Book 6:
Creating a Healthy
and Protective ILFE

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Tool Guide

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

Tools

Tool 6.1
Creating Healthy and Protective Policies for All Children

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

School policies with room for adjustments according to local conditions and needs

Improving the health and learning of children through school health and safety programmes is not new. Many schools already have such programmes because they realise that thes ability of children to attain their full potentials depend on good health, good nutrition, and a safe learning environment.

School health policies state what actions we will take to improve the overall health, hygiene, nutrition, and safety of all our children, . Such policies ensure that our schools are safe and secure, and promote a positive emotional environment for all our children regardless of their abilities, disabilities, backgrounds or circumstances.

Involving teachers, children, parents, community leaders, community based organisations and initiatives, as well as social service providers are the best way to develop school health policies. The key is to get these people to begin thinking about what needs to be done, talking and discussing together, and agreeing on a practical plan of action.

What do school health policies look like? The following table shows some of the major issues that schools face in trying to create healthy, safe and protective learning environments for all.

Examples of School Health, Safety and Protection Policies

Policy Issues	Examples of School Policies
Early Marriage and Pregnancy, and Exclusion from School	• Discourage early marriage • Discourage young (school aged) couples from having babies. • Do not exclude pregnant girls from school. • Encourage students to come back to school after childbirth. • Include responsible sexual behaviour education in the curriculum (where young girls and boys can learn how to plan when to have children, and how many children they should plan for in order to provide properly for their entire family). • Include family life education in the curriculum. • Prohibit all types of discrimination based on sex.

Tobacco, Hashish and Drug Free Schools	- Prohibit smoking (cigarettes and hashish) in schools for teachers and students. - Prohibit selling cigarettes to children (parents are often setting bad examples by sending their children to buy cigarettes for them). - Prohibit tobacco advertisements and promotions. - Prohibit using nazwar (snuff) in schools.
Sanitation and Hygiene	- Separate latrines for male and female teachers and staff members, as well as boys and girls. - Protective walls around toilets. - Safe water in all schools. - Active commitment from the PTA or School Management Committee for maintaining water and sanitation facilities. - Wash hands after going to the toilet. - Wash hands after sneezing.
Hepatitis, HIV, and other disabling health conditions	- Skills-based health education focusing on Hepatitis and HIV prevention. - Stimulate peer support as well as Hepatitis, and HIV and AIDS counselling in schools. - No discrimination of teachers and students with Hepatitis. - No discrimination of HIV positive teachers and students. - No discrimination of teachers and students with Hepatitis and other disabling health conditions. - Ensure access to all means of prevention and treatment.
Physical, mental, verbal and sexual abuse and harassment of students	- Ensure that fighting, bullying and corporal punishment (physical and verbal abuse) is prohibited in the school, by teachers, school staff and student. - Ensure that name-calling, bullying and discrimination (mental and verbal abuse) is prohibited in the school, by teachers, school staff and student. - Ensure that sexual abuse and harassment is prohibited in the school, by teachers, school staff and student. - Make the school policies on violence, bullying, abuse, discrimination and harassment well-known and accepted by everyone, empower adolescents to report cases, and enforce effective disciplinary measures for abusers. - Implement a zero-tolerance policy violence, bullying, abuse, discrimination and harassment, respond to all offences, even if they seem "small" to reduce the dangerous "acceptance" of violence that exists in many schools and communities.
Simple school health and nutrition packages	- Train teachers to deliver simple health and nutrition messages in collaboration with health sector workers and with the involvement of the local communities. - Regulate food vendors who operate on or near school premises to ensure that they provide good quality food and snacks, prepared in a hygienic manner.

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

ADVOCATING FOR SCHOOL HEALTH POLICIES

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

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

- Assemble a small group of your colleagues who are interested in promoting school health programmes in your schools.
- Involve members from the 7 School Working Committees and/or ILFE Coordinating Team (see Booklet 1), and/or those who have been involved in school-community mapping or constructing child profiles (as discussed in Booklet 3 in this Toolkit) from you in your school in improving children's learning through school health programmes.
- Organise yourselves into two or three groups
- Give each group a large sheet of poster paper. Ask them to list their ideas about how the health and safety of children and their families affect learning, and how the school can be made more accessible for students and teachers with disabilities.
- After each group has finished, share your ideas. Then, choose three or four of the most common issues raised by each group.
- Finally, work together to develop effective messages that you can use in promoting and advocating for school health policies that address the different issues raised by the groups. You can use the following example as a guide. These messages will be the basis for consensus building.

Reasons for Creating Healthy, Protective and Inclusive School Policies[1]

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

Message:
The time, money and resources devoted to our schools are among the most important

investments that we can make. But our investments in education will only pay off if our children

feel safe and comfortable attending school.

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

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

Message:

We can provide quality education only if all the girls and boys who attend school have sufficient health and strength to learn.

Issues:
School attendance drops when parents fear for the safety of their children.

Message:

Since our school's resources are limited, gaining access to additional resources rests on a close collaboration with families, communities and religious leaders. But if they do not have confidence in the school and school policies, then getting access to additional resources and support will be difficult.

BUILDING CONSENSUS

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

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

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

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

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

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

ASSESSING AND MONITORING OUR SCHOOL HEALTH POLICY SITUATION

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

Action Activity: Assessing and Monitoring School Policies
The checklist below is not exhaustive, and you may want to add items to it based on your school's situation. It will give you and your colleagues a chance to reflect on what needs to be done as a first step in action planning.[3]

Does my school have policies against discrimination that guarantee:

(check if yes)

_____ Respect for human rights and equal opportunity and treatment regardless of sex, physical, intellectual, social, emotional, linguistic, or other characteristics?

_____ Protection from sexual harassment or abuse by other students or school staff and effective disciplinary measures for those who abuse?

_____ Accessibility for students with disabilities so they can participate in all classroom activities and enjoy other facilities necessary for learning in a healthy environment?

_____ Protection for pregnant girls so that they will not be excluded or dismissed from school?

_____ Right-of-return for young mothers so that they will be encouraged and helped to come back to school after giving birth to continue their education?

_____ That children with diverse backgrounds and abilities receive quality education - such as girls, orphans, children from language, ethnic and religious minorities, children affected by conflict and war, children with disabilities as well as those affected by chronic illnesses?

_____ That teachers and other staff are appropriately prepared, supported, and paid?

_____ That male and female teachers and other staff members are given equal opportunities for employment and promotions, as well as equal pay for equal work?

_____ That teachers and other staff members with disabilities or from language, ethnic and religious minorities are given equal opportunities for employment and promotions to their peers, as well as equal pay for equal work?

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

_____ That the school is safe, healthy, and protective, where the physical environment and the psychosocial environment both encourage learning?

_____ Zero tolerance for violence, bullying, or the use of corporal punishment?

_____ Prohibition against knives and other weapons on school grounds?

_____ A drug, and tobacco-free environment?

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

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

_____ An adequate supply of clean drinking water that is easy to get to and stored properly?

_____ That all the children have their own cup for drinking water to prevent the spread of infections?

_____ An adequate supply of clean water for washing hands that is easy to get to and stored properly?

_____ Separate latrines for male and female teachers as well as girls and boys?

_____ Adequate numbers of latrines?

_____ That latrines are accessible for children with disabilities?

_____ Proper management and treatment of garbage and other waste?

_____ Proper maintenance of water and sanitation facilities?

_____ Waste recycling education and mechanisms?

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

_____ The provision of age-appropriate, skills-based health and family life education to girls and boys as a regular part of the basic education curriculum?

_____ Programmes to prevent or reduce risk-taking behaviours associated with substance abuse (drugs, alcohol and tobacco), Hepatitis B and C as well as HIV?

_____ Programmes to prevent early marriage and unplanned pregnancies?

_____ Social support and counselling for students affected by Hepatitis B and C, as well as by HIV?

_____ Provide for youth-friendly outreach and on-site services to address the health problems of adolescents, particularly girls?

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

_____ Maintenance of school health records for each student?

_____ Regular health, dental, and nutritional status screening?

_____ Equal opportunities for physical exercise and recreation for girls and boys, as well as for children with disabilities?

_____ Teacher training and support to deliver simple health interventions?

_____ Timely and effective emergency response mechanisms in cases of personal injury, natural disasters, as well as armed attacks (both ground and aerial attacks)?

_____ Access to food for malnourished children?

_____ Regulation of food service vendors and the quality, hygiene, and standard of food provided in and around the school?

_____ Involvement of the local community in developing and providing health education and services targeting preschool and school-aged children?

A Note to Remember:

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

Action Activity: Assessing and Monitoring Community Health and Safety Problems

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

For the problems that has the strongest affect on children and their learning environment, school policies and programmes should be developed first. These problems need to be solved both in

the school and at home, and solutions should be found in close collaboration with families, formal community leaders, elders, religious leaders, and communities. Following is a tool for assessing and monitoring community health problems as a first step in talking with community leaders and then developing appropriate policy and programme actions.[4]

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

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

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

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

For instance, if physical punishment and abuse is a serious problem in the community, the school should formulate and enforce a policy to make the school violence free. Discuss alternative ways of discipline (positive discipline) with parents and elders, and prohibit teachers and other school staff members to use corporal punishment, so they can serve as good role models for the children as well as for their parents.

Health and safety problems	How serious	Effect on students, teachers, school, and community	Supportive school policies and actions
Drug use	1 2 3 4 5		
Tobacco use	1 2 3 4 5		
Immunizable diseases	1 2 3 4 5		
Injuries	1 2 3 4 5		
Vision and hearing problems	1 2 3 4 5		
Stomach worm infections	1 2 3 4 5		
Malaria	1 2 3 4 5		
Mental health problems	1 2 3 4 5		
Micronutrient deficiency (vitamin A, iron, iodine)	1 2 3 4 5		
Protein energy malnutrition	1 2 3 4 5		
Oral health problems	1 2 3 4 5		
Respiratory infections	1 2 3 4 5		
Unsafe water	1 2 3 4 5		
Poor sanitation	1 2 3 4 5		
Hepatitis B and C	1 2 3 4 5		

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

HIV	1 2 3 4 5		
Early marriage and unplanned pregnancies	1 2 3 4 5		
Violence (domestic or non-domestic)	1 2 3 4 5		
Armed attacks on schools, teachers and/ or students	1 2 3 4 5		
Kidnappings by armed groups	1 2 3 4 5		
Landmines and unexploded ordinances in areas around the school	1 2 3 4 5		
Other _____	1 2 3 4 5		

DEALING WITH VIOLENCE: TURNING POLICIES INTO ACTION

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

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

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

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

Interpersonal violence is violent behaviour between individuals (mainly child-on-child, parent-on-child, and teacher-on-child). Types of interpersonal violence include corporal punishment, but also bullying and harassment.

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

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

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

Child level characteristics
- Lack of knowledge about the consequences of violence
- Poor attitudes towards others, especially towards children with a different language, ethnic, religious and social backgrounds, as well as children with disabilities and disabling health conditions
- Poorly developed communication skills
- Drug and alcohol use
- Having witnessed or been victimised by interpersonal violence
- Access to firearms and other weapons

Family level contributing factors
- Lack of parental affection
- Lack of parental guidance
- Exposure to violence in the home
- Exposure to violence in the community
- Having parents or siblings with substance abuse problems (drugs and alcohol)
- Being sexually abused by parents, siblings or other family members
- Having parents or siblings involved in criminal behaviour

Community and other environmental factors that contribute to violence
- Socio-economic inequality
- Urbanization, and overcrowding
- High levels of unemployment among young people
- Negative media influences
- Social norms supporting violent behaviour
- Availability of weapons
- Conflict and war

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

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

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

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

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

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

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

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

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

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

Creating safe spaces for girls!
In Afghanistan many families are not willing to send their girls to schools because they are afraid that their girls might be harassed on the way to school. Harassment of girls is not acceptable in Afghan culture, and might reduce the chance for girls to get married and start a family later in life.

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

Warning Signs for Abused Children

Girls and boys will rarely tell us if they are victims of violence or abuse, or if they are in crisis. Rather, they show us. Although changes in the behaviour of a child can be due to a variety of reasons, sometimes they arise from the stress of being abused physically, emotionally, or sexually. Teachers who are alert to these changes can often intervene in abusive situations. Below is a list of external characteristics that an abused child may exhibit.[7] Keep in mind, however, that some clues may be normal behaviour changes for a given child at a given time. Therefore, it is important to pay attention to the regular behaviour patterns of children and to be aware of new behaviours that arise, extreme behaviours, or combinations of the following characteristics. If all these warning signs are evident, try to talk the child or seek help from a school counsellor or others who could help.

How to Identify a Potentially Abused (verbally, socially, emotionally, physically or sexually) Child

Abused Children Are Often
- Fearful of interpersonal relationships and have difficulties making friends
- Overly compliant to requests and demands
- Withdrawn and aggressive
- Abnormally active (hyperactive)
- Constantly irritable
- Listless
- Detached
- Unable to show "normal" affection
- Overly affectionate (which can be misconstrued as seductive)

Physical Symptoms
- Bruises, burns, scars, welts, broken bones, continuing or inexplicable injuries
- Sexually transmitted infections
- Vaginal or anal soreness, bleeding, or itching

Activity and Habit Clues
- Nightmares
- Fear of going home or to some other location (where the abuse takes place)
- Fear of being with a particular person
- Running away
- Delinquency
- Lying

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

Age Inappropriate Behaviours
- Thumb sucking
- Sexual awareness or activity, including promiscuity
- Bed wetting - if this reoccurs after the child learned to stay dry during the night
- Drug, alcohol or other substance abuse
- Assaulting younger children
- Taking on adult responsibilities

Educational Concerns
- Extreme curiosity
- Extreme imagination
- Academic failure
- Sleeping in class
- Inability to concentrate

Emotional Indicators
- Depression
- Phobias, fear of darkness, fear of places where the abuse take place (restrooms, bedrooms, barns, water wells, etc.)
- Chronic ailments
- Self-inflicted injuries
- Injuring or killing animals
- Excessive fearfulness
- Lack of spontaneity
- Lack of creativity

WAYS TO PREVENT VIOLENCE AMONG CHILDREN

You can take the following actions to help prevent violence in your school.[8]

1. 1Set firm, consistent limits on aggressive and coercive behaviour in consultation with students and parents.
2. Teach young children healthy, non-violent patterns of behaviour and communication skills.
3. Learn and apply effective, non-violent patterns of disciplining and consistently correcting children when they misbehave – if we are using corporal punishment we are teaching children that aggression and violence is acceptable form of control! (See Booklet 5 on ways to use positive discipline.)
4. Present yourself as an effective role model for resolving conflict non-violently.
5. Improve communication with your children (such as being available to listen).
6. Supervise the involvement children have with internet and other forms of media
7. Supervise the contact children have with peer groups and community organisations that could have a negative influence on their behaviour.

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

8. Establish appropriate expectations for all children, on how they should:
   a. Behave
   b. Interact with and be kind to others
   c. Show respect to other inside and outside the family
   d. Do their home work
   e. Wash and observe proper hygiene practices
   f. Etc.
9. Encourage and praise children for helping others and solving problems non-violently.
10. Identify drug, tobacco, alcohol, or other substance problems.
11. Teach appropriate coping mechanisms for dealing with crisis situations.
12. Get help from professionals (before it is too late).
13. Lead community efforts to undertake an analysis of violence in the school and community (such as through the mapping exercise) and to develop, coordinate, and effectively implement school- and community-based support services.
14. Provide opportunities for children to practice life skills, especially how to solve problems non-violently and to communicate effectively.

Bullying & Teasing

Bullying is a common form of violence. When we think of bullying, usually we think of one child or group of children (the offenders) threatening another child (the victim) oftentimes because the victim is different in some way. They may be better than the offenders in terms of learning (they get better grades); they may be from a different cultural, ethnic, or religious group; or they may just be poor. The behaviour of adults and teachers, not just children, also can be considered bullying.

These are some of the most common forms of bullying:
- Physical bullying, when children are being threatened or beaten by peers, teachers, or caregivers;
- Intellectual bullying, where the ideas of certain children are systematically ignored or not valued;
- Emotional bullying, where children are being harassed, embarrassed in front of friends and peers in school, or where rewards withdrawn, which may be related to intellectual threats;
- Verbal bullying, where children are called names, insulted, and repeatedly teased;
- Indirect bullying like spreading rumours or excluding someone from social groups; and
- Cultural or social bullying stemming from prejudice or discrimination due to differences in class, ethnic group, caste, sex, etc.

Bullying is usually some form of aggressive behaviour that is hurtful and deliberate. It can continue for weeks, months, or even years. Without help, it is often difficult for those being bullied to defend themselves.

In many societies, those who are different are often bullied. Their difference may be due to sex, ethnicity, a disability, or other personal characteristic. Although boys are often involved in physical bullying activities, girls may use more subtle, indirect forms of bullying, such as teasing, and they may bully in groups rather than individually.

Children who are bullied will often not admit to being bullied because they are afraid that the bullying will increase. For children who are being abused by an adult, they may be unwilling to admit it because they fear that adult and possibly adults in general.

For teachers, it is difficult to deal with bullying because it often takes place outside of the classroom, such as on the way to school or in the play area. However, the effects of bullying usually influence how well the abused child learns in our classroom.

We need to take bullying seriously and find ways of knowing the extent of bullying in our classrooms. Observation is a key skill, and we need to observe children during play as well as in the classroom. Children who are always on their own, who have few friends, or who are different in some way, could be targets for bullying. Signs of bullying include:
- Children who suddenly become listless;
- Children who suddenly lose confidence;
- Children who avoid eye contact and become quiet;
- Children who used to learn well but now achieve poorly;
- Children who begin to have unexplained headaches or stomach-aches, and;
- Children who begin to attend school irregularly without proper cause.

Communication with the children affected, with parents and other caregivers are necessary, when we become alert to changes in their behaviour. We should make in order to identify changes in the behavioural patterns of children in our class that may be the result of bullying.

It also is possible to undertake a survey to gain a picture of the relationships within the class or school. You can ask your students to fill in the questionnaire[9] anonymously (no names).

Occurrence of Bullying

	Did not happen	Once	More than once
I was pushed, kicked, or hit on purpose.			
Other children told bad stories about me.			
I had things taken from me.			
I was called nasty names because I'm different in some way from the other children.			
I was called nasty names for other reasons.			
I was laughed at or insulted for no reason.			
I was left out of a game on purpose.			
Someone was bad to me in another way.			

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[9] These checklists have been adapted from checklists originally designed by Tiny Arora and published in "Tackling Bullying in Your School: A Practical Handbook for Teachers," S. Sharp and PK Smith, editors. Routledge. 1994.

After analysing the results of the questionnaire, we can identify the level of bullying that is going on in our school. However, even if the questionnaire is anonymous, some children may not admit to being bullied. From the information you receive through the questionnaire, you can start to plan further actions with other teachers, parents, caregivers, and the children, themselves.

Actions against Bullying
To prevent or reduce bullying, teachers can take a range of actions:
· Conduct exercises to help children to relax and reduce tension and using games to help children to get to know each other better and respect each other;
· Increase the amount of cooperative learning within the classroom;
· Improve the assertiveness of children by giving all students more power, such as by allowing them to make class rules and take responsibility within a student committee;
· Increase responsibility within the class by establishing committees and to work more closely with parents and the local community;
· Develop child-to-child strategies to deal with conflict in non-violent ways; and
· Allow our children to identify what disciplinary measures should be taken towards those who bully others.

What NOT to do!
When a young boy in a school in Kabul was teased by some of his classmates because he had a slight speech impairment the teacher asked all the children who had teased him to line up, and told to boy to slap them all of the in the face!

Teacher Training Department (TTD) in Kabul

This teacher may have thought that he acted in the best interest of the child, but what he did was to "teach" the children in his class that violence is OK and sometimes an acceptable solution, which it NEVER is! Because violence, begets more violence, an increases the problem rather than reduces it!

Prejudice and Discrimination
Oftentimes, the roots of bullying are prejudice (unjust behaviours or opinions about people) and discrimination (unjust distinctions between groups of people; "they" versus "us"). One way to understand how prejudice and discrimination operate in our classrooms is through our own experiences.

Action Activity: Understanding Discrimination
This activity can be done with teachers, parents, or older children. The purpose is to develop their understanding of how different forms of prejudice and discrimination affect individuals. In addition, this activity encourages people to reflect on how they may have been affected by prejudice or discrimination themselves.

Instructions: The time required for this activity will depend on the size of the class or participant group. Allow ten minutes per student or per number of students in each small group.

Divide the participants into groups of five or six. Ask them to share a story about a time they saw prejudice or experienced discrimination. A few hints and guidelines will be helpful.

1. Prejudicial or discriminatory practices are not always intentional.
2. Their experience can involve students, teachers, administrators, or just the general atmosphere of the school.
3. Mention that they might think about curricula, teaching styles, educational materials, relationships, or other aspects of the school environment.
4. Remind your participants that identity is multidimensional. It is not just about ethnicity and religion. Try to help them to see other dimensions of discrimination or prejudice, such as believing that girls are not good at science, or that children with disabilities cannot play sports.
5. Finally, suggest that their experience can be either of being oppressed or of being the oppressor. Few people will ever choose the latter, but when someone does, it provides a powerful moment for reflection.

Allow each of the participants five minutes to share their stories, and, if necessary, another five minutes for them to answer questions about their experiences, and how it made them feel. You might also ask individuals how their experience has affected their own attitudes and practices or their own ideas about how the situation could have been avoided.

Tool 6.2
Giving Children Life Skills!

SKILLS-BASED HEALTH EDUCATION

All children need skills to be able to use their health knowledge to practice healthy habits and avoid unhealthy ones. One way to impart these skills is through "skills-based health education."[10]

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

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

In skills-based health education, children participate in a combination of learning experiences in order to develop their knowledge, attitudes, and life skills. These skills help children to learn how to make good decisions and take positive actions to keep themselves healthy and safe. These skills can be practical, "doing" skills, such as knowing how to give first aid. They can also be ways of thinking, such as how to find out or solve problems, or ways of communicating, feeling, and behaving that help children work together with others, and especially those with diverse backgrounds and abilities.[11]

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

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

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

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

Life skills are also linked to the development of good attitudes. Four of the most important attitudes that need to be developed through skills-based health education include the following.[12]

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

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

Reflection Activity: Life Skills and YOU

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

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

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

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

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

WHAT SKILLS ARE NEEDED?

There is no definitive list of life skills. The table below lists those that are generally considered important.[13] Which skills are chosen and emphasised will depend upon the topic, the situation of your school and community, and, most importantly, the needs of your students.

Although the categories of skills listed in the table are separate, they actually overlap. For example, decision-making often involves creative and critical thinking ("what are my options") and the clarification of values ("what is important for me?"). Ultimately, when these skills work together, powerful changes in behaviour can occur, especially when supported by other strategies, such as school policies, health services, and the media.

Communication and Interpersonal Skills	Decision-Making and Critical Thinking Skills	Coping and Self-Management Skills
Interpersonal communication skills • Verbal or nonverbal communication • Active listening • Expressing feelings; giving feedback (without blaming) and receiving feedback **Negotiation/refusal skills** • Negotiation and conflict management • Assertiveness skills • Refusal skills **Empathy** • Ability to listen and understand the circumstances and needs of others, and the ability to express that understanding **Cooperation and Teamwork** • Expressing respect for others' contributions and different styles • Assessing one's own abilities and contributing to the group **Advocacy skills** • Influencing skills • Persuasion skills • Networking and motivational skills	**Decision making and problem solving skills** • Information gathering skills • Evaluating future consequences of present actions for self and others • Determining alternative solutions to problems • Analysis skills regarding the influence of values and attitudes of self and others on motivation **Critical thinking skills** • Analysing peer and media influences • Analysing attitudes, values, social norms, and beliefs and the factors affecting these • Identifying relevant information and information sources	**Skills for increasing internal locus of control** • Self esteem and confidence building skills • Self awareness skills including awareness of rights, influences, values, attitudes, rights, strengths, and weaknesses • Goal setting skills • Self-evaluation, self-assessment, and self-monitoring skills **Skills for managing feelings** • Anger management for dealing with grief and anxiety • Coping skills for dealing with loss, abuse, and trauma **Skills for managing stress** • Time management • Positive thinking • Relaxation techniques

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

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

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

HOW CAN THESE SKILLS BE APPLIED?

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

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

- Think about the consequences of substance abuse – physical, social, emotional, economic, and religious consequences (critical thinking, problem-solving, decision-making, communication skills, coping with emotions, and self-awareness skills);
- Resist peer pressure to use addictive substances (decision-making, communication skills, and coping with emotions);
- Resist pressure to use addictive substances without losing face or friends (decision-making, communication skills, and interpersonal relationship skills);
- Identify social factors that may cause them to use addictive substances and to decide how they will personally deal with those causes (critical thinking, problem-solving, and decision-making skills);
- Inform others of the dangers and personal reasons for not using addictive substances (communication, self-awareness, and interpersonal relationship skills);
- Effectively request a smoke-, drug-, and alcohol-free environment (communication skills);
- Identify and counter persuasive messages in advertisements – especially related to tobacco (critical thinking, communication skills, and self awareness skills);
- Support persons who are trying to stop using addictive substances (interpersonal relationships, coping with emotions, coping with stress, and problem solving skills); and
- Deal (cope) with substance abuse by parents and others (interpersonal relationship skills, coping with emotions, coping with stress, and problem solving skills).

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

Violence Prevention

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

- Identify and implement peaceful solutions for resolving conflict (problem solving, decision-making, critical thinking, coping with stress, coping with emotions, communication skills, and interpersonal relationship skills);
- Identify and avoid dangerous situations (critical thinking, problem solving, and decision-making skills);
- Evaluate ways to avoid violence that often appear to be successful the way it is depicted in the media – TV, books, computer games and the Internet (critical thinking skills);
- Resist pressure from peers and adults to use violent behaviour (problem solving, decision-making, critical thinking, coping with stress, coping with emotions, communication skills, and interpersonal relationship skills);
- Become a mediator and calm down those involved in violence (self awareness, problem solving, decision-making, critical thinking, coping with stress, coping with emotions, communication skills, and interpersonal relationship skills);
- Help prevent crime in the community (problem solving, decision-making, communication skills, and coping with emotions), and;
- Reduce prejudice and increase tolerance for diversity (critical thinking, coping with stress, coping with emotions, communication skills, and interpersonal relationship skills).

Healthy Nutrition

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

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

Improving Sanitation and Hygiene

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

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

Mental Health Promotion

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

- Promotes cooperation rather than competition;
- Facilitates supportive and open communication;
- Views the provision of creative opportunities as important, and;
- Prevents physical punishment, bullying, harassment and violence.

How Can These Skills Be Taught?

Children can only learn life skills if we use teaching methods that allow them to practice these skills, as well as when we practice these skills ourselves (role-modelling for children). That is why the **way** you teach is just as important as **what** you teach.

Life skills should be taught in an interactive, inclusive and learning-friendly way as we have discussed in Booklet 4 and Booklet 5.

Skills-Based Health Education to Prevent Hepatitis B and C, as well as HIV

This section describes how skills-based health education can be used to prevent Hepatitis and HIV and reduce the stigmatisation of those affected by these infections. The activities in this section can also be adapted for use in dealing with other health problems in your school and community.

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

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

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

- Help individuals evaluate their own level of risk;
- Examine their personal values and beliefs;
- Decide what actions to take to protect themselves and others from Hepatitis B and C, as well as HIV, and;
- Acquire skills that will help them to actually make decisions in real life.

Skill-based health education to prevent infections by Hepatitis and HIV can be linked to other relevant issues already addressed in many of our schools, including drug prevention, responsible sexual behaviour and reproductive health, pregnancy, population education, and family life education.

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

Action Activity: What Teachers and Schools Can Do[15]

1. **Be Informed and Active**
   - Acquire the most up-to-date, relevant information on Hepatitis B and C, as well as HIV, its modes of transmission and prevention, and its social consequences.
   - Understand your own attitudes, values, and behaviours regarding Hepatitis B and C, as well as HIV, and develop confidence in communicating the messages you wish to convey to your students.

2. **Establish Partnerships**
   - Develop a partnership with at least one other teacher in your school. Teamwork is recommended.
   - Find out about organisations and services involved in Hepatitis and HIV prevention and care in your community. Meet with their representatives, and learn how they can help you with information, teaching materials, and other resources.

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

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

5. **Use Innovative Teaching Sessions**
   - Use a curriculum that offers a variety of teaching mediums. Make the classes on Hepatitis and HIV special, relevant, and interesting for your students.
   - Plan for multiple sessions, at least four classes spread out over time. Through participatory teaching, messages on Hepatitis and HIV prevention can be brought to the home by students. Develop "take home" information cards and letters, and suggest that parents talk to their children about blood born and sexually transmitted infections.
   - Involve parents and, if possible, other sectors in the community. Holding separate teaching and learning activities for parents may improve their communication with their children on Hepatitis and HIV prevention.

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

6. Use Gender-Responsive Approaches

- Address the needs of both boys and girls, and promote learning about Hepatitis and HIV in single sex groups.
- Relate your teaching to the existing balance of power between boys and girls, as well as between children and adults.
- Strengthen the negotiation skills of both girls and boys related to early marriage, responsible sexual behaviour and sexual abuse.
- Carefully present scenarios with explicit situations to enhance the skills and courage of children to say "NO!" to early marriage, "NO!" to sexual abuse by older relatives and strangers, and to demand testing for blood born and sexually transmitted infections (STI) before getting married.
- Collaborate with religious leaders in promoting the teaching of drug prevention and responsible sexual behaviour in schools and homes.

7. Deal with Culturally-Sensitive Content

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

8. Value of Peer-Based Support

- Develop a safe space for open discussions in class. Encourage students to support each other in learning about Hepatitis and HIV prevention and in talking about risk taking.
- Acknowledge the existence of group norms. Try to influence their direction so that they support effective strategies to prevent drug use, and encourage responsible sexual behaviour (including the use of condoms) in preventing the spread of Hepatitis B and C, as well as HIV.

9. Actively Use Skills-Based Education

Promote skills-based education targetting:
- Life skills (negotiation, assertiveness, refusal, communication);
- Cognitive skills (problem solving, critical thinking, decision-making);
- Coping skills (stress management, increasing internal locus of control), and;
- Practical skills (using a condom).

Action Activity: What We Can Do With Our Children

School children are the future community and must learn to be responsible for others as well as themselves. Guided by teachers, health workers, and community leaders, even young children can learn how to protect themselves, their families, and their partners against Hepatitis and HIV.

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

What is Hepatitis B and C?
Hepatitis is a blood born or sexually transmitted viral-infection that affects the liver and immune system of those who are infected. Hepatitis B can be prevented through vaccination. Every child under 5 years of age in Afghanistan is offered Hepatitis B vaccination as part of the immunization package made available by the Ministry of Public Health. However there is no vaccination against Hepatitis C. Treatment of both Hepatitis B and C is costly and not yet available in Afghanistan (as per 2010)

What is HIV?
HIV is a blood born or sexually transmitted viral-infection that affects the liver and immune system of those who are infected. There is no vaccination against HIV. Treatment through anti-retroviral drugs (ARV) is costly, but is made available for free in parts of Afghanistan. There is currently no cure for HIV. With proper treatment a person who is infected with HIV can have near normal life expectancy. However, the treatment can have severe side-effects and will limit the possibilities of those infected of getting married and having children.

What is AIDS?
Unless HIV is treated with ARV it will lead to AIDS. AIDS makes people unable to protect themselves against many kinds of diseases, such as diarrhoea, tuberculosis, and pneumonia. Due to AIDS, these diseases can make people become very sick and die.

How is Hepatitis B Spread?
- Blood transmissions with infected blood supply and other forms of blood-to-blood contact
- Unprotected sex (both intercourse and oral sex)
- Kissing (mouth-on-mouth)
- Sharing needles and syringes (when injecting drugs)
- Mother-to-child during delivery
- Sharing toothbrushes, razors or earrings

How is the HIV Spread?
- Blood transmissions with infected blood supply and other forms of blood-to-blood contact
- Unprotected sex (both intercourse and oral sex)
- Sharing needles and syringes (but if these are not sterilised properly)
- Mother-to-child during delivery/pregnancy - However this can be prevented if pregnant women are tested and when those who are found to be infected receives ARV (anti-retroviral drug) treatment according to WHO recommended protocols
- Through breastfeeding if the mother is HIV positive
- Tattoo needles (but only if these are contaminated with the HIV virus and has not been sterilised properly)

HIV is <u>NOT</u> Spread by:
- Insect Bites
- Touching
- Playing together
- Doing sports together
- Learning together
- Being best friends

- Living in the same house
- Using the same glass
- Using the same cutlery
- Caring for each other
- Hugging
- Kissing

All teachers, not just the health education teacher, have a responsibility to include teaching on Hepatitis, HIV, drug prevention, and responsible sexual behaviour in their lessons.

When and where to discuss about Hepatitis and HIV:
- Children should start to learn about Hepatitis and HIV in primary school. This is particularly important in Afghanistan where a majority of children drop-out of school before secondary school.

In getting the facts right about HIV/AIDS, children can:
- Play a true or false game. The teacher writes down true or false statements about Hepatitis and HIV on separate pieces of paper, such as "You can catch HIV from mosquitoes" (false); "You cannot catch the HIV virus by shaking hands" (true). On the floor mark three areas: "TRUE", "FALSE", and "DON'T KNOW". Each child takes one statement, places it on one of the three areas, and explains the reason for their choice. Anyone else can challenge the decision.
- Write quiz questions about Hepatitis B and C, as well as HV and discuss the answers in pairs.
- Visit a local health centre. Health workers can talk about why they give injections and demonstrate how needles and syringes are sterilised.

In discussions and role plays about attitudes to others who have Hepatitis B or C, or HIV, children can:
- Collect newspaper cuttings concerning Hepatitis B and C, as well as HIV and discuss the attitudes the articles suggest.
- Write poems expressing their feelings about these viral infections and its effects upon their own or other people's lives.
- Use pictures, such as of someone caring for a friend with Hepatitis B or C, or HIV, to help them to imagine how they would feel in the role of one person in the picture. They can ask questions about what events led to the scene shown, and what might happen in the future.
- Listen to the stories below, and then try to answer the following questions:

In assessing how well children have learned about HIV, teachers can:
- Ask children different questions to find out if they know what does - and does not -spread the HIV virus
- Ask children to write stories about people catching the HIV virus or about caring for people with AIDS. Then look at the stories. What do they tell us about children's knowledge and about their attitudes?

Tool 6.3
Providing School Nutrition and Health Services and Facilities

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

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

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

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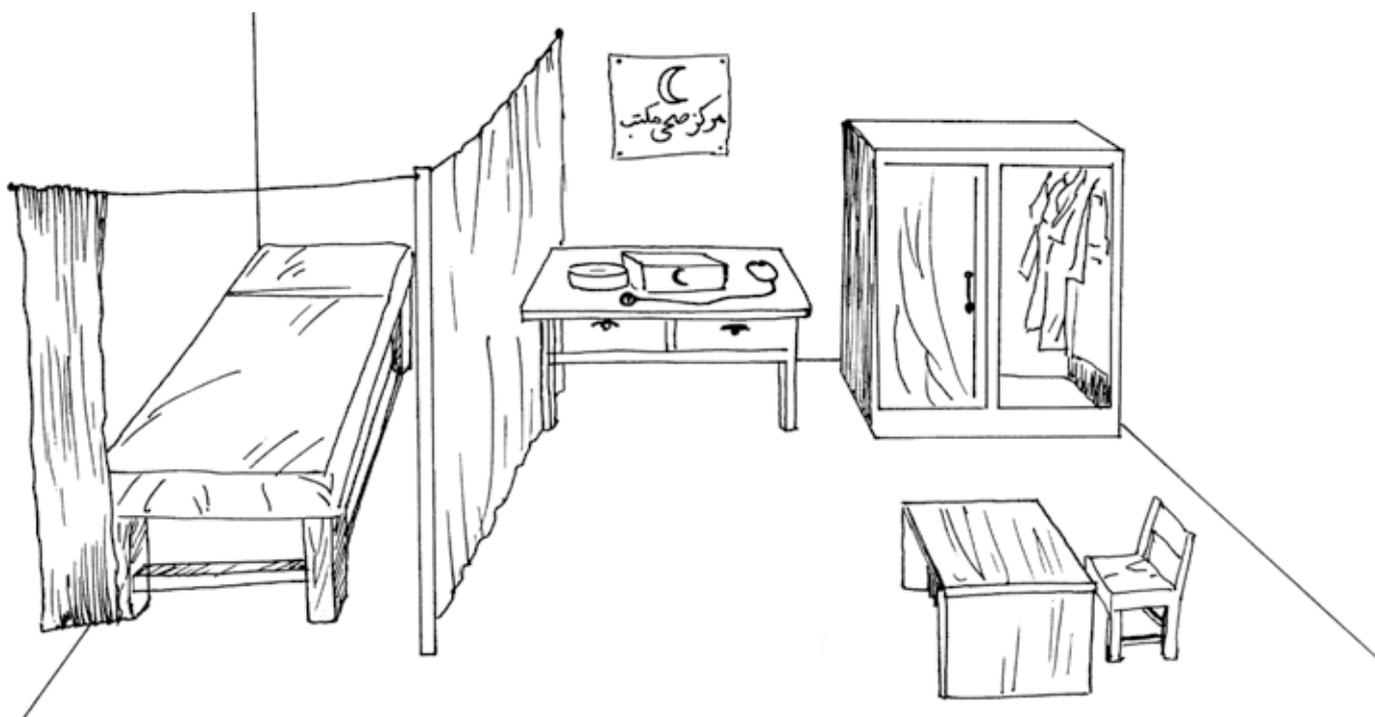
Before we can formulate objectives and draw up an action plan, we need to assess our school's nutrition and health services. This process is similar to what we did to assess our school's policies in this first Tool in this Booklet. The process entails three main steps.

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

Checklist for Nutrition and Health Services and Facilities[16]
This checklist is designed to determine if our school's health and nutrition services are adequate. This checklist is not exhaustive, and you may want to add to it based on your school's situation.

Does my school provide services that include: (check if yes)
_____ Establishment and maintenance of student health and dental records;
_____ Height/weight screening to identify malnourished children (Body Mass Index);
_____ Detection and treatment of micronutrient deficiencies (such as vitamin A, iron and iodine) that affect learning among children;
_____ Feeding programmes, such as healthy meals or snacks;
_____ Detection and treatment of parasitic infections that cause disease and malnutrition;
_____ Screening and remediation for vision and hearing deficits;
_____ Basic first aid training;
_____ Physical education, sport, and recreation classes;
_____ Child- and youth-friendly outreach services by specially trained staff for the prevention, testing, treatment, and psychosocial support or counselling for Hepatitis B and C, as well as HIV, substance abuse, sexual abuse, etc.;
_____ Establishment and management of a system to make referrals to community-based providers of medical and mental health services that are not offered by schools;
_____ Links to welfare and social support mechanisms, especially for orphans;
_____ First aid and emergency response equipment;
_____ Surroundings conducive to learning, play, and healthy interaction, and which reduce the risk of harassment or anti-social behaviour;
_____ Accommodations for students with disabilities;
_____ Adequate lighting within and outside the school;
_____ Prevention of exposure to hazardous materials?

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

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

_____ Adequate and conveniently located water supply for safe drinking, hand-washing, and latrine use;

_____ Regular monitoring and maintenance of all water supplies;

_____ Separate latrine facilities for girls and boys, as well as male and female teachers and school staff;

_____ Adequate number of latrines that are readily accessible by all persons in the school;

_____ Regular and effective use of water (with a scouring agent, like soap) for hand-washing;

_____ Regular cleaning of latrine facilities and presence of cleaning materials;

_____ Sanitary drainage of wastewater;

_____ Safe, efficient, and hygienic disposal of faeces;

_____ Waste (such as refuse and garbage) disposal and/or recycling mechanisms?

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

A hungry child cannot learn well. Your school can be an important source of additional food for children who cannot get enough food at home (if they have a home). With a feeding programme your school could provide malnourished children at least one nutritious meal a day. This meal may be especially important for children who must work as well as learn, who live or work on the streets, or whose families are in dire economic circumstances.

Providing nutritious food at school is a simple but effective way to improve literacy rates and to help children to break out of poverty. When school meals are offered, enrolment and attendance rates increase significantly. In traditional cultures where girls are expected to stay at home, school feeding and "take-home rations" often convince parents to send their daughters to school. In emergencies, school feeding provides a critical source of nutrition and ensures that education is not interrupted.[17]

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

Here are some examples of valuable sources of vitamins that are available and that are commonly used in Afghanistan:

Fruits	Dry fruits and nuts	Vegetable	Lettuce
Apple	Almonds	Beans	Onion
Apricots	Dried apricots	Cabbage	Parsley
Bananas	Pine nut s	Carrots	Potatoes
Cherries	Pistachio nuts	Cauliflower	Pulse
Grapes	Peanuts	Chili	Radish
Lime	Raisins	Coriander	Spinach
Melon	Walnuts	Corn	Spring Onions
Oranges	**Different kind of seeds**	Cucumber	Squash
Peaches	Apricot seeds	Eggplant	String beans
Pomegranate	Pumpkin seeds	Green Beans	Tomatoes
Watermelon	Sunflower seeds	Ladyfingers	Turnips
	Watermelon seeds	Leek	

[17] World Food Programme (2002) Fact Sheet: School Feeding. Rome.

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

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

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

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

Step 4: As part of their life skills training, teach children what healthy foods they should be eating as part of the school's health education programme. Children can participate in monitoring their own nutritional status and in developing the school's food for education programme.

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

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

IDEAS FOR CREATING A CLEAN SCHOOL ENVIRONMENT

Clean hands and clean water can go a long way in preventing diseases in your school and in the homes of your children. While this may seem to be common sense, it is often a major challenge for many schools. Sometimes the motivation is not there, but more often teachers are at a loss about how to teach hygiene and sanitation effectively, as well as how to mobilise the needed resources that are required to build safe latrines and water supplies. Effective strategies that are being used today are child-to-child and child-to-adult education on hygiene and safe water. Here are some activities that you might consider using to promote proper hygiene and safe water supplies in your schools.
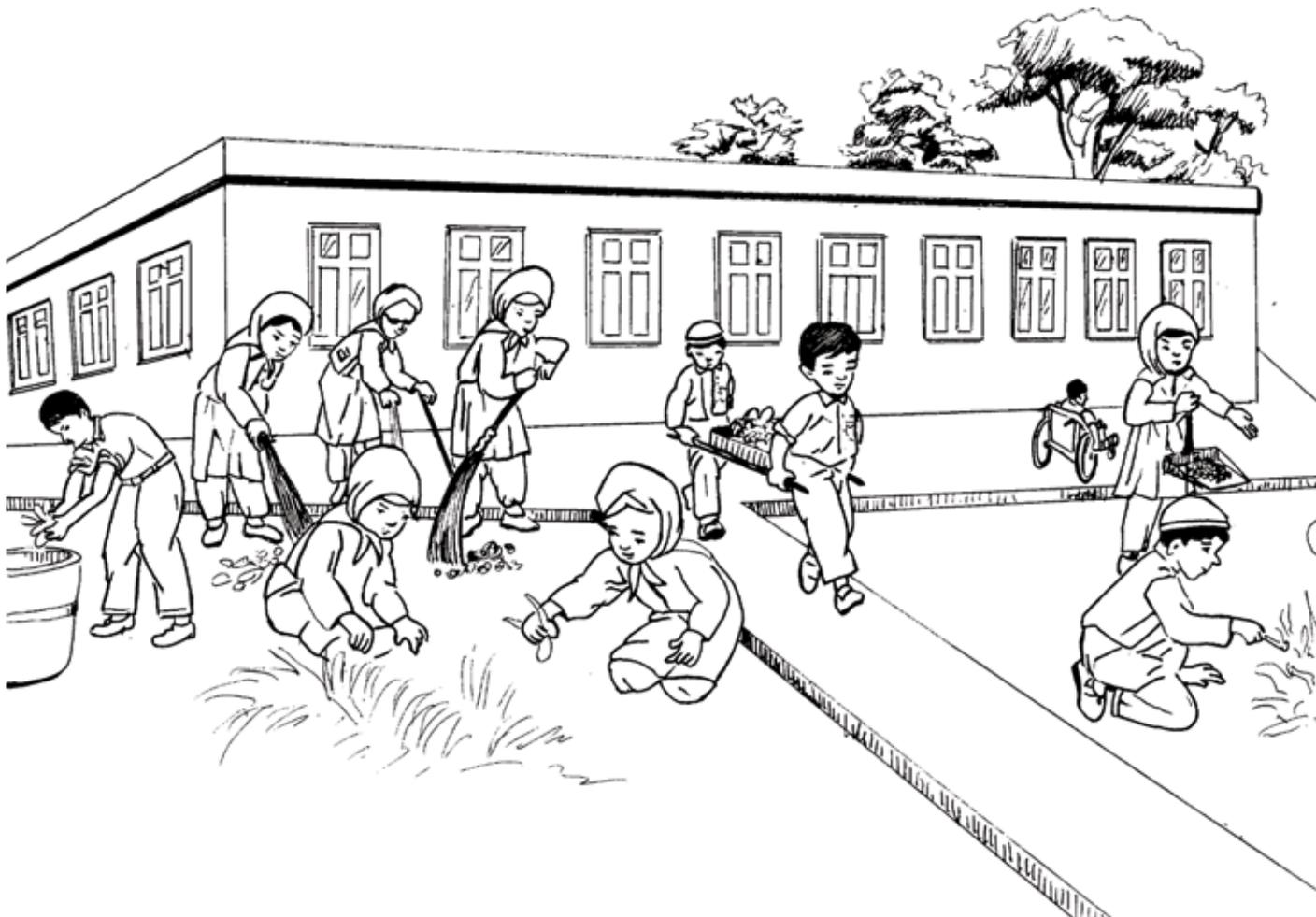
Action Activity: Involving Children in Hygiene Education

Diarrhoea, worms, cholera, typhoid, polio, and some other diseases are caused by germs. These germs can pass from one person to another on the hands, in dust, in food, and in drinks. Here are some activities that you can incorporate into your school's skills-based health education programme to improve the hygiene habits of children.[18]

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

- **Role plays on practicing good hygiene.** Practice good habits at school with the children; for instance, use the latrine; keep it clean; keep hands clean after using the latrine; wash hands before taking foods. Encourage children to act out how they will practice good hygiene habits.

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

- **Stories.** Have the children write stories about when, how, and why they should practice good hygiene habits.
- **Teamwork.** Form a group to make regular inspections of the latrines. The group could check that the latrine holes are covered and that the latrines are clean. If they are not clean, the group could report to a teacher or health worker and ask advice about how to clean the latrines. This activity will help them to develop key life skills, such as decision-making, communication, and interpersonal skills.
- **Demonstrations (school or community).** Older children can build a child-size latrine in the school compound as an example, measure the pit and make a mould for the plate. A teacher or other adult should supervise the children who do the construction themselves. Parents can help by providing the materials like sand, cement, wood, etc. The children can be grouped according to the places from which they come. In class, they can develop plans for helping each other build child-size latrines at their homes. A progress chart in class can show each home with a small child. Put a tick when a latrine is built at that home and another when the small child has learned to use it. This may be done for boys and girls separately.
- **Monitor learning.** In discussion groups, or through essays, ask the children to explain:
  - What causes diarrhoea and how can diarrhoea be prevented?
  - Why is it important to be careful about younger children's stools?
  - What are some good hygiene habits that can help to stop the spread of germs?
  - Does the school now have a latrine and a place to wash hands?
- **Encourage community participation.** Teachers and health workers can emphasise the importance of keeping clean and using latrines to prevent the spread of diarrhoea. Science lessons can be used for learning more about germs; for example, what are germs and how do they spread disease. Teachers and parents can work with older children to plan and build a child-size latrine.
- **Encourage child-participation.** Children can spread the ideas of good hygiene, good food, clean water, and keeping clean, through their own good example. They can teach younger ones how to use a latrine and how to keep themselves clean, and help to build suitable child-size latrines where they are needed.

Action Activity: Involving Children in Safe Water
In teaching children about water and sanitation, it is important to communicate that every living thing needs water to live, but dirty water can make us ill. We must be careful to keep water clean and safe, especially where it is found, when we carry it home, when we store it, and when we use it. Here are some activities that you can incorporate into your skills-based health education programme to improve water safety.[19]

- **Children can discuss:** Why is water important? List all of the things you can do with water at home, in the community, in hospitals, on farms, and in the whole country. Is water which is clear or which has a good taste always safe, clean drinking water? (The answer is "no". Why?) How do germs get into water? In what ways can water help us? In what ways can water harm us? Do some of the children often have an upset stomach or diarrhoea? Are there other people in the family who do, too? What about the babies? What do you think might have caused this illness?
- **Group work in the community.** In small groups, let the children go to see the sources of water in the community and make a map to show where they are (make use of your school-community map if you have developed one as part of Booklet 3). Find out which sources are clean and well looked after, and which ones are dirty. Note these on the map. If the source is dirty, what is making it dirty? Watch how people draw water and how they carry it home. Is the water kept clean and safe? Discuss what you have seen with the other children.

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

- **Group work at school.** Make a list of illnesses that can be spread through unsafe water, and find out more about them. Examine the water sources of the school. Where does the water come from? Are the latrines near the water source? How often is the water container cleaned? Are cups used? Are ladles used? Are cups and ladles washed before and after use? Do you have to dip your hand in the water to fill the cup? Is there somewhere to wash hands before eating and drinking? Do the students always use it?

- **Individual work at home.** Ask the children to make a list of all of the containers used for water in their home. Make a list of people in the family who had an illness that may have been caused by dirty water. Who collects the water for the home? Can you help them? Who keeps the water clean and protected? Is the water container covered? Is there a ladle? Do they wash their hands after using the toilet, and before eating and drinking? Find out what is the best way to get clean drinking water in the community.

Children Can Help

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

- **At the source of the water**, children can help to keep the water supply clean. Explain to very young children that they must not urinate in the water or pass stools anywhere near the water. Collect rubbish and other objects from around the edge of the water source and take them away. Keep animals away from water. Where there is a tap, help people to use it. Make sure taps are turned off after use. Where there is a well, the surroundings must always be kept clean. If there are stones, help to build a small wall around the well. Check to see that the rope and the container are clean. Help to make a support (such as a hook) to hang them on so that they do not lie on the ground. If there is no cover for the well, help to make one if possible. If there is a special bucket provided, make sure people are not allowed to use their own container or bucket to lift the water out of the well. If there is a hand pump, make sure people use it carefully. It should not be pumped too violently, and it should never be used for play.

- **When people collect water and take it home.** Explain that the containers they use must be clean. If the water at the source is not clean, explain to people that they should filter or boil the water.

- **At home.** Explain to younger children that they should not put their hands, dirty objects, or anything else but the ladle into the water. Help to keep the container where the water is stored clean and covered. Help younger children to use a ladle properly to get water out of the storage container without contaminating it. Teach them to put the cover back on the water container when they have finished. Do not put the cover on the floor while taking water out of the container. Avoid spilling water on the floor, and store the ladle or jug used for taking water out of the storage vessel in a clean place. It should be put out of the reach of animals and not be placed on the floor.

Monitoring

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

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

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

1. Assess the school environment. How can you make it more learning-friendly, safe, and healthy? Identify five areas for easy improvement and make an action plan together with the children

2. Assess together the hygienic habits of children and their parents in school and at home. Identify five bad behaviours that affect children's health and set goals to change them.

3. Make sure children have safe water for drinking in school!

4. Organise regular "Clean and Healthy School Days." For example, all students can clean their school compound once a week.

5. Select "child monitors for health" who report on disease prevalence in their community. Link monitoring to environmental action.

6. Invite children to make an environmental map of the community to identify resources and sites in need of protection and improvement. Take action!

7. Involve parents in concrete activities to improve hygiene facilities at school, such as constructing latrines.

8. Take early steps to an environmentally-friendly school by recycling, setting up a compost bin, arranging a kitchen garden, planting trees, and making sure that water is not wasted.

9. Arrange hand-washing facilities with soap or ash close to the latrines. Make sure they are used and maintained!

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

Tool 6.4
What Have We Learned?

CREATING HEALTHY AND PROTECTIVE POLICIES

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

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

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

GIVING CHILDREN SKILLS FOR LIFE!

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

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

Some of the important life skills that children learn include communication and interpersonal skills, decision-making and critical thinking skills, as well as coping and self-management skills. These life skills help children to deal with such issues as the prevention of substance abuse and violence, as well as to promote healthy nutrition, sanitation, hygiene, and mental health. They are particularly valuable in preventing Hepatitis B and C, as well as HIV and in reducing stigmatisation for those who are affected.

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

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

IMPROVING SCHOOL NUTRITION, HEALTH, AND SANITATION

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

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

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

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

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