

The Highridge Teachers' College Experience with Developing an Institutional Policy on HIV/AIDS

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BACKGROUND

Kenya has twenty-one public primary school teachers' training colleges, regionally distributed and admitting between 8400 and 8600 trainees each year. Over 90 percent of the students are within the 18 and 30 year age range. HIV high prevalence is known to be within the age group of 18-24. If Highridge Teachers' College fails to influence behaviour change within these vulnerable groups in whom the government and parents have heavily invested and if education will be wasted through the killer disease, then there will be difficulties in providing enough teachers for the primary schools.

In 1999, 21 years after the first cases of HIV infections were recorded in Kenya, an estimated 2.1 million adults and children were living with HIV/AIDS. The then President of Kenya, Mr. Daniel T. Arap Moi said:

“AIDS is not just a serious threat to our social and economic development, it is a real threat to our very existence.....AIDS has reduced many families to the status of beggars..... No family in Kenya remains untouched by the suffering and death caused by AIDS... the real solution of the spread of AIDS lies within each and everyone of us.”¹

In 2000, the National Aids Control Council (NACC) recorded adult prevalence in Kenya of 13.5 percent, up from 13.1 percent in 1999. It was higher in urban areas by 17 – 18 percent.² 80 to 90 percent of HIV infections in Kenya are among young people within age 15 – 29 years and 5 percent in children under five years.

A focus on young people must be clearly reflected in National Strategic Plans and other key HIV/AIDS planning documents. The Ministry of Education, Science and Technology (MOEST) among other sectors must scale up its interventions if Kenya is to meet the targets of a significant decrease of HIV prevalence rates among young people, and substantially increase access of the vulnerable age groups to HIV/AIDS-related information, education and other services.

In Kenya, the education sector is the largest employer of those with higher levels of education and professional skills, over and above the functions of imparting knowledge and skills and supporting large numbers of dependants. A high death rate from HIV or AIDS among teachers affects institution performance as it causes disruption of school activities. HIV/AIDS has affected and will continue to affect many students as thousands are forced out of school due to poverty or the need to take care of ailing parents.

¹ Statement made in parliament by former President of Kenya, Mr. Daniel Arap Moi, while declaring HIV/AIDS a national disaster in November 1999.

² Daily Nation Newspaper. May 18,2003, “AIDS Therapy: The Real Challenges.” Nation Media Group.

THE COLLEGE

Highridge Teachers' College (HTC) located in the city of Nairobi is a public institution under the Ministry of Education, Science and Technology. It is a tertiary institution offering residential training to primary school teachers. The college's mission is to provide a suitable environment for the training of an all round competent, professional and innovative teacher, who is of exemplary conduct in society.

The college offers a two year certificate programme for students from all over Kenya. Enrolment is 250 in first and second year respectively. Student ages range from 18 to 41; over 89 percent in age group 18 to 25; 22 percent in age 26 – 30; and 8.3 percent in 31 – 41 age. Two thirds of student population are female, 35.6 percent of them in the high prevalence HIV age bracket of 18 – 24. The college has 24 visually impaired (VI) trainees, 12 women and 12 men; within the 21 to 25 and 26 – 30 age groups.

WHAT LED HIGHRIDGE TO DEVELOP AN INSTITUTIONAL POLICY ON HIV/AIDS?

Highridge recognized in 2000, the magnitude of the threat of HIV/AIDS in Kenya. The college felt challenged as a tertiary institution admitting young teacher trainees from all the districts in Kenya, to openly start debating HIV/AIDS and attempt to find effective responses to the threat posed by the pandemic on the supply of trained teachers to the primary schools and their retention in the system's teaching service. It recognized the leading roles played by the government, Non-Governmental Organisations (NGOs) and the private sector, and believed that it too had a role to play in influencing behavioural change among the students, the teachers and the college community to achieve a greater impact on mitigating the pandemic.

In September 2000, Highridge started its HIV/AIDS Sensitization Programme (HASP); a non-profit college-based program to deal with the scourge. The program gives teacher trainees the knowledge, attitudes, skills and values that influence behaviour change and subsequently allow the trainees to teach about HIV/AIDS in the schools and the community. The programme provides a forum to tutors to share ideas among themselves and with students; its goal is behavior change among the youthful teacher trainees by strongly fighting against the moral vices that are a fertile ground for STDs and HIV/AIDS.

The activities of the Highridge HIV/AIDS Sensitization Programme (HASP) involve participation in open forums for discussing HIV and sharing information on AIDS, sexuality, drug abuse, discrimination, stigmatization and health issues between staff and an age group prone to infection. The college realizes the need to intervene instead of waiting for the problem to manifest itself. Trainees take HIV/AIDS lessons as part of building of knowledge and sensitization. Organised seminars and workshops for staff and students are undertaken. All these activities require backup.

The college therefore decided to develop its institutional policy in order to strengthen the ongoing activities of HASP because with such a policy it will be better placed to:

- Plan and prioritize its programmes
- Formulate preventive and control activities
- Collect and monitor data
- Implement effective interventions
- Monitor and evaluate impact of mitigation
- Source for funding and resources internally and externally and
- Collaborate with partners

An institutional policy document gives legitimacy to internal decisions made and actions taken in the process of prevention and advocacy.

Developing and implementing an Institutional HIV/AIDS Policy for HTC has increased awareness and knowledge of HIV and AIDS and the possible impact of the pandemic in the institution in particular and the country in general. It demonstrates the college's position, concern and commitment in taking active steps to manage, prevent and contain the scourge.

WHY GIVE PRIORITY TO HIV/AIDS?

Highridge has distinct and challenging problems, but it is committed to giving HIV/AIDS priority because doing so is part of the solution to the diverse college and national problems.

One of the many problems is the rate of absenteeism presented by the students and staff. Between January and March 2002, 69 percent of students were absent at different times due to fees problems and 52 percent because they were sick. Of the students with fee problems, 45 percent were also the ones absent because of sickness; and 83 percent whose close family members were sick had fee problems.³ None of the students indicated the nature of their illnesses or that of their family members. A significant number of members of staff also took compassionate leave to attend burials of close family members.

Absenteeism does impact on staff performance and on students' academic achievement and therefore the quality of the graduating trainee because much of the course content is missed, acquisition of knowledge, skills, attitudes and values emphasized on by the college are lost.

Students' absenteeism due to illness or financial problems result in the college experiencing decreased growth and productivity. The college becomes heavily indebted to suppliers; the health unit cannot provide adequate and necessary medicines to students and staff. The college cannot maintain institutional facilities, for example the halls of residence, sanitation, kitchen and dining hall and classrooms. The quality of training is grossly affected.

The health facility in Highridge lacks space, human resource and medicines. The baseline survey conducted in July/August 2002 indicated that 66.9 percent of students confirmed the unit's inadequacy in medical supply. No student indicated that they visit the unit for STD treatment although the nurse recorded treating STD infections. Majority of cases treated were women students. Lack of privacy due to its location and presumably therefore, confidentiality led to unsatisfactory service delivery from the health unit. The college's efforts to provide satisfactory health interventions are hampered by financial constraints.

Tutors lack relevant and accurate information for the prevention of HIV/AIDS as a killer disease. They must be equipped with relevant knowledge and skills first, for their own self protection from the pandemic and secondly for imparting to the trainees who, through the multiplier effect will deliver the same to their pupils. It is Highridge's responsibility to organise and ensure the provision of these interventions because the institution admits the vulnerable age group and gender.

The provision of Free Primary Education (FPE) caused increased enrolment of children into the public primary schools from 5.8 million to 7.3 million.⁴ There is therefore need in the country for additional

³ Highridge Teachers College.2002. Absenteeism and Sickness Rate. January to March 2002.

⁴ Government of Kenya. February 2003. *Report of the Task Force on Implementation of Free Primary Education*, Republic of Kenya. Jomo Kenyatta Foundation, 2003.

trained teachers to facilitate the government's implementation of the FPE launched in January 2003. FPE will introduce more of the most vulnerable age group at the college and therefore the reason for giving HIV/AIDS priority.

Curriculum for primary teacher training programmes addresses emerging issues which include HIV/AIDS, drug and substance abuse, children's rights, rights of the disabled, morality and social responsibilities. Tutors' knowledge and information base must therefore be addressed for trainees to benefit and have an impact on the primary school children they will be responsible for in the classrooms. The college admits more female students as a policy. Seventy five percent of students as well as the teaching staff are women. The college also has visually impaired female students. It is the serious responsibility of Highridge to empower women with knowledge, correct information, skills and attitudes on HIV/AIDS.

“In the long term, good quality “Education for All” contributes to economic well being and socio-cultural changes such as female empowerment and decision making”.⁵

HOW WE DEVELOPED AN INSTITUTIONAL POLICY ON HIV/AIDS

ADEA/WGHE's Challenge to Highridge Teachers' College

In January 2002, the Working Group on Higher Education (WGHE) that functions within the Association for the Development of Education in Africa (ADEA) challenged Highridge to submit a funding request for the development of an Institutional Policy on HIV/AIDS.

Alice Sena Lamptey, Coordinator ADEA/WGHE, travelled to Kenya in July and visited HTC with the pleasant information that our proposal made it to the finals and that the college had been awarded a grant of US \$ 10,000 to develop an Institutional HIV/AIDS Policy.

The college valued ADEA/WGHE's funding because the presence of an Institutional HIV/AIDS Policy would improve and strengthen the many activities the college was already undertaking and implementing.

Establishing Environment for Policy Development

The college had in place HASP which was founded in September 2000 by the college administration with the major objective of reaching out to the students and staff who are infected, affected or stigmatized by HIV or AIDS. The target group was generally the college community but it was also necessary to include residents, domestic workers, drivers and watchmen employed within the vicinity of the college who would be informed by posters, strategically posted within the college environs. The community is also involved through participation during organized forums.

The HASP programme appreciated the fact that the college students do not live on an island but are part of the wider community while in and out of the institution and hence the need to incorporate the rest of the society in HASP. The teachers in the college run the programmes on voluntary basis. The college nurse and cateress fully participate as key members in the programme.

⁵ UNAIDS. Education and HIV/AIDS. Modelling the impact of HIV/AIDS on Education Systems. A Training Manual.

When founded, HASP concentrated on HIV/AIDS forums for sensitization because it had not designed intervention modules. It needed to do that for effective implementation of its aims and objectives, and therefore the necessity for a policy to legitimize its activities.

The college management formed a technical arm of HASP. The members are the principal, deputy principal, dean of curriculum and dean of students, two representative heads of departments, two tutors, the college nurse and cateress. The committee administers and coordinates college programmes and is responsible for the implementation of BOG policies within HASP.

The committee assists in organising workshops, seminars, sensitization forums and networks externally for HASP. Board members may participate in these forums by representation and are informed during Board meetings about the progress of HASP programmes. Support for HASP activities comes from the various college administrative structures and the committee is on the ground to oversee, provide guidance and help integrate the project into routine activities.

With ADEA/WGHE funding, the college was able to start on the process of developing its institutional HIV/AIDS policy.

Sensitization on Importance of Institutional HIV/AIDS Policy and Baseline Survey

The HIV/AIDS Committee was assisted through consultancy to carry out confidential baseline survey in the months of July/August 2002 just before the college broke for end of semester. The intention of the survey was to establish the extent of the HIV/AIDS problems in the college, define specific activities to be undertaken to address the problems and obtain key indicators for monitoring future performance.

The survey focused on demographic characteristics, knowledge of HIV/AIDS and STD's, attitude towards people living with AIDS, counseling, perception of the impact of AIDS on the institution, access to health, information and education facilities, the proposed HIV/AIDS policy, prevention and care programmes and integration of HIV/AIDS in the teaching services at the college.

The respondents filled in the questionnaires but were not allowed to put their names on them to encourage accuracy and secure privacy. The survey targeted all staff, students and members of the college environs. Unfortunately it was initiated at a time when examinations were in progress being end of semester and despite efforts to get all students to participate, many of them left on completing examinations and failed to complete the questionnaires. A total of 125 students (26 percent of the total) and 29 staff (31 percent) of the total participated. Majority of the teaching staff responded to the questionnaire.

Before administering the questionnaires, it was necessary to have several brief meetings with students for sensitization on the need to develop an institutional policy on HIV/AIDS and the importance of responding to the questionnaire, an activity not common to the majority.

The survey results formed the basis for Highridge to have an institutional HIV/AIDS policy.

Workshops and Seminars

Policy-making process for Highridge was in itself very educational because participants were drawn from a broad section of the society in order to make the document comprehensive. Resource was drawn from MOEST sectors, Ministry of Health (MOH) and medical doctors, legal sector, Kenya National Union of Teachers (KNUT), People Living with AIDS (PLWA), religious groups, NGO's, BOG, tutors, non-teaching staff members, the student body (STUBO) which had the largest representation and the external college community.

Workshops and seminars were advocacy forums for a number of reasons. Participants had diverse professional backgrounds and held credibility within their mandates. They provided a rallying point for decision and action; helped to define issues and acceptance solutions. They had the authority to make others do what is necessary; organize communities and groups for effective responses to the pandemic and help mobilize and distribute internal and external resources. Board participation facilitated approval of the draft policy.

The workshops and seminars were participatory in nature and created partnerships and networks for effective implementation of the policy.

DIFFICULTIES ENCOUNTERED AND OVERCOME

One of the difficulties encountered while carrying out a needs assessment/baseline survey revolved around a number of students who were reluctant to participate in the survey. Many were still uncomfortable while discussing or addressing issues concerning HIV/AIDS. The difficulty was of great concern because free discussion and sharing knowledge and information on HIV/AIDS is a significant objective of HASP. The reluctance was a pertinent indicator to HASP and the committee and needed to be addressed.

The committee and tutors held a number of awareness campaigns with students to agree on a common purpose so that they understand the objectives of the policy. A few minutes were spent at every assembly on Mondays; Fridays and Saturdays for 2 weeks, to talk about the significance of a needs analysis and baseline survey in the development of the policy. A draft questionnaire was formulated and tested with a section of the students and staff to gauge acceptance and obtain input and commitment before administering the final questionnaire.

Despite all these efforts to get the students to participate in the study, only 26 percent respondents finally participated, indicating either that many young people were still not willing to share feelings or that the questionnaire was circulated at the wrong time as it was during examination and end of semester. This problem had not been envisaged and it affected timing within the policy development process.

However, the survey helped in assessing the knowledge, attitude and practice on HIV/AIDS by the staff and students and gauging the management's commitment to the whole process.

The institution lacked a computer and printer at the beginning of the development process. This hindered preparation and production of materials and put a lot of pressure on the staff who had to combine their daily routine with responsibilities related to HIV/AIDS activities. The acquisition of a computer made possible by ADEA/WGHE funds facilitated preparation and production of materials for the survey and documents for workshops and seminars. The facility contributed immensely and saved time where delays would have been experienced.

WHAT SUPPORT AND RESOURCES WERE NECESSARY?

Highridge owes a special gratitude to ADEA/WGHE for initiating the challenge to Highridge to develop an Institutional HIV/AIDS Policy and for providing financial support which determined the successful production of the policy. The institution had commitment and conviction that a policy was required for prevention, control and reduction of HIV/AIDS but did not have adequate capacity and resources to develop the policy. The US\$10,000 from ADEA/WGHE financed the hosting of advocacy workshops and seminars, production of baseline survey materials and information for participants, consultancy services and publication of the policy document. The college procured a computer and printer for

HIV/AIDS activities and other college functions. The college is soon to be connected to internet. Highridge would not have successfully developed the policy without ADEA/WGHE support.

In producing the policy the college benefited from the insight and knowledge of many stakeholders. Valuable contribution and support from MOEST Aids Control Unit is acknowledged. The Unit is responsible for coordinating the mainstreaming of HIV/AIDS into the core functions of MOEST and is funded by NACC.

Kenya Institute of Education (KIE), the curriculum technical department of MOEST hosted one of the major prevention and advocacy workshops. The institute presented the government's policy on the teaching of HIV/AIDS in schools and tertiary institutions. Their major contribution involved articulating strategies and methods of integrating and infusing HIV/AIDS information contained in the KIE teachers' guides and pupils' texts into the college curricula that the policy would address.

The college found it absolutely necessary to involve the external support of a legal expert during the process of developing the policy. The chairman of the Task Force on law relating to HIV/AIDS in Kenya participated in our major stakeholders' workshop and seminar. Issues during these forums ranged from the existing legal framework for teaching HIV/AIDS, to specific legal implications of our institutional policy on counseling and testing; religion; culture; admission of students and employment of staff; confidentiality; discrimination and stigmatization, research and development of information; external and internal partnerships and collaboration; prevention and control of HIV/AIDS within the institution that would be covered by the policy.

The Federation of Kenya Employers (FKE) and the Kenya National Union of Teachers (KNUT) as partners discussed the code of conduct on HIV/AIDS in our workplace and the rationale for the code. Some of the issues discussed on policy development for AIDS education and prevention programmes included: the impact of HIV/AIDS on organizations like ours; protection of the employee from stigmatization and discrimination; reasonable changes in working arrangements; protective devices and strategies for combating the HIV/AIDS pandemic. These issues were addressed by the policy.

MOH and medical doctors supported the college during the process by donating current publications and posters for necessary information on the HIV/AIDS pandemic in Kenya and the available medical interventions and accessibility for inclusion in our policy where relevant to us.

Maokwa Services provided consultancy services. They contributed in drafting the questionnaire for the baseline survey and analysed the data. The consultancy firm also drafted the policy document and oversaw its printing and production process.

The contribution of all the above participants and organisations in the process of developing our HIV/AIDS policy is acknowledged. Their willingness to share information, knowledge, experiences and plans, and their commitment to confronting the challenges posed by HIV/AIDS pandemic in Kenya is appreciated.

BOG, staff and students, members of HASP and the HIV/AIDS Committee had a mission to develop an Institutional HIV/AIDS Policy for HTC. Their determination and commitment to the task is most sincerely acknowledged.

Highridge is already integrating the outputs of the policy into its ongoing programmes and wishes to be strengthened and supported in its commitment and determination to overcome this threat to our country and our mother continent, Africa.

PRACTICAL LESSONS LEARNED

The institution is a unit of a sector and its members interact at personal level. Interaction between administration and teachers and between teachers and students enhances a partnership so that all parties move in the same direction for the success and sustainability of any process. Students and tutors are the main target groups in the policy and must be included as important participants in all aspects of advocacy of HIV/AIDS programmes in the institution. The target group must not simply be beneficiaries of the policy but also participate in its development and its implementation. An environment that builds internal collaboration strengthens understanding and support from within the institution for the development of the HIV/AIDS policy. Members will not only identify with it but also take ownership.

First, effective networking helps the institution to identify committed partners to collaborate with in its actions in addressing the challenges of HIV/AIDS in the policy. Networking is fundamental in securing resources to support the development of the policy. The institution's commitment is supported and reinforced. The partnership with ADEA/WGHE enhanced Highridge's commitment to the development of its policy. The fulfilled funding pledge from ADEA/WGHE supported the development process of the policy. Highridge's prospect for success in the implementation of the policy is therefore high because the process of developing the policy introduced new directions which must be followed up for further support.

Secondly, the production of the policy is in itself affirmation of Highridge's commitment and resolve to be a key player in prevention and advocacy campaigns for control of the HIV/AIDS pandemic. Highridge is committed to getting more involved and use the opportunities available to fight HIV/AIDS among the young students, in particular the female students in the institution.

Finally, advocacy has created an enabling environment for peer counseling programme at the institution. The principal, four members of teaching staff out of the total, and 200 students out of the total are participating in the programme. Advocacy has supported the ongoing programme which should affect behaviour and lead to behaviour change. The institution's commitment has been enhanced by this programme for which participants have paid Ksh.1, 200(US \$16) for 52 hours. It is facilitated by Pathfinder International trained lecturers from Kenyatta University. A Pathfinder International/Kenyatta University Certificate of Attendance is awarded on completion. The certificate gives credentials to the student trainees to conduct peer counseling in their schools and communities. The college hopes to conduct a study to establish the impact of this programme in the institution in 2003/2004 and intends to seek support for the study. These among other actions provide some prospect for success in our undertakings on the fight against HIV/AIDS pandemic.

THE AUTHOR

MARGARET ACHIENG OJUANDO was born in October 1949 in Kenya and received her basic education between 1955 and 1969. She then joined Nairobi University in 1970, obtaining a B.A. with an Education option in 1973. In 1974, she married Gad Ojuando and has four grown up children. Between 1973 and 1998, she taught English Language and Literature and also held administrative positions in Kenyan secondary schools, interrupting it in 1990/1991 to do an M.A. in English Language Teaching and Education Management option at Warwick University in the United Kingdom. Before her appointment as Chief Principal at Highridge Teachers' College in January 2002, she served briefly as dean of students at Kenya Science Teachers' College and principal administrative officer at the Teachers Service Commission. She has contributed to education development in Kenya as a teacher, curriculum developer, English textbook writer, educational radio producer, member and official of several professional education councils, boards and associations. Between 2002 and now, she has been active in HIV/AIDS issues including successfully coordinating HIV/AIDS programmes and the development of Highridge Teachers' College HIV/AIDS Policy. She has visited a few countries in Africa; the USA (North Carolina); United Arab Emirates, Great Britain and Sweden.

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