist in the implementation of its HIV&AIDS educational program?	-	+	+	+	+	+
11. What is the Ministry of Education budget for this year?	USD \$56,836,812 (2600,000,000 NU)		USD \$129,265,770 (1,000,000,000 RMB)	Do not have figure but approximately 14% of national budget	USD \$7,354,335,715 (240,000,000 baht)	Approximately 20% of GDP
12. What is the budget of the MOE allocated to School Health and Nutrition this year?	0		USD \$155,058 (1,200,000 RMB)		approximately USD \$337,051,500 (11,000,000 baht)	USD \$12,000

* Note: China does not have a National HIV&AIDS strategy paper or an Education Sector strategy or action plan. It does, however, have national legislation and regulations in relation to HIV&AIDS and there has been some discussion around an Education Sector HIV&AIDS action plan.

13. What is the proportion of the above amount to the MOE annual budget?		18.5%	0.12%		4.16%	0.6%
14. What is the budget of the MOE allocated to HIV&AIDS this year?	0		(4,000,000 RMB)		USD \$260,458 (8,500,000 baht)	USD \$6,000 (100,000,000 VDN)
15. What is the proportion of the above amount to the MOE annual budget?					0.003%	0.3%

SCHOOL ENVIRONMENT

Please indicate 'yes' or 'no' for each of the following. In some cases you will be asked to fill in a blank with additional information.	B	C	CYP	L PDR	T	V
	1. Is there a national policy requiring that schools provide safe, potable drinking water?	+	+	+	+	+
2. Is there a national policy requiring that schools provide hand washing facilities that include soap?	-	+	-	+	+	-
3. Is there a national policy requiring that schools provide separate latrines for boys and girls?	-	+	+	+	+	+
4. Is there a national policy requiring that schools provide separate latrines for students and teachers?	-	+	-	-	+	-
5. Is there an annual sanitation survey conducted in all schools?	-	-	+	-	+	-
6. Is there an established school hygiene and cleaning regime that includes scheduled rubbish removal, and maintenance of school buildings and facilities in all schools?	+	-	+	+	+	+

HEALTH EDUCATION AND CURRICULUM

Please indicate 'yes' or 'no' for each of the following. In some cases you will be asked to fill in a blank with additional information.	B	C	CYP	L PDR	T	V
	1. Is there a national health education curriculum	+	+	+	+	+
If yes, can they be adapted to individual districts/regions/provinces?	-	+	-	-	+	-
	Have not felt need for adaptations from region to region					
2. Is health education taught as a separate subject (e.g. not embedded in another subject)?	-	-	-	-	+	-
If yes, what is the name of the subject (e.g. Health, Life Skills)?			Physiology Health		Health and Physical Education	
If no, what is the carrier subject?	Social Studies, Integrated Science	Local Life Skills, Social Science	Health Education, Life Skills	World Around Us		Natural Social Science
3. Is nutrition education taught in schools in any form?	+	+	+	+	+	+
If yes, is nutrition education taught in primary schools?	+	+	+	+	+	+
If yes, is nutrition education taught in secondary schools?	+	+	+	-	+	-
If yes, at what age is nutrition education introduced into schools?	6	6	10	6	4	6
Is nutrition education offered in non-formal education?	+	+	+	+	+	+
4. Is hygiene education taught in schools in any form?	+	+	+	+	+	+

If yes, is it taught in primary schools?	+	+	+	+	+	+
If yes, is it taught in secondary schools?	+	+	+	+	+	+
If yes, at what age is it introduced into schools?	10	6	10	3	4	6
Is hygiene education offered in non-formal education?	-	+	+	+	+	+
5. Is HIV&AIDS taught in schools in any form (e.g. knowledge based, Life Skills, peer education, etc.)?	+	+	+	+	+	+
If yes, is HIV&AIDS taught in primary schools?	-	+	+	+	+	+
If yes, is HIV&AIDS taught in secondary schools?	+	+	+	+	+	+
If yes, at what age is HIV&AIDS introduced into schools?	13	3	10	10	4	10
If yes, is HIV&AIDS education taught in Non-Formal education and in Out-of-School settings?	+	+	+	+	+	+
6. If HIV&AIDS is taught in schools, is it embedded in another subject (a "carrier" subject)? (If it is not taught in schools, leave blank.)	+	+	+	+	+	+
If yes, which subject/s?	Science	Local Life Skills, Social Science	Health Education	World Around Us, Biology, Geography, Civic Education	Health Education	Biology, Civil Education
7. If HIV&AIDS is taught in schools, have you adopted a life skills approach at the primary level? (If it is not taught in schools, leave blank.)	-	+	+	+	+ Integrated	+
at the Secondary level?	-	+	+	+	+	+
within Non-Formal Education?	-	+	+	+	+	+
8. If HIV&AIDS is taught in schools, is the HIV&AIDS educational program linked to other related topics such as reproductive health, substance abuse, domestic violence, etc? (If it is not taught in schools, leave blank.)	+	+	+	+	+	+
If yes, what topics?	Substance Abuse, Adolescent Reproductive Health	Social Science	Reproductive Health	Biology, Population Education, Reproductive Health and Drugs	Reproductive Health, Substance Abuse, Domestic Violence, Morality Education	Reproductive Health, Children's Rights, Drug Prevention, Tobacco and Alcohol Control
The following questions refer to teachers and teacher training. Please indicate 'yes' or 'no' for each question.	B	C	CYP	L PDR	T	V
9. Are teachers given health education?	+	+	+	+	+	+
If yes, are they given health education pre-service?	+	+	-	+	+	-
If yes, are they given health education in-service?	+	+	+	+	+	+
10. Does the teacher training curriculum include school health and nutrition?	+	+	+	+	+	-
11. Are teachers trained in the approach of delivering effective life skills education to children?	+	+	+	+	+	+
If yes, are they taught during pre-service?	-	+	-	+	-	
If yes, are they taught during in-service?	+	+	+	+	+	+
12. Is HIV&AIDS integrated into the teachers' training curriculum?	-	+	+	+	+	+

13. Are teachers taught to protect themselves from HIV?	-	+	+	+	+	+
If yes, is it taught during pre-service?	-	+	-	+	-	
If yes, is it taught during in-service?	-	+	+	+	+	+
14. Do teachers have access to counseling concerning HIV&AIDS?	-	+	-	-	+	+

HEALTH AND NUTRITION SERVICES

Are these services provided for school-aged children? (tick 'yes' or 'no' and, if yes, indicate the number of regions within which it is offered. Also indicate if the services are administered by teachers or Ministry of Health staff.*)	B	C	CYP	L PDR	T	V
1. Vaccinations	+	+	+	+	+	+
Administered by Teachers	-	-	-	-	+	-
Administered by MoH Staff	+	+	+	+	+	+
No. of Regions or Provinces	20/20	24/24	129/129	17/17	12/12 MoH 19/19 MoE	64/64
2. School feeding	+	+	+	+	+	+
Administered by Teachers	+	+	+	+	+	+
Administered by MoH Staff	-	-	-	-	-	-
No. of Regions or Provinces	20/20	8/24	4/129	3/17	19/19	20/64
3. Hearing and sight examination	+	+	+	+	+	+
Administered by Teachers	-	+	-	+	+	
Administered by MoH Staff	+	+	+	-	+	+
No. of Regions or Provinces	20/20	24/24	40/129	Limited	12/19	64/64
4. Medical examinations	+	+	+	+	+	+
	But not on regular basis					
Administered by Teachers	-	+	-	-	+	-
Administered by MoH Staff	+	+	+	+	+	+
No. of Regions or Provinces	20/20	24/24		Limited	12/19	Approximately 32- 40/64
5. Deworming program (e.g. deworming tablets)	+	+	+	+	+	+
Administered by Teachers	+	+		+	+	
Administered by MoH Staff	+	+	+	-	+	+
	only in an advisory role					
No. of Regions or Provinces	20/20	24/24	40/129	17/17	12/19	15/64
6. Reproductive health (e.g. pregnancy, STIs)	+	+	+	+	+	+
Administered by Teachers	+	+	+	+	+	-
Administered by MoH Staff	+	-	+	-	+	+
No. of Regions or Provinces	20/20	24/24	129/129	11/17	12/19	64/64
7. Malaria control (e.g. promoting/providing bednets, providing treatment)	+	+	+	+	+	+
Administered by Teachers	-	+	-	-	+	-
Administered by MoH Staff	+	+	+	+	+	+
No. of Regions or Provinces	4 or 5/20 Full coverage of areas affected	24/24	42/42	17/17	6/12 MoE 10/19 MoH 100% coverage of malaria affected areas	64/64
8. Iron supplementation program (e.g. Providing iron	+	+	-	+	+	-

tablets)						
Administered by Teachers	+	-		-	+	
Administered by MoH Staff	+	+		+	+	
	only in an advisory role					
No. of Regions or Provinces	20/20	4/24		1/17	12/19	

* Note that if teachers conduct the examinations (with or without supervision by MoH staff) then tick the 'Administered by Teachers' column. The aim is to identify which programs are teacher led, even though it is often normal practice for MoH staff to be nominally responsible for the activity and of course for the referrals to MoH facilities.

APPENDIX 7. COUNTRY RESPONSE PLANS

BHUTAN RESPONSE PLAN

Objective 1: Consolidate existing policies into a comprehensive school health policy framework.

Objective 2: Develop a strategy document based on policy framework.

Objective 3: Strengthen school health education component by improving the knowledge content and adding life-skills sub-component.

Activities in Support of Objective 1

1. Draft a comprehensive school health policy highlighting the importance and interconnectedness of healthy school environment, school health education, and school health services. (Jul-Aug, 2007)
2. Involve important stakeholders in developing the policy document (Relevant members from Ministries of Education & Health, Colleges of Education, some District Medical & Education Officers, health workers, principals and teachers). (Nov '07)
3. Present the document to the National Steering Committee for School Health, Nutrition, and HIV/AIDS for endorsement. (Jan '08)

Activities in Support of Objective 2

1. Create a systematic strategy and action plan that integrates healthy school environment, school health education, and school health services. (March '08)
2. Involve stakeholders in the process e.g. MoE, MoH, Colleges of Education, some Dzongkhag medical officers (DMOs), Dzongkhag education officers (DEOs), health workers, principals and teachers. (Mar '08)
3. Incorporate the strategic plan into the education and health sector plans. (April '08)
4. Hold workshops as needed.

Activities in Support of Objective 3

1. Incorporate revision of the health education curriculum into the science curriculum reform scheduled to take place from July 2008 to June 2012, both in terms of content and skills development. (Jul '08 – Jun '12)
2. Revise the health education curriculum, both in terms of content and skills development in the pre-service and in-service teacher training programmes. (Jul '08 – Jun '12)
3. Develop a strategy for reaching out to the out-of-school youth. (Dec 2008)
4. Provide workshops as needed.

Requested Support

1. Technical and financial support required for policy and strategy development, material development, and training requirements.
2. Government will be requested to provide free lunch to students in rural areas.

CAMBODIA RESPONSE PLAN

Objective 1: *To translate the policy into work plan and action*

Objective 2: *To improve physical and psycho-social environment for in and out of school children*

Objective 3: *To strengthen Health Education in order to improve health status of student and children*

Objective 4: *To improve health and nutrition status of in and out of school children in order to gain learning capacity, enrolment and retention*

Action in Support of Objective 1:

1. Conduct National Workshop on SH, Nutrition and HIV and AIDS
2. Develop guideline on School Health Policy
3. Develop School Health strategic plan
4. Coordinate school health related programs and services at operational level.

Action in Support of Objective 2:

1. Update guideline to response new emergency
2. Continue and expand CFS implementations
3. Provide water and sanitation facilities and improve waste management in schools
4. Encourage community mobilization for improving school environment.
5. Encourage all school to be smoke-free
6. Provide remedial and social services to newly integrated students

Action in Support of Objective 3:

1. Strengthen the life skills based methodology to achieve health education.
2. Develop intervention package for school based health education.
3. Build capacity for health educator staff at all levels (including gender based

- violent, drug abuse, reproductive health...)
4. Standardize health education assessment and M&E
 5. Coordinate school health and life skill intervention
 6. Identify the best practice for scaling up from pilot initiative activity

Action in Support of Objective 4:

1. Continue Deworming program
2. Continue and expansion School feeding program in primary schools
3. First Aid kits
4. Continue and expansion Micro-nutrient (Irons-folic acid, vitamin A....)
5. Strengthen health check up and growth monitoring of students
6. Strengthen school-based food safety
7. Establish school based counselling services especially girls

CHINA RESPONSE PLAN

- Objective 1: To present results of Siem Reap workshop to Yunnan stakeholders*
Objective 2: To improve quality of teacher training in school health
Objective 3: To provide safe & potable water in selected rural schools at border areas
Objective 4: To increase number of trained school counselors
Objective 5: To improve health education in schools
Objective 6: To improve nutritional status of school children

Objective 1: Strategies/Activities and Year:

1. Organize follow-up Yunnan Provincial Workshop - March 2007

Objective 2: Strategies/Activities and Year:

2. Develop comprehensive curriculum for in-service teacher training - 2007
3. Training of Teachers (TOT): include international or regional experts - 2008
4. Exchange study: visit other provinces or countries - 2008

Objective 3: Strategies/Activities and Year:

1. Analysis of water safety situation in school - 2007
2. Work with health sector to ensure safety of water in schools through treatment & monitoring of water sources of school - 2008
3. Build safe water supply facilities - 2008
4. Training of teachers (school staff) on how to maintain safe water with health sector - 2008

Objective 4: Strategies/Activities and Year:

1. Training of trainers in counseling at Yunnan Normal University - 2007
2. Training of school counselors by trained counselors – 2008-2010

Objective 5: Strategies/Activities and Year:

1. HIV/AIDS preventive education in pre-service training of teachers - 2007
2. Develop a system of continuous teacher training in health education – 2008-2010
3. Training of secondary school teachers in life skills approach – 2007-2010

Objective 6: Strategies/Activities and Year:

1. Training of parents in good nutrition in selected school in rural & urban areas – 2008-2010
2. De-worming program to cover more rural schools – 2007-2010
3. Upscale “soybean milk” plan – 2007-2010

LAO PDR RESPONSE PLAN

Objective 1: *Improve the existing policy and operational guideline*

Objective 2: *Improve physical and psycho-social school environment*

Objective 3: *Improve school-based health, Nutrition, and HIV and AIDS education*

Objective 4: *Improve the existing school-based health and nutrition service*

Activities in Support of Objective 1:

1. Revise the existing policy and operational guideline to cover all relevant health issues for not only primary, but also pre-school, and secondary school (May,2007)
2. Develop the national school health framework (Jul,2007)
3. Develop clear indicators (process and impact) to ensure implementation of the policy (May,2007)

Activities in Support of Objective 2:

1. Develop training package for all stakeholders on sensitization and mobilization (Oct,2007)
2. Conduct training workshop (Dec,2007)
3. Nominate and train a focal point to implement school counselling (Jan,2007)

Activities in Support of Objective 3:

1. Review/revise health education curriculum in the process of national curriculum reform (general education and teacher training education) (Jul, 2007)
2. Invest in research for more effective programme (Dec,2007)
3. Strengthen health education assessment and M&E system (Feb,2008)
4. Train pre-service and in-service teachers/principals/administrators (Aug,2007)

Activities in Support of Objective 4:

1. Develop service school health comprehensive package (May, 2007)
2. Integrate complementary activities into existing programme (Nov,2007)
3. Strengthen partnership among partners and civil societies (May,2007)

4. Capacity building for health and education partners (Dec,2007)

THAILAND RESPONSE PLAN

Goal

To promote children's physical and mental health

Justification

To decrease the fragmentation and overlap of implementations

Objective 1: *To establish Health Education Systems led by MoE: Teaching & Learning, and Health Services*

Objective 2: *To formulate Supporting Systems (Internal & External Networks)*

Objective 3: *To strengthen Holistic Approach on Health Education/School Health*

Activity to Support Objective 1 - Time Frame: 2 years

1. To establish Child Health Development Center
2. To establish HE information System (Curriculum, T&L, Materials, Health Service, etc.), and easily to access

Activity to Support Objective 2

1. To strengthen Health Education (HE) partnerships among
2. To assign a HE Official in each Educational Service Area (175 ESAs)
 - to provide technical supports in school
 - to collaborate HE affairs with other local authorities and communities.

Activity to Support Objective 3

1. To provide Human Resources Development (HRD): Supervisors, HE teachers (continuous/refreshing training)
2. To promote life skills based education through curriculum, parents, peer groups, etc.
3. To participate in the surveillance of emerging diseases

VIETNAM RESPONSE PLAN

Objective 1: *Strengthened commitment of the government, ministries and sectors in implementing plan of action on health, nutrition and HIV and AIDS prevention in school.*

Objective 2: *Improved health of students through life skills based health education, healthy and safe environment, health and nutrition services*

Objective 3: *Strengthened M&E systems*

Objective 4: *Resources mobilised*

Activities in Support of Objective 1:

1. Workshop on sharing outcomes of the Seam Reap workshop and the Manila workshop this week “Accelerating Action for the Sexual and Reproductive Health for Young People”
2. Establish cross sectoral committee for school health, nutrition and HIV/AIDS education
3. Review existing policies and programmes
4. Develop plan of action to strengthen work in this area
5. Roll out the implementation of plan of action

Activities in Support of Objective 2:

1. Take stock of related programmes on health education, nutrition and HIV/AIDS.
2. Develop framework of health education with involvement of all stakeholders
3. Develop a national standards on school health
4. Develop guidelines and implementation plans: capacity building
5. Develop and mainstream school health education, life skills education and support services (periodical medical check, deworming, micronutrient supplementation, psychosocial counselling, lunch programme)
6. Implementation and mainstreaming/scaling up
7. Promote participation of the family and the community

Activities in Support of Objective 3:

1. Develop the M&E tool and procedures
2. Pilot and refine monitoring tools
3. Roll out monitoring and evaluation

Activities in Support of Objective 4:

1. Develop mechanism for coordination of resources
2. Mobilise funding commitment (internally and externally)
3. Develop financial management systems
4. Consolidate and develop network of school health personnel (with participation of MOH and mass organisations)

APPENDIX 8. WORKSHOP EVALUATION PARTICIPANT RESPONSE SUMMARY

EVALUATION: Participants' Responses (30 respondents)

Greater Mekong Sub-Regional Workshop
Strengthening the Education Sector Response to School Health,
Nutrition and HIV&AIDS Programmes

Angkor Century Hotel

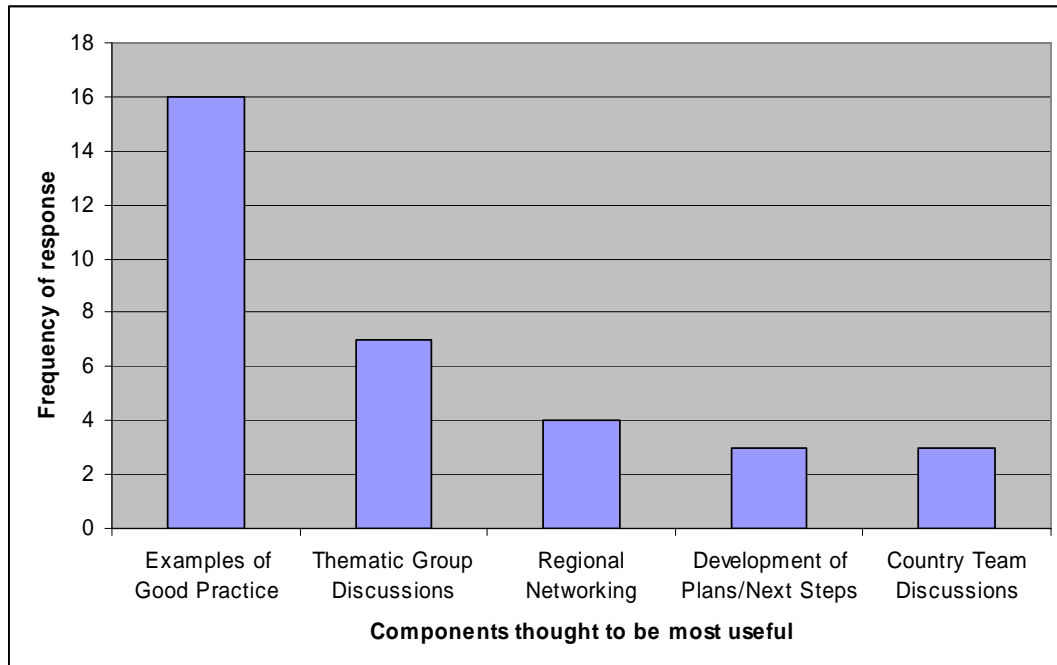
Siem Reap, Cambodia
5 – 9 March 2007

Part 1

Question	Average Response (Range 1-5)
Relevance of the activity to your County's needs	4.0
Relevance of the activity to your current work/functions	4.5
Improvement in your appreciation of the importance of the issue	4.2
Effectiveness of the Thematic Groups in providing you with opportunities to discuss issues further	4.2
Activity's help in enabling you to identify the most suitable solutions for your needs	3.8
Increase in strength of your partnership with others involved in the issue	3.8
Extent to which you gained ideas that will enhance your ability to implement your plan	3.9
Overall usefulness of the activity	4.1

Part 2

What did you find most useful in the activity?



Please list three things that you intend to do as a result of your participation in the activity.

