Regional Office for Education in the Arab States – Beirut

Education for All (EFA)

United Nations Initiative on Focusing Resources on Effective School Health (FRESH) in the Arab States


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I. Introduction

This report presents results of Phase one of a regional project on School Health Education that was implemented by the Health Education Resource Unit (HERU) at the Faculty of Health Sciences at the American University of Beirut commissioned by UNESCO.

The overall goals of the project are to:

- Assess school health education and HIV/AIDS preventive activities in schools, and needs in this area. Countries included in the project are Lebanon, Jordan, Egypt, Sudan, Oman and Yemen.
- Develop recommendations that will serve capacity building and relevant material production activities to help address these needs.

The immediate objectives of phase one of the project are:

1. To identify scope and kinds of activities in the area of health education and HIV/AIDS awareness in schools.
2. To identify needs and gaps for capacity building in the area of school health education and HIV/AIDS awareness.
3. To establish a network of organizations involved in school health education activities in the countries mentioned above.
4. To identify the format of specific activities to be consequently implemented to meet these needs.

II. Process and Data Collection

The project team consisting of two HERU representatives, visited the five countries to gather information needed. The list of contacts in these countries was provided by UNESCO. These regional contacts which were either UNESCO country offices (Jordan, Egypt) or UNICEF offices (Sudan, Yemen) or National AIDS Programs (NAP, Oman), were instrumental in identifying and inviting active partners to attend meetings with the team. These meetings were hosted at their organizations. However, in Egypt this meeting could not be held. The HERU representative visited organizations in their individual offices over two days.

The country visits took place between October 2002 and June 2003. There was a delay in scheduling the last visit to Yemen due to the political situation in the region at that time. Besides the one-day meeting in each of the five countries, field visits to major stakeholders were made. Information from participants was collected through a questionnaire that was sent to them prior to the meeting. After every visit a country report was prepared and was sent to UNESCO. The country reports highlighted major findings in terms of activities being implemented in each country under school health education and HIV/AIDS awareness activities in schools in addition to needs and barriers in this area.

III. Overview of Findings: Recurrent Themes

HIV/AIDS issues dominated the discussions despite efforts to allocate time to both general health issues and HIV/AIDS. Although there are differences among the
countries in terms of current activities being implemented common themes emerged that are highlighted in the following section:

1. Strategies for Health Education and HIV/AIDS Prevention in Schools

One of the most common issues observed in all of the countries visited was the lack of reliable and updated statistics for HIV/AIDS and the absence of clear national strategies that provide a framework for health promotion activities. Some of the countries such as Jordan and Sudan do not have a health strategy. In others, a national strategy exists but is either not well developed (Egypt and Oman) or not well disseminated among agencies (Lebanon). Consequently, agencies and policy makers are unable to understand the scope of health problems to intervene appropriately. Moreover, the socio-political situations in these countries make health a lesser priority. Most of the health promotion initiatives in these countries particularly in schools are donor driven and do not emerge as needs and priorities on the national and school agendas.

2. Networking and Coordination

Despite all efforts being made in health education and HIV/AIDS prevention in each country through different organizations most of the countries visited lack coordination among the different agencies. In Jordan, Sudan and Yemen for example, participants in the meeting reported that this was the first time they all met to share and discuss their activities and needs in this domain. Where it exists, coordination is mainly between UN agencies (funders) and different NGOs and not among NGOs themselves. In Oman, where non-governmental organizations do not exist, health education programs are centralized at the ministry of health. As for HIV/AIDS, most of the countries have a National AIDS Program, which plans, organizes and networks activities among the different NGOs working in this area. Given the scarcity of resources this is expected.

3. Human Resources

1. Teachers: A general complaint was lack of skills among teachers to deal with sensitive issues especially those related to HIV/AIDS (feel embarrassed, skip the section…). Neither training guides/manuals for teachers nor supporting materials (films, posters, booklets etc) that teachers can use with students are present. Teachers also do not have the time or skills to produce their own materials.

2. Curriculum developers: Most countries reported shy attempts of integrating health topics and HIV/AIDS within the curricula (Jordan, Sudan, Oman, Yemen). There was an explicit need to train curriculum developers on how to revise the curricula so that health education issues are integrated in a scientific and culturally appropriate manner. In Lebanon and Egypt this has already been done at the public school level. Recently in Lebanon the curricula has been revised.

4. Awareness

Health issues in general and HIV/AIDS in particular are not considered priority issues in schools. Not enough time is allocated to cover these issues in formal education nor do parents and school administrators support discussing them.
Similarly, decision makers, such as political and religious leaders, are perceived by agencies as not yet acknowledging the importance of health education and HIV/AIDS prevention in schools. Consequently, they do not prioritize them on their agendas nor do they allocate sufficient funds to deal with them.

It is important to mention that, in most cases, health awareness activities and programs that are being implemented on an ad-hoc basis by agencies mainly focus on knowledge and awareness raising.

5. Health Education and Promotion materials
In all countries (except for Oman) there was a complaint of shortage of health education and promotion materials such as pamphlets, posters, educational kits, manuals and guides. In some countries some materials are being produced however it is neither enough (Sudan) nor properly distributed to those who need it. This is mostly due to the lack of resources (technical and financial) and coordination. Moreover, where available, these materials are rarely pre-tested for appropriateness and rarely evaluated after being distributed in the market.

6. Monitoring and Evaluation
Most participants in the meetings reported the absence of monitoring and evaluation efforts to ensure that programs are being implemented appropriately and that behavioral change is occurring with students after certain interventions. Moreover, evaluation is not incorporated in the various programs implemented by NGOs, which are mostly based on external funding. It is well known that evaluation becomes more difficult in the absence of relevant baseline data.

7. Media
Health and HIV/AIDS related messages in the media in most of the countries are very limited and unplanned. Only on certain events, such as World AIDS Day and Women’s day, do health messages appear in the media. In many cases media personnel are not aware of priority health issues in the country and do not seem to be professionally integrating health messages into their programs. Although this was not a direct result from the meetings, it was observed that in the remote areas of some countries such as Sudan media channels might not be appropriate as means to disseminate health awareness programs.

IV. Country Specific Issues
Although much similarity exists among countries in regard to situation of health education and HIV/AIDS prevention in schools, some specificities exist for each country, which will be summarized below:
a. **Jordan**: The striking thing in Jordan is that both the Ministry of Education and Health are working on national programs in health which focus mainly on school environment, nutrition, health research (at the level of ministry), screening campaigns and providing health services in schools. Moreover, a health coordinator is assigned to follow up on health issues for several schools, an aspect which might facilitate coordination among schools. However most of the health activities are done inside school with little attention to community needs. One of the main shortcomings in health programs in Jordan is that they mainly focus in the center (Amman) with little attention to peripheral areas.

b. **Sudan**: Several geographical factors render Sudan at high risk for HIV/AIDS infection. Sudan shares boundaries with the AIDS belt countries in Africa where there is high mobility due to the presence of the desert and nomadic life where there are practically no boundaries between countries. Its large area (26 states), large population size and diversity of cultures are major limiting factors for access of health services, standardizing health programs, movement of health trainers and developing culturally specific educational materials. Also striking in Sudan is the high illiteracy rate among girls. Interestingly, Sudan has mobile schools that move through remote areas to educate the people living there. Despite all this, Sudan has been taking the lead in developing programs to sensitize political and popular organizations, tribes, administrators and employees of the Ministry of Education on school health issues. Popular health education is also very common and unique in Sudan.

c. **Oman**: In Oman, the health sector and all its programs is centrally administered under the Ministry of Health. Each region has four or five centers and schools affiliated to it. A health coordinator is responsible for implementing health education in schools. Unique health programs that are being implemented in Oman are peer education (parent peers), outreach programs for the community and media programs targeting youth.

d. **Egypt**: HIV/AIDS has been on the national agenda for five years. Other than schools, many health programs are being implemented for scout groups. These include TOTs for scouts in Egypt, Yemen and Oman, translating, distributing and field testing the manual of the International Red Cross/Crescent Society on AIDS in Egypt, Lebanon, Sudan and Tunis. Interestingly, health programs (awareness raising and training) target parent committees, health professionals in schools (school nurse and doctor) and media people. Caritas is one of the few organizations that works on HIV/AIDS and has a post-implementation monitoring and evaluation officer assigned to follow up on this. Another interesting point in Egypt is the fact that mass media have in fact been very effective in delivering health messages to populations in remote areas where television and radio are powerful tools.

e. **Yemen**: Mobile theatre, summer camps and videos are being used for health education programs in Yemen. In addition to schools, organizations in Yemen target parents, school administrators, refugees, marginalized groups and scouts.
f. *Lebanon:* Lebanon is the first among Arab countries to integrate health topics within its public school curricula, which has recently been reviewed and updated. Nevertheless, this integration depends mainly on conveying information without dealing with changing attitudes, skills and behaviors. Parallel to this activity, WHO is also reactivating health and environment clubs in public schools to deal with health issues through extra curricular activities. UNDP in Lebanon is reactivating an already existing network of civil organizations working in HIV/AIDS, originally established by the NAP, in order to improve coordination and promote collaboration. Coordination efforts between NAP, non-governmental organizations, ministries (Social Affairs, Education, and the Lebanese Center for Educational Research and Development) and UN agencies are commendable. Additionally, an educational toolkit, which includes knowledge, attitudes and life skills, was developed for elementary and intermediate levels but still needs to be evaluated. UNESCO and WHO, have developed a folder of scientific references for curriculum developers.

### V. Recommendations

After this overview of the situation of health education and HIV/AIDS prevention in schools in the five regions and the problems they face, the following are recommendations to improve the quality of work in this area:

1. **National Health Strategy:** Develop a national strategy for HIV/AIDS prevention and health education in schools in countries where it is lacking. Where a national strategy for health and/or HIV/AIDS prevention already exists, integrate a specific focus on HIV/AIDS prevention and health education in schools. Using a participatory approach where all stakeholders (NGOs, schools, UN agencies and government organizations) are involved in developing it increases the sense of ownership and serves to ensure that the strategy covers needs in this area. These needs should be identified through conducting needs assessments and population surveys to ensure that interventions inside and outside schools target specific health needs. Hence in some countries (Lebanon) there is a need to plan health promotion campaigns and other activities to change attitudes and behaviors rather than provide knowledge only.

2. **Awareness:** Hold workshops and discussion groups to raise awareness of decision makers such as (ministers of youth education, health, religious leaders, school administrators) on the importance of integrating health education and HIV/AIDS prevention in schools so that they can advocate for including these issues in national strategies and accordingly allocate appropriate budgets. Also ensure youth participation in education and behavioral change programs and in the production of educational and promotional materials that target them. Similarly involvement of parents must be taken into consideration.

**At the school level** conduct workshops and seminars to raise awareness of school administrators about the importance of health education and HIV/AIDS prevention in schools. In this way they can ensure that teachers have enough time to tackle these issues through curricular or extra curricular activities. This can be done through seminars about the importance of health education and HIV/AIDS prevention in schools. Consequently administrators can then support and facilitate
teachers and club animators in planning, organizing and implementing health programs.

**Improve involvement of parents** through workshops and seminars to raise their awareness on the importance of health for the well being of their children: their role in helping them make healthy choices; and the importance of communication between parents and children. This could be done through seminars and workshops for parents through parent committees of each school.

3. **Coordination:** Conduct regular coordination and advocacy meetings among agencies at the national and regional levels to share information and encourage other organizations to become active in the field. Networking of organizations is enhanced through shared programs according to their expertise.

4. **Health Programs through Media:** train media professionals on necessary skills that would allow them to integrate health messages into their programs. Workshops can target both program developers and people who prepare and plan media agendas through access to reliable sources of health information. Another suggestion is to produce a kit for media people and continuously evaluate it for improvement. Gaining the support of decision makers in this domain is crucial.

5. **Skills:** promote training of trainers’ workshops for teachers, curricula developers and others working in this field (NGOs and GOs). Training should focus on skills in health education, communication, dealing with sensitive issues for teachers, monitoring and evaluation for program planners and integration of health messages in the curriculum for curricula developers. Such workshops can involve UNESCO affiliated schools which are present throughout the Arab World.

6. **Educational/training materials:** assess and evaluate existing materials at the national and regional levels. Use findings to develop health education and promotion materials at the national level and ensure their appropriateness and accessibility to all concerned. Review and evaluate existing training guides and manuals for school teachers and change them accordingly. If need be draft new guides and manuals for teachers, curriculum developers and media people.

7. **Monitoring and Evaluation:** baseline information that is regularly updated is crucial for proper monitoring and evaluation as well as establishing national strategies. Ensure that all programs and activities are monitored and evaluated to determine their effectiveness and ensure that this information can be used to develop further programs. Monitoring and evaluation may be integrated into all training activities.

**VI. Proposed Action Plan**
The above recommendations were translated into Arabic and were sent to our contacts in the five countries who were asked to share them with active partners who participated in the country visit meetings. These contacts were then invited to a regional meeting in Beirut where they would share their comments with the project team and other regional partners to translate the recommendations into an action plan. The meeting was held on December 15, 2003 at the HERU library at FHS with
participation of Lebanon, Egypt and Sudan. Contacts from other countries either did not send any feedback (Jordan, Oman) or sent limited feedback (Yemen).

A summary of the discussion is presented in the following table which states different recommendations, the proposed activity that addresses the recommendation with a description of the target group. Expected outputs for these activities are also listed with suggestions on who should provide, coordinate and fund the activity.

The following table was prepared with participation of representative from Egypt, Sudan and Lebanon only.
Additional Notes on the Plan of Action

Develop a national strategy for health education and HIV/AIDS Prevention in schools

To develop strategies there will be a need for basic statistics and health information systems in each country. Meetings/workshops can be held with decision and policy makers from different ministries (health, education and social affairs), NAP, and ILO to discuss strategy and policy development issues and methods for needs assessment and population surveys. This activity will be implemented with input from national and external experts on policy/strategy development and health information systems. As a result, decision makers are expected to have appropriate skills to develop strategies for health education HIV/AIDS prevention in schools and to build appropriate structures and policies to ensure support to institutions each according to its needs.

Implement training of trainers workshops to improve skills of academic and non-academic personnel in health education and HIV/AIDS prevention

This will be implemented in each country and will target personnel in academic and non-academic sectors. Target groups from the formal academic sector include teachers, curriculum developers, social workers and animators. These groups will be provided with appropriate knowledge on HIV/AIDS and general health issues and trained on skills for dealing with sensitive issues, developing health activities and integrating health issues in and outside the curriculum. Target groups from the non-academic sector will include those working in the media and those who are presenters, producers or planners of programs. These groups will also be provided with appropriate health information and trained on skills for integrating health issues in their daily programs.

Similarly, local and external trainers who have expertise in media, curriculum development and health education can offer these workshops each according to his/her specialty. These workshops are to be implemented prior to developing academic curricula, during teacher continuing education, training and habilitation programs, in service and on the job training programs especially for academic target groups. They can be implemented at the regional or district level. Peer education workshops for students and parents will be also be implemented in order to involve them in health education activities in their schools and communities.

Raise awareness of parents and decision makers at the community and school level.

Lectures, seminars and workshops on HIV/AIDS, its transmission, prevention and impact and on other priority health issues (as per the strategy developed in each country) are implemented at the district/regional level in each country. These activities will target religious and other community leaders, school administrators and media programmers and presenters. In Sudan for example, student and teacher unions and parent and popular committees can be targeted for awareness raising activities. In Yemen parent committees exist in addition to community leaders known as Mukhtar who can also play a role in raising awareness through popular education, theatre and other means. As a result, these target groups are able to promote positive attitudes for dealing with HIV/AIDS prevention in schools and participate in such programs within their scope of work. These activities can be tailored to target specific groups each at a
time or delivered to more than one group at the same time depending on the acceptability and feasibility in each situation.

Develop health education and promotion materials.

The types of materials that will be produced in each country may vary from printed materials including folders, newsletters, booklets, brochures to guides, manuals and audiovisuals. These materials would cover HIV/AIDS issues, its transmission, prevention and impact in addition to other health problems.

The printed materials and audiovisuals would target all groups that participate in the awareness raising activities. The guides and manuals would target teachers, curriculum developers and media people in order to improve their skills in health education and other related topics. It will be important to emphasize proper dissemination, monitoring and evaluation of all materials used. In countries where these materials already exist, they will be revised and adapted as needed.

It is to be noted that:

- Monitoring and evaluation will be mainstreamed at all levels and in all activities mentioned above.
- UNESCO affiliated schools that are present throughout the Arab region and Al Azhar schools (in Egypt) will be involved since they benefit from greater flexibility in designing curricular content and extra curricular activities than other non-affiliated schools.
- All health education and awareness messages and activities will be culturally sensitive.
- The coordination and follow up of these activities is the responsibility of the existing NAP, health committees in each country and UNESCO who will decide on the logistics for each activity (when, where and number of targets). As for funding, this can be sought through governmental, non-
governmental and UN agencies that exist in and outside the country. For example in Egypt key partners are: NAP, UNESCO, Ministry of Health (center for curriculum development), Ministry of Education (in its different departments), UNAIDS and representatives from Al Azhar Schools. For Sudan: NAP, Ministry of Education in its different departments: educational planning, training and capacity building, student activities (camps), social and monetary affairs, technical education, Executive Committee for the Prevention of AIDS and Ministry of Health (school health education). Also UNICEF, Save the Children, Care. (The Education Planning Administration can be responsible to coordinate for the meeting to discuss this action plan in Sudan.)

VII. Potential Role for HERU

The recommendations in this report present potential areas for HERU to get involved in, given HERU’s local and regional experience, technical expertise and its location within an academic institution.

In addition to the UNESCO project, for the past year and a half HERU has been involved in a regional UNFPA supported project on “Incorporating Reproductive Sexual Health and HIV/AIDS Prevention into Youth Programs in the Arab World”. The Project entailed several activities ranging from training and training of trainer workshops (on program design, implementation and evaluation, youth counseling, communication and material development) to material development (production of peer education training manual, website for youth), organizing technical and expert meetings and conducting research in the region. These activities targeted health care providers, youth groups such as scouts and program managers of youth organizations. All these activities were/will be implemented by HERU in collaboration with local and regional consultants.

In the area of school health promotion, HERU has worked with the Center for Research and Development in developing the health education curriculum for Lebanon and has provided extensive training for teachers on health education/promotion through projects with the Health Education Department, at the Ministry of Education and WHO.

HERU’s location within an academic institution allows it to draw on the expertise of faculty members in disciplines such as health policy and management, health behavior and education, population health and epidemiology and environmental sciences. In addition to resource people from the faculty, HERU throughout its years of experience (since its establishment in 1986), has established a working relationship with other national and regional experts.

Training, development of health promotion material, networking and evaluation are key to the mission of HERU and constitute the backbone of services that HERU seeks to provide locally and in the region.
National Report: Jordan

December 2002
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Introduction

The purpose of this report is to present a summary of the trip to Amman, Jordan which took place from October 26-28, 2002. The objective of the visit was to:

- Meet with interested and active groups that are involved in health education and HIV/AIDS preventive education in schools
- Identify the scope and kinds of activities that are being implemented by these organizations.
- Identify needs and gaps for capacity building in the area of health and HIV/AIDS preventive education in schools

Meeting in Amman

A one-day meeting was planned to host all the active partners in the area of health and HIV/AIDS education in schools. The project team in Beirut contacted UNESCO Amman to assist in identifying and inviting active NGO’s, GO’s and UN agencies to this meeting. Seven participants were present in the meeting. They represented the following organizations:

- The National AIDS Control Program, Ministry of Health
- Health Villages Project /WHO
- University of Jordan (Instructional Technology Program) and Community Medicine Department
- IMPACT Family Health International /USAID
- Ministry of Education (MOE), Health and Nutrition Department

Kindly refer to Appendix A for a complete list of participants.

Not many participants showed up for the meeting. Some of the reasons they gave were:

- They had other commitments
- They could not afford a whole morning away from their offices
- They needed to be informed earlier about the meeting (short notice)

Since less people than expected showed up and all those who came could not stay for the whole meeting, the agenda of the meeting had to be changed (kindly refer to Appendix B for the initial agenda). The meeting started with a welcome and brief introduction by Ms Fall, UNESCO Representative in Amman, followed by a brief presentation of the project and the purpose of the visit, by the project coordinator. A general discussion then took place. The whole meeting lasted for two hours. After which all participants, except those from MOE, IMPACT and Healthy Villages, had to leave.

In order to make up for the low number of participants who attended the meeting, some field visits were arranged for the second day to some stakeholders. These visits were arranged by UNESCO Amman and included: UNICEF, Minister of Al Awqaf and the Ministry of Health (NAP). No meeting could be arranged with the WHO representative due to prior commitments of the Representative.
**Activities Currently Implemented: Findings and observations**

The information presented in this report is based on feedback of the participants who attended the meeting and those whom I visited in their offices.

**For HIV/AIDS education** the issue, it seems, is still not discussed or cannot be discussed as it should be at the level of the ministries. Despite that, there are several activities taking place by the different NGO’s, the Ministries and the National AIDS Control Program. These activities, however, are mainly centered around Amman and very little and in some places nothing at all is happening outside the city. There does not seem to be much coordination or networking among the different parties. In fact, this meeting was the first time when this diverse group (NAP, Ministry of Education, Jordan University, NGO’s) really sat together on one table (comment of one participant).

The activities that are being implemented range from KAP studies implemented by the Jordan University and the NAP to peer education training and TOT (NAP and NGO’s) to limited and unsuccessful attempts to introduce AIDS awareness in the curriculum (MOE). What currently exists in the curriculum, on AIDS/HIV is mainly related to reproductive tract infections and not sexual education. The available information on AIDS/HIV is outdated and presented in a “scary way” (comment of one participant). The teachers usually skip or avoid these sections because they are embarrassed and feel uncomfortable discussing them with the students.

Apparently there is no national strategy for AIDS/HIV prevention in the country or if there is then it is not clear for all stakeholders and this is causing confusion, duplication of efforts and lack of coordination among the concerned groups.

To get a clearer idea of the scope of activities being implemented and the barriers and needs encountered, a brief questionnaire was distributed to the participants to complete and send back (Appendix C). UNESCO Amman will be responsible for collecting and returning these questionnaires.

**For School Health** there are three components: research, education and nutrition. Nutrition activities include distributing meals to 25,000 students in the southern mohafazat and vitamin supplements (studies were done which indicated vitamin A deficiency). The school environment is another area which is receiving attention. There is a special committee which is responsible for ensuring safe water and school buildings. Screening activities are also taking place. These include immunizations and referral systems and are implemented jointly by the Ministries of Education and Health. Within the school there is no one full time person responsible for school health activities. The assigned person is responsible for health programs in several schools. Within the school health program, nutrition and health services for students are receiving more attention than other health issues.

The health education activities are limited and mainly restricted to lectures by physicians. At times, posters or pamphlets are used. Usually the school invites physicians to give their talks, which are done in a traditional way (lectures) with minimal or no use of educational strategies. For all health education activities within
the school (HIV/AIDS and other issues) there is no link with the parents or the community.

**Perceived Needs/Barriers**

The following needs and barriers were identified by the participants:

*At the national level all participants agreed that there is a need:*

- for a national strategy for HIV/AIDS. They felt that AIDS is a national problem and therefore national efforts are needed.
- for actual figures and data on HIV/AIDS in the country, this they felt would help convince the government officials of the problem and the need to take active measures for prevention.
- to educate personnel at all levels especially government officials to increase their awareness on the problem.
- to educate the media on how they can contribute to health promotion for HIV/AIDS and other health issues.
- to revise the school curriculum and it seems there are current activities in this domain. Health messages on HIV/AIDS and other relevant health issues should be integrated in the curriculum.
- To create an efficient system to network, coordinate and disseminate information among all partners involved in HIV/AIDS and school health education activities.

*At the school level:*

- The teachers need to be trained on how to discuss HIV/AIDS and other sensitive issues with the students (content and methods).
- The teachers need to be trained on how to plan and implement school health promotion activities with students either through an integrated curriculum, if it exists, or through separate sessions.
- The teachers are concerned about time, not having the time to allocate to health issues in their classes. This could be partially addressed if teachers are provided with resources (educational materials) that they can readily use with the students.
- The teachers should be provided with supporting materials (such as manuals) to assist them in planning and implementing HIV/AIDS and other health promotion/education activities in the school
- Teachers need to be trained on how to chose appropriate methods for health instruction (how to use interactive methods that are appropriate for age level and interest of student).

**Conclusion**

Despite the fact that there are several initiatives being implemented in the area of HIV/AIDS and health education in schools in Jordan, much remains to be done. We expect that the completed questionnaires, once returned to us, will shed more light on the current situation for HIV/AIDS and school health education in the country, barriers encountered and the specific needs to overcome these barriers. These findings once complete will be presented in an Annex to this report.
National Report: Egypt

February 2003
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Introduction

This report presents a summary of the trip to Egypt, which took place on February 19th and 20th, 2003. The objective of the visit was to:

- Meet with interested and active groups that are involved in health education and HIV/AIDS preventive education in schools,
- Identify the scope and kinds of activities that are being implemented by these organizations,
- Identify needs and gaps for capacity building in the area of health and HIV/AIDS preventive education in schools.

Meetings in Egypt

A one-day meeting could not be planned to host all active partners in the area of health and HIV/AIDS education in schools because a regional workshop took place at the same time and many of these organizations were attending. The project team in Beirut contacted UNESCO to assist in identifying active NGOs, schools and organizations working in school health and HIV/AIDS preventive education in Egypt and a list was prepared and respective appointments were made (See Appendix A for a complete list). Transportation was also arranged by UNESCO in Cairo. At the end of the meetings the completed questionnaires were collected.

Overview of the situation in Egypt

The findings of the visits to the above mentioned organizations indicate that HIV/AIDS is not a priority issue for the government and that this issue has been on the national agenda for the past 4 to 5 years. A few of the organizations are doubtful of the available statistics re AIDS and say that the surveillance system is not much of people’s sexual behavior is unstudied and hence unknown. There are many agencies that provide services in Egypt but there is little coordination among them, except for the international organizations. There are also many materials produced and not shared among them. All except one mentioned that AIDS is still a culturally sensitive topic and that hinders active progress in prevention and management. Two spoke of the AIDS hotline experience. Everyone is interested in receiving a copy of the report of findings.

Activities Currently Implemented: Findings and Observations

For School Health: According to the questionnaire, activities that are being implemented in Egypt in HIV/AIDS prevention in schools are mainly: lectures and seminars to students, training of trainers and production of educational materials. Few responses indicated that HIV/AIDS was being taught in schools through the curriculum. Other activities that were added include activities during scouts camps, workshops and seminars, newsletters, posters, educational competitions and sports day. The issues covered are:

- Concepts in Reproductive health.
- Comprehensive perspective on health through using the life skills approach.
- All health topics related to child, mother adolescents and the family.
- Risky Behaviors and prevention
- Decision Making Skills
- Communication skills
- HIV/AIDS
- Infectious diseases and their prevention.

Besides the questionnaire choices, teachers, students, parents, school administration and local community, other groups were mentioned as being the targets of health education activities such as, health educators, school doctors and nurses and other health and social professionals, scouts leaders, illiterate out of school girls and women and parental committees.

The main obstacles mentioned for implementing activities and programs in school health education were limited time in the curriculum to tackle this issue, lack of priority, lack of knowledge and skills on school health education among teachers and lack of educational materials and visual aids related to school health education. Other mentioned obstacles were: lack of funding, frequency of exams and vacations and the lack of interest from parents and others responsible for health in and outside the schools.

For HIV/AIDS education: Lectures, seminars, training of trainers, production of educational materials and education through the curriculum were the main initiatives being implemented in HIV/AIDS education in schools. Additionally, scouts activities, newsletters, educational competitions, sports day and hotline for HIV/AIDS were also other activities implemented in Egypt. Teachers, students, school administrators and the local community are also the target groups for these activities. Interestingly, others groups include scouts leaders, school health and social professionals such as doctors, nurses, health educators and social workers, vulnerable groups and media people.

The following are the identified topics being covered:
- AIDS
- Adolescent health
- Sexually Transmitted diseases
- Drugs
- Cultural, economical and social impacts of HIV/AIDS and its prevention.
- Reproductive Health

The main obstacles for implementing activities and programs in HIV/AIDS prevention are lack of time to tackle this issue within and outside of the curriculum, lack of knowledge and skills among teachers and lack of educational materials and audiovisuals. Other obstacles that were mentioned are: lack of interest among health resource persons, HIV/AIDS as a taboo in society and at a political level; as well as the frequency and number of exams and vacations during the academic year.

**Cooperation among Organizations**

It is noteworthy that a lot of responses only specified the name of the organization that they cooperate with without specifying the type of coordination. (Refer to Appendix B for the list of the different national organizations, their collaborating partners and the kind of support being provided).
Perceived Needs/Barriers

The participants identified the following needs and barriers:

At the national level all participants agreed that there is a need:

- Improve coordination among all stakeholders.
- Improve coordination and gathering of information related to health education and HIV/AIDS prevention in schools.
- Prepare and encourage voluntary work in health education and HIV/AIDS prevention in schools.
- Launch a media campaign at the national level to sensitize people and raise their awareness on different health issues including HIV/AIDS.
- Provide appropriate training and technical assistance when needed.
- Continuous monitoring and coordination of efforts among relevant ministries and organizations working in health.
- Raise the awareness of local communities through culturally sensitive techniques.
- Develop committees for HIV/AIDS prevention among all schools.
- Develop a network of consultants in the Arab world.

At the school level:

- Workshops for teachers on different health issues specifically population health and reproductive health.
- Provide training for teachers in order to support them to use health education techniques within extra curricular activities.
- Specify a special unit for health education within the school curricula.
National Report: Oman

February 2003
Introduction

Meeting in Oman

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Cooperation among Organizations

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Conclusion
Introduction

The purpose of this report is to present a summary of the trip to Oman which took place during the period January 18-20, 2003. The objective of the visit was to:

- Meet with interested and active groups that are involved in health education and HIV/AIDS preventive education in schools
- Identify the scope and kinds of activities that are being implemented by these organizations.
- Identify needs and gaps for capacity building in the area of health and HIV/AIDS preventive education in schools

Meeting in Oman

A one-day meeting was planned to host all active partners in the area of health and HIV/AIDS education in schools. The project team in Beirut contacted the Ministry of Health-National AIDS Program (NAP) to assist in identifying and inviting active NGO’s and governmental organizations involved in school health and HIV/AIDS preventive education in schools, to the meeting. Twenty-nine participants were present in the meeting. (refer to Appendix A for a complete list of participants)

The meeting started with a welcome and brief introduction by Dr. Omer, Director of the National AIDS Program, followed by a brief presentation of the project and the purpose of the visit, by the Project Coordinator. A general discussion then took place. It is worth noting that student representatives, who were trained as peer educators, were also invited to attend the meeting and provide feedback on their field experiences. The meeting lasted half a day, at the end of which the completed questionnaires were collected. The questionnaires had been distributed to the participants several weeks prior to the meeting. (refer to appendix B for schedule of visits).

On the second day of the trip the project coordinator visited key resource people who were not present in the initial meeting. These visits, which were arranged by the Director of NAP, were crucial in shedding more light on issues that were discussed in the meeting and providing the opportunity to get first hand experience from the field.

Overview of situation in Oman

During the meeting with the Director of Health Education and Information at the MOH, we learnt that, in Oman, there is an institute which offers a diploma in health education. The program extends over 3 years, with 2 and ½ years of course work and ½ year of training. The training is offered by the Director, in collaboration with consultants for specific health issues. The graduates of the institute will become health educators and will later work 3 days in the health center and 2 days in the community. The health issues that they will tackle are decided upon by the MOH. Every 3 months there is a
The Health Education Unit has the capability (financial and technical) to produce a wide range of educational materials. In fact, plenty of materials are available at the Unit on different health issues. The problem, however, is with the distribution system where these materials rarely reach the groups where they are needed most. This problem has not been resolved yet due to lack of follow up caused by shortage of staff.

There are around 88 health educators working in the 122 health centers distributed over the 10 mohafazat in Oman and 5 part time counselors per mofahaza. Every health educator is responsible for 2-3 schools in his /her area. Schools in Oman do not employ health educators or counselors on their staff. Usually all health education activities inside the school, are mainly lectures and are implemented by health visitors who are mostly doctors and nurses or health educators working at the centers. These health educators discuss different health issues with the students but only counselors discuss issues related to HIV/AIDS awareness.

There are 800 identified AIDS cases in Oman, most of which were transmitted through drugs (sharing of needles) and sexual contact, these being the most prevalent transmission modes for AIDS in the country. Use of drugs is a serious problem in Oman whereby drug users are found inside and outside the school. Addicts are usually sent outside the country for treatment however upon their return they are stigmatized and this alienates them from their communities so they go back to drugs again. There are no programs, yet, in Oman that address the problem of drugs.

**Activities Currently Implemented: Findings and Observations**

The information presented in this section is based on feedback of the participants during the meeting, responses to the questionnaire and field visits to key resource people.

For HIV/AIDS education: activities that are being implemented in Oman on HIV/AIDS prevention in schools are: lectures and seminars, training of trainers and production of educational materials. Lectures are still a dominant channel for presenting information which students find very boring. This explains the recent attempts to use theatre and poetry to increase awareness on AIDS among youth. There is very little on HIV/AIDS in the curriculum and that is mainly in science books of secondary classes and focuses on symptoms of the disease. During the meeting with the Director of Curriculum and Training we learnt that the reason there is very little on AIDS in the curriculum is lack of skills to deal with the issue for example: what to include, how to start, what to say in addition to other relevant skills. There was an expressed need for designing a manual and a training workshop for curriculum developers on how to introduce AIDS in the curriculum. The importance of having a teacher’s manual for every subject for every class level was also emphasized.

An interesting activity, which NAP in collaboration with the Ministry of Education have recently started in Muscat, is the peer education. Ninety students (45 girls and
45 boys) from secondary public schools have been trained on peer education and AIDS. So far peers have been working with other peers on one to one basis but soon they will be working with groups of students. These peers work inside and outside the school. The experience, so far, has been very positive. Peer education is not implemented in private schools (59 schools) yet, but will be very soon.

As the few awareness activities that are currently being executed target mainly students, there is an attempt now to do peer education among parents, through parent committees in schools. There is a felt need that parents have an important role to play in affecting the health and behavior of their children and thus should also be targeted by awareness activities, not just for AIDS but for other health issues as well.

Other activities include exhibitions of paintings on HIV/AIDS, radio programs, production of newsletters and magazine articles, competitions on HIV/AIDS, information collection from different sources, outreach campaigns for the local communities, story telling on HIV/AIDS by students and discussions on the importance of HIV/AIDS activities and the constraints encountered in this line of work.

The issues covered by these activities are:

- Basic information on HIV/AIDS: defining the disease, ways of transmission, prevention (role of students in prevention), symptoms and treatment.
- Awareness on the rights of HIV/AIDS patients (discrimination).
- Relation of AIDS to other common diseases.

The main obstacles for implementing activities and programs on HIV/AIDS prevention are disapproval of the school administration (limited time, issue not a priority), lack of necessary skills needed by teachers to discuss HIV/AIDS with students, unavailability of educational materials and visual aids, lack of interest among students and lack of clear roles for the health workers in the schools.

**For School Health:** It is worth noting that responses to the questionnaire mainly focused on questions related to the initiatives in HIV/AIDS and not on those directed towards other health issues. Usually health education activities are implemented by health visitors who are nurses or physicians, based on a schedule that is decided upon by the Directorate of Muscat for the whole year. Health education activities include lectures, seminars, training of trainers and production of educational materials. In addition, outreach programs such as “healthy trips”, research, school newsletter and health fairs were also indicated. These activities targeted teachers, students, school administrators and the local community. Lately a new program has been initiated by UNESCO, in collaboration with the Ministry of Education, to introduce a new curriculum based on a life Skills approach in 100 selected schools.

The following are the identified topics being covered:

- Unhealthy behaviors (such as smoking, junk food, drugs)
- Chronic diseases (such as diabetes)
- Asthma
- Tuberculosis
- Personal Hygiene
- Drugs: there is a brief mention of different kinds of drugs and their impact on humans in Life Sciences for secondary classes
Similarly, the main obstacles for implementing activities and programs in school health are lack of support from the administration, lack of time to tackle health issues which are not included in the curriculum, lack of knowledge and skills among teachers in health education and unavailability of educational materials and audiovisuals.

**Cooperation among Organizations**

Non-governmental organizations do not exist in Oman; however, there are current attempts by the WHO country office to initiate NGO’S to assist the government in different activities being implemented. A few UN offices are present but these have small operations in the country. All work done in Oman is by government offices which explains the significant collaboration that exists among them. (Refer to appendix C for list of the different national organizations, their collaborating partners).

**Perceived Needs/Barriers**

The participants identified the following needs and barriers:

*At the national level all participants agreed that there is a need to:*
- Training for curriculum developers on how to introduce HIV/AIDS education in the curriculum
- Expand the peer education efforts to include more students, teachers and parents
- Prioritize HIV/AIDS prevention in schools.
- Make use of public events to raise awareness on HIV/AIDS prevention in schools.
- Establish a mobile exhibition on health issues and HIV/AIDS that rotates through different regions. Provide a mobile library with a screen that can reach remote areas.
- Involve religious leaders in spreading awareness
- Involve the media especially television and youth magazines
- Promote effective cooperation among all stakeholders working in health and HIV/AIDS prevention in schools to ensure continuity and sustainability of health and HIV/AIDS prevention activities in schools.

*At the school level there is a need to:*
- Assign a health worker to each school.
- Provide training for teachers on interactive skills
• Have more support from the school administration in areas such as time allocation to discuss health issues and HIV/AIDS and providing meeting rooms for different school activities.

• Provide trainers and teachers with educational materials and visual aids (such as posters, brochures, folders, videos, cassettes and overheads and slides, training manuals).

• Provide health educators/workers with means to access new information concerning health issues in general and HIV/AIDS in particular, especially references in Arabic. Develop a special site for HIV/AIDS in Oman for transfer of knowledge among the different regions in Oman and among different countries in the region. The NAP is currently working on developing a website and hot line for AIDS/HIV.

Conclusion

Several existing factors support future interventions for HIV/AIDS and other school health activities. One is the general awareness, among public officials, of the seriousness of AIDS in Oman which is reflected in their expressed interest to introduce AIDS/HIV education in school curricula and in the initiation of activities such as peer education in schools. Other facilitating factors are the existing structures at the Ministries of Health and Education which can be mobilized to channel different activities to different audiences and the availability of resources to produce different educational and training materials.
National Report: Sudan

February 2003
CONTENT

➢ Introduction

➢ Meeting in Sudan

➢ Overview of Situation in Sudan

➢ Activities Currently Implemented: Findings and Observations

➢ Cooperation among Organizations

➢ Perceived Needs and Barriers

➢ Conclusion
Introduction

The purpose of this report is to present a summary of the trip to Sudan which took place from December 20-22nd, 2002. The objective of the visit was to:

- Meet with interested and active groups that are involved in health education and HIV/AIDS preventive education in schools
- Identify the scope and kinds of activities that are being implemented by these organizations.
- Identify needs and gaps for capacity building in the area of health and HIV/AIDS preventive education in schools

Meeting in Sudan

A one-day meeting was planned to host all active partners in the area of health and HIV/AIDS education in schools. The project team in Beirut contacted UNICEF Sudan to assist in identifying and inviting active NGO’s, and UN agencies to this meeting. Ten participants were present in the meeting. (Kindly refer to Appendix A for a complete list of participants)

The meeting started with a welcome and brief introduction by Dr. Rafa Aziz, Senior Project Officer for Health and Nutrition at UNICEF, followed by a brief presentation of the project and the purpose of the visit, by the Project Coordinator (Refer to Appendix B for the Agenda). A general discussion then took place. The meeting lasted half a day, at the end of which the completed questionnaires were collected. The questionnaires were distributed to the participants several weeks prior to the meeting.

Overview of situation in Sudan

Several geographical factors render Sudan at high risk for HIV/AIDS infection. Sudan shares boundaries with the AIDS belt countries in Africa where there is high mobility due to the presence of the desert and nomadic life. Practically no boundaries exist between these countries. Sudan is a large country, 26 states, with a huge population who constitute a diversity of cultures, norms and religions. This creates another difficulty for trainers to move from one state to the other; furthermore, the amount of material to be produced is never sufficient to meet the size of the population, nor specific enough to ensure relevance to the diverse target groups.
Activities Currently Implemented: Findings and Observations

The information presented in this section is based on feedback of the participants during the meeting and their responses to the questionnaire.

For HIV/AIDS education: According to the questionnaire, activities that are being implemented in Sudan in HIV/AIDS prevention in schools are: lectures and seminars to students, training of trainers, production of educational materials and popular education. These activities target teachers, students, school/university administration and the local community, groups with specific cultural and social background. There is some material in the curriculum, which is very brief and is mainly knowledge based. The issues covered are:

- Basic information on HIV/AIDS: defining the disease, ways of transmission and prevention (role of students in prevention).
- Effect of AIDS on development- social and economical effects.
- Awareness on the rights of HIV/AIDS patients (non-discrimination) and appropriate ways to deal with them.
- Sex Education/Reproductive Health/ Sexually transmitted diseases
- Social and religious perception towards sexual relationships

The illiteracy rate is very high in Sudan especially among girls. There are several programs that address this issue for adults and out of school youth. These programs could serve as useful potential channels for AIDS/HIV education.

For School Health: It is worth noting that responses to the questionnaire mainly focused on questions related to the initiatives in HIV/AIDS and not on those directed towards school health education. Lectures, seminars, training of trainers and production of educational materials were the main initiatives being implemented under school health. Some health topics are covered, to a limited extent, in the school curricula, extra curricular activities, popular health education, teachers’ guidebook on health education, and mobile schools. Teachers, students, school administrators and the local community are also the target groups for these activities. Interestingly, political and popular organizations, tribes and special groups, administrators and employees of the Ministry of Education, though outside the context of the schools, are also sensitized to the importance of school health issues.

The following are the identified topics being covered:

- Basic concepts of school health education
- Nutrition
- Life Skills
- Reproductive health
- Infectious diseases and their prevention
- The role of Community in Health Education
Cooperation Among Organizations

National organizations that are involved in HIV/AIDS and health education in schools collaborate to a large extent with UN agencies, who are a main source for providing technical assistance in training, material development and production and financial support to certain activities (refer to appendix C for list of the different national organizations, their collaborating partners and the kind of support being provided). There is little or no collaboration or coordination among the national organizations themselves.

Perceived Needs/Barriers

The participants identified the following needs and barriers:

At the national level all participants agreed that there is a need:

- For a national strategy for HIV/AIDS. They felt that AIDS is a national problem and therefore national efforts are needed.
- For actual figures and data on HIV/AIDS in the country, this they felt would help convince government officials of the problem and the need to take active measures for prevention.
- For additional funding and technical support for health education and HIV/AIDS prevention in schools from the UN and other international organizations.
- To revise the school curriculum and it seems there are current activities in this domain. Health messages on HIV/AIDS and other relevant health issues should be integrated in the curriculum.
- To integrate health education and HIV/AIDS prevention in teachers’ preparation curricula.
- For providing means of access (transportation) to remote schools.
- To create an efficient system to network, coordinate and disseminate information among all partners involved in HIV/AIDS and school health education activities.
- For establishing coalitions that will support families of AIDS patients and that will fight stigma and discrimination against them.
- To provide counseling services for adolescents in schools on health and HIV/AIDS
- For raising awareness and ensuring support of the community, government officials, religious leaders and media on the importance of HIV/AIDS prevention programs in schools.
At the school level:

- School administrators need to be more involved and motivated in order to prioritize and give time for health education and HIV/AIDS prevention in schools.
- The teachers need to be trained on how to discuss HIV/AIDS and other sensitive issues with the students (content and methods).
- The teachers need to be trained on how to plan and implement school health promotion activities with students either through an integrated curriculum, if it exists, or through separate sessions. Such training should focus on skills and means for behavioral change, how to choose and use appropriate interactive methods. Presence of a manual could be helpful.
- The teachers are concerned about time, not having the time to allocate to health issues in their classes. This could be partially addressed if teachers are provided with resources (educational materials or school kits) that they can readily use with the students. In addition some suggested that a training team be available to rotate among the schools.
- Student organizations need to establish a network so that they can exchange experiences and coordinate with each other.
- Schools should encourage and improve extra curricular activities, related to health and HIV/AIDS prevention that target students and parents.
- Schools should encourage volunteerism from students, teachers and others in health education and HIV/AIDS prevention programs.
- Peer education approach should be encouraged in schools.

Conclusion

Despite the fact that there are several attempts being initiated in the area of HIV/AIDS and health education in schools in Sudan, much remains to be done. There is a great need for different activities and programs to be implemented at different levels and for different audiences.
National Report: Yemen

June 2003
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➢ Meeting in Yemen

➢ Overview of Situation in Yemen

➢ Activities Currently Implemented: Findings and Observations

➢ Cooperation among Organizations

➢ Perceived Needs and Barriers

➢ Conclusion
Introduction

The purpose of this report is to present a summary of the visit to Yemen which took place from June 13-16, 2003. The objective of the visit was to:

- Meet with interested and active groups that are involved in health education and HIV/AIDS preventive education in schools
- Identify the scope and kinds of activities that are being implemented by these organizations.
- Identify needs and gaps for capacity building in the area of health and HIV/AIDS preventive education in schools

Meeting in Yemen

A one-day meeting was planned to host all active partners in the area of health and HIV/AIDS education in schools. The project team in Beirut contacted UNICEF office in Yemen to assist in identifying and inviting active NGO’s and organizations working in school health and HIV/AIDS preventive education in schools to the meeting. Twelve participants were present in the meeting. (Kindly refer to Appendix A for a complete list of participants)

The meeting started with a welcome and brief introduction by Ms Afreen Huq, Senior Program Officer for Education at UNICEF, followed by a brief presentation of the project and the purpose of the visit, by the Project Coordinator. A general discussion then took place. The meeting lasted half a day, at the end of which the completed questionnaires were collected. The questionnaires were distributed to the participants prior to the meeting. Field visits were carried out on the second day to active partners who were unable to attend the meeting.

Overview of situation in Yemen

Although the number of AIDS cases has multiplied between 1990 and 2003 it is very difficult to discuss AIDS openly. Yemen is a very conservative society where women and men are still segregated. For example in most schools parent committees are separate, the fathers for the boys and the mothers for the girls. Among students, AIDS is discussed only with selected groups such as secondary and university students.

There are current attempts to convince decision makers of the seriousness of the problem in the country. The National AIDS Program is implementing a national survey which covers the coastal areas in Yemen to assess the level of awareness among the population on AIDS. The NAP will share the results of the survey with decision makers to advocate for policy change.

The school health program has been frozen for around 10 years in Yemen. This was due to a conflict between the MOH and MOE on who should host this program. This meant there was no work plan nor coordination for school health activities, every one
was working alone. Only recently was an executive committee formed to run this program based on a comprehensive plan that addresses school environment, services and health education. A major problem schools in San’a and big cities face is the size of classes where 120-150 students can be present in one class room, the problem is not so severe in rural areas. As it is difficult to start with all the 20 mohafazat, the plan is to start screening and health education in 3 mohafazat Sana’a, Hadramout, Aden and then expand to others.

Scout groups have played an important role in disseminating awareness on AIDS in the mohafazat where they exist. They have integrated STD and AIDS within their population education activities where they have trained 300 scout leaders in the summer camps on different health issues especially AIDS

**NGO’s have also been active outside the school. Within the reproductive health program of one NGO they are working with community leaders to get access to schools and with volunteers to do home visits. Out of 300 volunteers, 20 were selected to be home visitors to discuss AIDS and STD’s. Religious leaders and the media have also been approached and asked to disseminate information about AIDS.**

At the Ministry of Health, WHO has funded regional health education center, which has its own facilities to produce films on different health issues (based on the recommendations of the ministry)

**Activities Currently Implemented: Findings and Observations**

Information presented in this section is based on feedback of the participants during the meeting and their responses to the questionnaire.

**For HIV/AIDS education:** According to the questionnaire, activities that are being implemented in Yemen on HIV/AIDS prevention in schools are: lectures and seminars, training of trainers, production and distribution of educational materials and learning about health through the curriculum. Other activities include distribution of T-shirts with messages on HIV/AIDS, mobile theatre on HIV/AIDS and through summer camps.

The issues covered are:

- Basic information on HIV/AIDS: defining the disease and the virus, ways of transmission and prevention, misconceptions about the disease.
- Economical and social impact of the disease.
- Sexually transmitted diseases.
- Hepatitis B.

The target groups indicated are: students, teachers, parents, school administration, local community, refugees and marginalized groups, scouts and university students.

The main obstacles for implementing activities and programs on AIDS/HIV preventions are:

- The heavy demands of the curriculum, no time to tackle this issue,
- Issue is not a priority,
- Lack of resources for teachers.
- Sensitivity of the subject, no interest among community and national leaders,
- Limited budget and resources to sustain activities and programs.
- Lack of coordination among all concerned
- Lack of skills and knowledge among teachers to tackle the issue.

For School Health: Lectures, seminars, training of trainers, production and distribution of educational materials and education through the curriculum were the main initiatives being implemented under school health. Other means included training of students, regular medical check-ups, production of health newsletters addressed to students, drama as a means of transmitting health messages, training in first aid and health education. Production and distribution of videotapes on different health topics especially for refugees and marginalized people were also indicated. Teachers, students, school administrators and the local community are the target groups for these activities in addition to scouts, refugees and marginalized groups.

The following are the identified topics being covered:

<table>
<thead>
<tr>
<th>Personal hygiene</th>
<th>Malaria</th>
<th>Topics in first aid:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>Prevention of eye diseases</td>
<td>Treating wounds/ Treating breaks.</td>
</tr>
<tr>
<td>Prevention of accidents</td>
<td>Health awareness on most common diseases affecting students.</td>
<td>Rescuing drowning people</td>
</tr>
<tr>
<td>Infectious diseases</td>
<td>Reproductive health and family planning</td>
<td>CPR/ Burns first aid</td>
</tr>
<tr>
<td>Water borne diseases</td>
<td>Proper use of drugs</td>
<td>Unconsciousness first aid</td>
</tr>
<tr>
<td>Prevention of diarrhea and respiratory diseases</td>
<td>Environmental health in schools</td>
<td>First aid of bites and stings.</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>Child to child Program</td>
<td>Carrying injured people</td>
</tr>
<tr>
<td>Dental hygiene</td>
<td>Health messages relevant to school students.</td>
<td>Use of needles</td>
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<tr>
<td>Importance of vaccination in disease prevention</td>
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<td>First Aid for poisoning</td>
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<tr>
<td></td>
<td></td>
<td>Athlete first aid</td>
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<td></td>
<td></td>
<td>Communication skills (individual and public)</td>
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<tr>
<td></td>
<td></td>
<td>Community health awareness campaigns</td>
</tr>
</tbody>
</table>

The main obstacles for implementing activities and programs in school health are:
- Lack of time to tackle health issues within and outside the curriculum (no specific sessions for student activities),
- Lack of knowledge and skills in health education among teachers
- Lack of educational materials and audiovisuals,
- Lack of funding
- Unavailability of teachers’ guide in health education (if present it is not widely known)
- Indifference of many teachers due to work pressures
- Lack of motivation and enthusiasm among students to tackle these issues

Cooperation among Organizations
Refer to appendix B for a list of the different national organizations, their collaborating partners and the kind of support being provided.
Perceived Needs/Barriers

The participants identified the following needs and barriers:

At the national level all participants agreed that there is a need to:

- Use mass media and health awareness campaigns for both children and adults.
- Identify and agree on content and form of RH and AIDS/HIV messages to be disseminated in schools.
- Raise awareness of religious leaders on HIV/AIDS.
- Develop a national strategy based on a situational needs assessment.
- Strengthen networking, cooperation and sharing of information among different stakeholders in health awareness and HIV/AIDS prevention in schools locally and with other Arab countries.
- Provide institutional infrastructural support to non-governmental organizations working in this domain.
- Provide enough resources in order to implement the planned activities and programs.
- Advocate for policy change for increased support at national level.

At the school level there is a need to:

- Train school teachers how to teach sensitive topics and facilitate extracurricular activities.
- Train teachers on how to produce innovative methods for spreading awareness on AIDS/HIV (theatre, songs, story telling, role playing, taking pictures, research…)
- Produce more health education materials (posters, videos, brochures) to give to teachers.
- Increase linkages between the school, community members, parents committee, school administration, NGOs and students.

Conclusion

Much remains to be done for health education and HIV/AIDS awareness in schools in Yemen. There is a great need for capacity building not only for teachers but for other concerned groups such as curriculum developers, mass media personnel, policy makers as well. Current activities targeting HIV/AIDS and other health issues are sporadic and uncoordinated at a time when there is a great need for collaboration and coordination to maximize benefits from the limited existing resources.
National Report: Lebanon

August 2003
INTRODUCTION

MEETING IN LEBANON

OVERVIEW OF SITUATION IN LEBANON

ACTIVITIES CURRENTLY IMPLEMENTED: FINDINGS AND OBSERVATIONS

COOPERATION AMONG ORGANIZATIONS

PERCEIVED NEEDS AND BARRIERS

CONCLUSION
Introduction

The purpose of this report is to present a summary of the meeting that was held in Lebanon on August 30 and 31, 2003. The objective of the meeting was to:

- Meet with interested and active groups that are involved in health education and HIV/AIDS preventive education in schools
- Identify the scope and kinds of activities that are being implemented by these organizations.
- Identify needs and gaps for capacity building in the area of health and HIV/AIDS preventive education in schools

Meeting in Lebanon

Due to the large number of organizations working in health education and HIV/AIDS prevention in schools, the meeting was held over two days with different participants on each day. This allowed for more information sharing and discussion. The list of organizations that were invited was prepared after consulting with the National AIDS Program and the School Health program at the World Health Organization. Twenty organizations were invited out of which fourteen were able to attend. Refer to Appendix A. There was no representation from the Ministry of Health, Education and WHO as their representatives were on vacation. A questionnaire which asked about the activities of the organization, problems encountered was sent out with the invitation letter.

The meeting started with a welcome and brief introduction of the project by the project coordinator. A general discussion then took place where each organization was asked to present an overview of its activities in health education and HIV/AIDS prevention in schools. After the presentations, the participants discussed difficulties and problems they faced. Each of the meetings lasted for two and a half hours. Some of the questionnaires were collected at the end of the meeting others were sent to the team through fax or email. It is worth mentioning that most of the discussion during the meeting and the answers in the questionnaire emphasized on HIV/AIDS prevention in schools more than on health education.

Overview of situation in Lebanon

Lebanon is classified among the low prevalence countries according to the UNAIDS. The National AIDS program (NAP) is the main program organizing and coordinating work in HIV/AIDS prevention in Lebanon. NAP works mainly through NGOs rather than directly implementing its programs. The Program is administered by the World Health Organization and coordinated by the Ministry of Health. It works in close cooperation, with the UNAIDS, UNICEF, Ministry of Social Affairs- Reproductive Health Program, UNFPA and UNRWA. Currently NAP is working on a national strategy for HIV/AIDS Prevention in Lebanon. After establishing a regional network of NGOs working in HIV/AIDS, UNDP is currently coordinating the establishment of a similar network of NGOs working in HIV/AIDS in Lebanon. In addition to that, the Ministry of Education through the Center for Educational Research and Development
has worked on integrating health education issues in the school curriculum three years ago. The ministry is currently working with WHO on activating health clubs in public schools through training of trainers and developing kits on different health topics with educational resources. However, HIV/AIDS is still not very well integrated in the curriculum due to cultural reasons. A lot of NGOs have been trained on the use of the “Life and Learning guide-G????? ???P ” which was translated into Arabic by the National Program of Reproductive Health at the ministry of social affairs. Moreover, the WHO is developing a health education kit on different health topics (smoking, nutrition, personal hygiene, drugs, dental hygiene…) that will be distributed to 60 health clubs in public schools. This kit would provide resources that would help teachers and club animators in planning and implementing health activities to students. The kit contains background reference knowledge on different health topics along with audiovisuals and games. Teachers from these schools and club animators will be trained to use the kit when it is finalized.

**Activities Currently Implemented: Findings and Observations**

The information presented in this section is based on feedback of the participants during the meeting and their responses to the questionnaire.

**For HIV/AIDS education:** Activities that are being implemented in Lebanon in HIV/AIDS prevention in schools are: lectures and seminars, training of trainers (teachers and health coordinators in schools, human resources in universities, health centers, nurses and health workers), production and distribution of educational materials (including health and teacher guides) and learning about health through curricular and extra curricular activities. Other activities include peer education among out of school children and working children, establishment of a club for university students to discuss issues on drug and alcohol abuse, use of live testimonies in lectures, encourage students to do small health research projects in schools as part of their studies, implement health exhibitions, implement health lectures and sessions in summer camps and in summer festivals, development of a brochure for out of school children, and development of an educational kit on HIV/AIDS for schools. The issues covered are:

- Basic information on HIV/AIDS: defining the disease and the virus, ways of transmission and prevention, misconceptions about the disease.
- Reproductive Health.
- Sexually transmitted diseases.
- Communication skills
- Psychological problems that the HIV/AIDS patient face.
- Role of youth in HIV/AIDS prevention.
- Risky behaviors.
- Drug and alcohol addiction
- Hepatitis

The target groups indicated are: students, teachers, health coordinators, parents, school administration, local community, vulnerable groups (prostitutes, IVD drug users and homosexuals), out of school children, Palestinian refugees attending UNRWA schools, youth and university students, health staff of other local NGOs, illiterate women, scouts and literacy teachers.
For School Health: The discussion and the questionnaire answers emphasized HIV/AIDS activities more than school health education in general. Lectures, seminars, training of trainers, production and distribution of educational materials and education through the curriculum were the main initiatives being implemented under school health. In addition to those, peer education, regular medical check-ups, production of health newsletters to students, student presentations on different health topics to parents, training in first aid and health exhibitions. Teachers, students, school administrators, the local community (illiterate women and scouts) out of school children, youth and university students are the target groups for these activities.

The topics that were mentioned are: smoking (nargileh), drugs and alcohol, first aid, life skills, reproductive health, prevention of child labor, breast and uterus cancer. Usually the topics that are chosen are those that the target groups ask for.

Cooperation among Organizations

Refer to appendix C for list of the different national organizations, their collaborating partners and the kind of support being provided.

Perceived Needs/Barriers

The participants identified the following needs and barriers:

At the national level all participants agreed that there is a need to:
- Allocate specific hours to discuss health issues (not only integrated approach).
- Produce materials and brochures that address priority health topics at the national level.
- Discuss the topic through the media and through contacting health institutions.
- Advocate at the level of decision makers (school administrators and officials in the Center for Educational Research and Development) to increase support and include reproductive health and HIV/AIDS in the school curricula and extra curricular activities especially at the intermediate level (for example work at eliminating the decision that forbids dealing with this topic at the intermediate levels).
- Focus on changing attitudes and behaviors of children and more so of their parents (not only knowledge).
- Developing along with all stakeholders a national strategy for HIV/AIDS prevention in schools in order to ensure sustainability of activities, regular funding, follow-up. Ensure that all levels of society are targeted and involved especially decision makers.
- Review and produce the educational Kit on sexually transmitted diseases that was developed by NAP, the Center for Educational Research and Development and WHO.
- Train on the school health education kit, this was prepared by the World Health organization in collaboration with the ministries of health and education, targeting school teachers, coordinators of the health clubs in the schools and NGOs.
- Ensure that work of NGO’s is based on evaluation results of changes in knowledge, attitudes, skills and behaviors leading to HIV/AIDS and STDs infection.
- TOT for interested NGOs on communication and animation skills.
- Promote networking/coordination among different NGOs working in this domain
- Develop a database for compiling all data, information and materials on this issue.
- Review and evaluate the curriculum and make appropriate changes according to the results of the evaluation.

At the school level:
- Allocate more time to tackle health issues within and outside of the curriculum (specific sessions for health education), especially that teachers have other work pressures.
- Work closely with school health clubs in order to sensitize and train them on HIV/AIDS. Provide them with educational materials and audiovisuals to deal with the issue.
- Work and raise the awareness of school administrators, parents to increase their support.
- More use of live testimonies since the HIV/AIDS disease is still not very “seen” to people and as such they do not feel vulnerable.
- Train teachers and health coordinators on how to deal with sensitive health issues Develop a teachers’ guide on health education and widely distribute it to all stakeholders.

**Conclusion**

In Lebanon, there are many attempts in the area of health education and HIV/AIDS prevention at the school and national level among different ministries of education, health and social affairs. Nevertheless, there seems to be a gap in the sustainability of these programs, coordination and planning at the macro level. Most of these activities and programs especially for HIV/AIDS emphasize raising awareness and improving knowledge of target groups on the topic with little or no regard to changing attitudes of people towards HIV/AIDS which is crucial to achieving behavioral changes. Hence, the importance of ensuring that programs are not on ad-hoc basis through planning, strategizing and involving decision makers and ensuring follow-up of programs and evaluation.
III. Annexes:

(1) Questionnaire for Information Collection (See Arabic Text)
(2) Workshop Programme (Beirut, 15 December 2003)
(3) List of Participants in Beirut Workshop
(4) List of Participants in National Meetings – Field Visits (See Arabic Text)
Beirut Meeting- 15<sup>th</sup> December 2003

**Objectives of the Meeting**

- Allow countries attending to present their feedback/comments on the recommendations.
- Present feedback sent by other countries.
- Discuss recommendations presented in the report and translate them into specific activities.
- Finalize the plan of action.

**Proposed Agenda**

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
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<tbody>
<tr>
<td>9:00- 9:15</td>
<td>Welcome, program of the day</td>
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<tr>
<td>9:15- 9:30</td>
<td>Overview of the project</td>
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<tr>
<td>9:30- 10:30</td>
<td>Present findings and recommendations/discussions</td>
</tr>
<tr>
<td>10:30- 10:45</td>
<td>Coffee break</td>
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<tr>
<td>10:45- 11:15</td>
<td>Presentation of Egypt’s comments</td>
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<tr>
<td>11:15- 11:45</td>
<td>Presentation of Sudan’s comments</td>
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<tr>
<td>11:45- 12:30</td>
<td>LUNCH</td>
</tr>
<tr>
<td>1:00- 3:00</td>
<td>Discussion and finalization of plan of action</td>
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<tr>
<td>Name</td>
<td>Country</td>
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<tr>
<td>Tarek El Shimi</td>
<td>Egypt</td>
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<tr>
<td>Ibtissam Mohammad</td>
<td>Ministry of Education- Sudan</td>
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<tr>
<td>Nina Lahham</td>
<td>Ministry of Education- Lebanon</td>
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<tr>
<td>Milan Bhardia</td>
<td>Trainee at the UNESCO office in Beirut</td>
</tr>
<tr>
<td>Mayada Kanj</td>
<td>Project Coordinator- American University of Beirut</td>
</tr>
<tr>
<td>Rana Sughayyar</td>
<td>American University of Beirut</td>
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