

**Skills-based health education and Life Skills -
The Myanmar Experience**

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1 COUNTRY BACKGROUND

1.1 Status of HIV infection

Myanmar is experiencing an exponential rise in HIV/AIDS infection rates, with one of the largest and fastest moving epidemics in Southeast Asia and the world. According to the Ministry of Health, there were a cumulative total of 29,636 HIV/AIDS positive cases and 4,062 HIV/AIDS cases as of June 2000. However, a UNAIDS project in Myanmar estimates that there were over half a million cases as of December 1999 and that deaths of some 185,000 people by the end of 1998 orphaned approximately 14,000 children. The high at-risk groups for HIV/AIDS includes sex workers, people with sexually transmitted infections and drug users. Migrant workers, especially those living in border areas and crossing over to work in factories in Thailand, truck drivers and miners are also at-risk of exposure. Ignorance of the disease and the risk factors associated with it contribute to its spread.

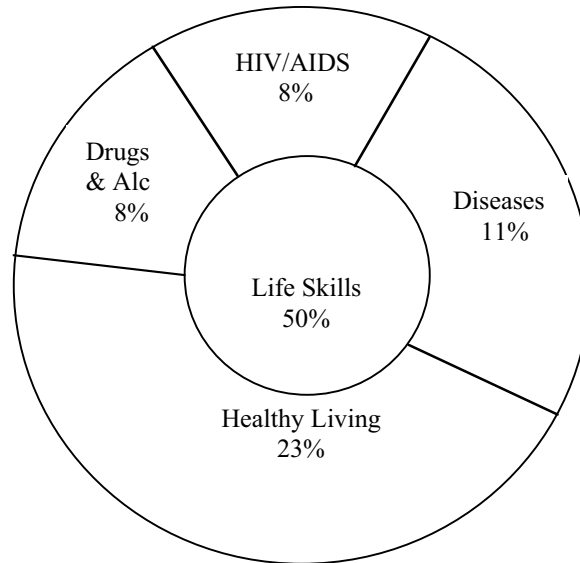
1.2 DESCRIPTION OF PROGRAM

1.2.1 *What is SHAPE?*

SHAPE (School-based Healthy Living and HIV/AIDS Prevention Education) is a school subject taught in grades 2 through 9 using student-centered participatory teaching and learning methods, which encourages students to practice what they have learned in the classroom at home and in their communities.

SHAPE aims to equip young people with the necessary knowledge and skills to promote healthy living and prevent the transmission of HIV/AIDS through the active participation and involvement of teachers, students, school principals, education officials, parents and other community members. The content of the program focuses on a range of health and social issues relevant to children and young people, including HIV/AIDS, personal health and hygiene, growth and development, alcohol and drugs. Activities designed to develop Life Skills¹, such as communication, cooperation, coping with emotions and stress, decision making, problem solving and counseling, are applied in a specific way to each of these health and social issues. In addition, peer education, child-to-parent dissemination of information and collaboration between schools and communities are important SHAPE strategies.

¹ Life Skills are interpersonal and psychosocial skills such as decision making, assertion, and

Figure 1. Breakdown of issues and life skills content within the program

SHAPE has two specific objectives targeted towards children:

1. To develop the necessary knowledge, attitudes and values, and skills that encourages safe behaviour, social skills, and the practice of life-long health promoting habits
2. To promote the practice of supportive caring for human beings following principles of love and compassion.

2 How We Did It

2.1 Development of SHAPE Teacher's Guide and Student's Book

In the early 1990's, with HIV/AIDS emerging as a major public health problem, health and education officials realized it was necessary to start early with education for the vulnerable group of primary and secondary school age children about the disease and promote the necessary knowledge, attitudes and values, and life skills needed to prevent the spread of HIV/AIDS. Recognizing that primary and secondary schools could play a critical role with teachers as health educators, an HIV/AIDS Curriculum Task Force was organized. Staff from the Ministry of Education's Department of Planning and Training (DEPT), National AIDS project personnel and the Ministry of Health participated in the Task Force which worked to develop teaching materials for the prevention of HIV/AIDS.

In 1993, two workshops were held with health and education officials and an outline for a teacher's guide on HIV/AIDS prevention was established. Between 1994 and 1995, the outline was developed into first, second and third drafts, stressing the medical aspects of HIV/AIDS and other diseases. In the latter part of 1995, the Thai Red Cross became involved in the project. and provided technical assistance to the HIV/AIDS Task Force. Building on lessons learned from the Thai experience, it was suggested that medical knowledge alone was insufficient to stop the rapid spread of HIV/AIDS and that developing life and social skills was also necessary for positive and responsible attitudes and behaviors. These additions to the

program were considered benefits not only to preventing the transmission of HIV/AIDS but other diseases as well.

Starting with the basic premise that 'healthy living' was an essential tool to prevent HIV/AIDS, the teacher's guide was reoriented towards the development of healthy living and social and life skills. Under the guidance of the Thai Red Cross, another workshop was held in January 1996 to revise the teacher's guide with this new focus.

The revised fourth draft of the teacher's guide focused on healthy living and HIV/AIDS prevention education. The guide used activity-based, participatory teaching and learning approaches to enhance students' knowledge, understanding and ability to act in ways that were physically and emotionally health promoting. Special attention was taken to ensure relevance and appropriateness of the content in terms of student age, context in which the materials were to be taught, the shortage of teachers (especially in rural schools), and the lack of teaching aids. As the teacher's guide was being developed, it became apparent that an accompanying student's book was needed to enhance the teaching-learning process. In order to make this student book appealing to the children, a local artist was brought in to illustrate the text.

A number of resources were used for inspiration during the writing of the teacher's guide. Many activities were adapted from the School Health Education to Prevent AIDS and STDs



(Unesco and WHO, 1994), Child-to-Child Worksheets, (Child-Child Trust, Institute of Education, London, 1994) and the Think About It! Series, (Curriculum Development Unit, Ministry of Education and Culture, Zimbabwe, 1994) The 'Vegetable Man' (left) was inspired by the Nutrition Education Series, (Issue 10, Unesco, 1984).

Box 1.

After the SHAPE lesson that accompanies the 'Vegetable Man', children in the fourth standard in several townships asked their parents to prepare green leafy vegetables and make sure that all food groups were eaten during meals. Some parents commented to the teachers that their children had never eaten green vegetables before!

In early 1997, the revised fourth draft of the teacher's guide and accompanying student's book were submitted to both the Health and Education Ministries for editing and approval. By May of that year, the Ministry of Education granted permission for SHAPE to be used in the primary and secondary schools. SHAPE was introduced in 30 townships in 1998, 20 townships in 1999 and 10 townships in 2000 for a current total of 60 SHAPE townships. SHAPE reaches 1,276,332 primary and secondary students from grades 2 to 9 (7-15 years old) in 8,821 schools.

Table 1. Training and Program coverage 1997-2000.

| | | Whole Country | SHAPE in 60 Townships (1997-2000) | |
|------------------------------------|----------------------|---------------|-----------------------------------|-----|
| Schools Delivering Programs | High Schools | 937 | 287 | 31% |
| | Middle Schools | 2,114 | 600 | 28% |
| | Primary Schools | 36,487 | 7,836 | 21% |
| Teachers Trained | High School Teachers | 15,608 | 5,340 | 34% |

| | | | | |
|-------------------------|-------------------------|-----------|---------|-----|
| | Primary School Teachers | 87,296 | 39,633 | 45% |
| Students Reached | High School Students | 505,265 | 106,773 | 21% |
| | Middle School Students | 1,519,490 | 505,911 | 33% |
| | Primary School Students | 4,687,014 | 663,648 | 14% |

2.2 Training of Education Professionals

For SHAPE to be taught in primary and secondary schools, central and township level education officials, school principals and teachers needed to be trained on the subject matter of SHAPE and participatory teaching and learning methodologies, both of which were completely new to the educational system and way of thinking in Myanmar. A permanent core team of 38 Master Trainers, dedicated to SHAPE, was identified within the Ministry of Education to train a large numbers of educators in a short period of time with limited human and financial resources. This core team provided initial *and* ongoing support to teachers and other school personnel at the township level. The township teams implemented the program.

Box 2.

During the teacher training workshops, some teachers felt that talking about such personal issues as sex would be very difficult. However after having taught the course a few times, some now feel more comfortable covering this topic with their students, while others still struggle.

As there were no SHAPE trainers in Myanmar, a 6-day training of trainers took place in Yangon in 1998 to cultivate a core group. Two assistant lecturers from each of the 19 teacher training colleges were selected by their principals to participate in the training workshops. As a result of this 38 people became the SHAPE trainers for the township training of trainers programs, which took place throughout the country.

Whenever SHAPE was introduced into a new township, trainers from the core group of SHAPE trainers conducted a 3-day orientation workshop for township and assistant township education officers township level trainers and school principals. The township training of trainers followed this orientation training.

Each six-day township training of trainers was attended by at least four teachers from every grade level from township schools, one principal from every primary, middle and high school and one Assistant Township Education Officer (ATEO). This group formed the township team. The training covered SHAPE objectives, strategies, content, participatory teaching methodologies and activities, the role of SHAPE township committees and the importance of school and community-based management, participation and social mobilization. To date, 1,637 people have participated in township level trainers of trainers.

The next step along the cascade is the training of teachers, which is attended by at least one teacher from each school. The training sessions are divided into three main components: basic information on SHAPE, the teacher's guide and accompanying student's book, and SHAPE project management. The first teacher training workshops in 1998 were only three days, but in 1999, a fourth day was added which included more emphasis on participatory teaching and how to use the teacher's guide and accompanying student book. Less time was spent on the basic information about SHAPE. To date, 43,652 teachers have participated in SHAPE teacher training.

As the government system in place was not conducive for widespread training, SHAPE Township Committees were created to organize the training workshops, be responsible for the distribution of the UNICEF provided school supplies (crayons, books, and paper) and monitor SHAPE implementation. Each SHAPE Township Committee is made up of ten to eighteen people, all of whom have participated in the ‘township level training of trainers’ workshops. Many of the members act as township level teacher trainers while simultaneously completing their committee work.

Two-day advocacy workshops, were also held for Assistant State and Division Education Officers and Township Education Officers on UNICEF-assisted activities, with SHAPE being one of them. The objectives and approach of SHAPE, the importance of HIV/AIDS prevention education in school and the role of education administrators in the monitoring and supervision of SHAPE implementation are among the topics discussed. To date, 106 Assistant State and Division Education Officers and Township Education Officers have participated in advocacy workshops.

2.3 Training of Parent Teacher Associations

As Parent Teacher Associations (PTAs) are considered critical links between communities and schools, enhancing the knowledge and skills of PTA members through training workshops was seen as an essential step towards increasing the involvement of parents in SHAPE activities in the community. Due to the large number of SHAPE school communities and PTAs, the permanent core team of Master Trainers provided training to trainers of township teams. SHAPE township level trainers are responsible for training township level cluster heads (a cluster is made up of 5-10 schools within close proximity), and these two groups then train PTA members.

The workshops for township level trainers and cluster heads cover basically the same issues. These include: HIV/AIDS, the effects of a changing society on youth, the SHAPE curriculum, characteristics of a rights-based child-friendly school, community participation and social mobilization, dissemination of health education to the public, community based activities that help develop good health practices, the role of PTAs, how parents can help their children learn, how adults learn, the facilitator’s role in participatory training workshops and future plans.

Each PTA training is a 2 day participatory workshop which uses mostly group work and discussions. 5 members from each school are selected with at least 2 of the 5 members being mothers. These members are active in school activities, support primary education and are able to disseminate information learned into the community. Thus far, 24,635 PTA members have been trained.

3 CRITICAL SUCCESS FACTORS

3.1 Ownership

The ownership of SHAPE by the Ministry of Education is a critical success factor, which is linked directly to the involvement of the DEPT curriculum team in the development of the SHAPE teacher’s guide and student’s book. If the DEPT had not taken ownership of SHAPE, it would not have been accepted it as a co-curricular course and the DEPT would not have been involved in organizing the training and review sessions and contributing to the continuing

evolution of SHAPE - a process which ultimately led to adoption of the SHAPE model for a national subject in the formal curriculum.

3.2 Scaling Up

The SHAPE model has been adopted by the Ministry of Education as the national model. In 1998, after participating in an ASEAN meeting, senior Government officials recognised the need for national coverage of a Life Skills course, to be delivered nationally through all primary and secondary schools. The Ministry of Education was given approximately two weeks to develop the syllabus and teacher's guide for the primary level and the SHAPE teacher's guide was identified as the model. If the Ministry of Education had not taken ownership for SHAPE, they would not have been in a position to adopt it and scale it up so readily. Regrettably, however, two weeks was not enough time to properly develop the material, which is reflected in the quality of the teacher's guide. Nevertheless, the SHAPE program has been adopted for the Life Skills course nationally - a considerable achievement and a giant step towards sustainability.

3.3 The training model

A conscious decision was made to move away from traditional cascade models of training which tend to suffer badly from exponential erosion of quality as the training moves further away from the initial source. Too often the cascade model rely on one-off training and expectations of what can be achieved from this are unrealistic. Instead, the establishment of a permanent core team was seen as critical to ensuring high quality training in the first instance, and to reinforcing quality over time. The core team trained and supported the township level personnel who also formed a team, thus allowing for development of capacities at the local level, while maintaining expert support. While Ministries are often reluctant to dedicate the resources to such as core team, without such a core team, it is unlikely that the program would have been implemented as intended.

3.4 Spiral Effect

The fact that SHAPE is taught in school from the second to the ninth standard means that healthy living, life skills and HIV/AIDS issues are being addressed continually during a child's education. Each year, new issues are introduced, past issues are developed in more detail and basic life skills are being constantly reviewed. This spiral effect provides continuity and repetition, a significant factor in bringing about behavioral change.

Box 4. Sample of Spiral Effect in the SHAPE program

Topic: Emotional Growth

Standard 5: Become Aware of the emotional changes in puberty – tell the need to control our mind

Standard 6: Understand the need to have empathy upon friends and family (the benefits of having good emotion) and its benefits

Standard 7: Tell the quality of good friends, differentiate between good and bad friends, tell how good friends help others, be able to act as a good friend

Standard 8: tell teenagers prefer the company of peers than parents, consequences of premarital sex, unsafe sexual relationships should be avoided during school age

3.5 Teacher Friendly and Student Centered Teaching and Learning Guides

As 50 percent of the primary and secondary school teachers are untrained and nearly all are unfamiliar with participatory teaching approaches, the teacher's guide was developed in such a way as to enable the teacher to learn how to teach while using the guidebook. Each lesson plan is laid out in the same way and includes key information, step by step instructions for teaching, teaching aids, a good explanation of the issue, lesson objectives and the teaching/learning activities.

Box 5. Sample Lesson Plan – Diarrhea

Objective: To enable students to explain the causes of diarrhea

Teaching Aid: Pictures (Latrine, not fly proof, exposed to flies, food swarmed with flies, child eats the food, has stomach ache, frequent loose motions)

Teaching/Learning Activities:

1. Ask the students to look at the pictures in groups and answer the following questions
 - a. What do you see?
 - b. What happened to the child in the pictures? Why?
2. Tell the students that the children in the pictures have a stomach ache, pass loose motions and vomit sometimes. Tell the students this is called diarrhea.
3. Go on to explain that diarrhea is caused by
 - a. Eating food with dirty hands.
 - b. Eating unhygienic food
 - c. Eating food exposed to flies
 - d. Eating un-fresh food
 - e. Drinking unsafe water

The activities in the teacher's guide are aimed at improving critical thinking, questioning skills, and providing an opportunity for discussion. This is a significant change from the current rote learning model being used in classrooms throughout Myanmar. Children are encouraged to discuss in small groups about the various lessons they are learning. Although resources permitted each student to have a book, they are shared between three students in an effort to encourage discussion and group work.

The student books, which accompany the Teacher's Guide, are colorful with age appropriate pictures and text. Most students are able to read the text on their own, which actively involves them in the learning process. For many, this is the only school book they have with pictures. Teachers have reported that the children remind them when it is time for SHAPE lessons as they are so eager to use the materials.

3.6 SHAPE in the Community

An important goal of SHAPE is to encourage children to share what they have learned in the classroom with their parents and other family members at home. Below are a few poignant examples, which illustrate how this is happening throughout the country.

In a small village in Tachileik Township, the third grade class was learning about a child's need for iodized salt. After reading the SHAPE student book and participating in the activities being led by the teacher, one boy went home and told his parents they needed to change the kind of salt they were using or he wouldn't grow up to be as smart as he could be. The parents were very impressed by the boy's commitment to learning and they went to the store to see if iodized salt was available. To their dismay it wasn't, and they felt that was the end of the situation. But apparently it wasn't just one boy who had gone home asking for iodized salt, but most of the class. After the news got around the village about the need for this type of salt, the parents got together to discuss the situation. They then put enough pressure on the shopkeeper for him to change the type of salt he sold in his store and the whole community benefited from the

availability and use of iodized salt. This change in community behavior is a direct result of the implementation of the school based SHAPE program.

A similar situation where there was a change in community behaviour occurred in Magway Township after the children from a small village learned the importance of using safe water and sanitary latrines. Although some of the families already had latrines, not everyone in the community did. After learning the SHAPE lesson at school, the children talked to their parents and explained to them what they had learned. After this information spread throughout the community, they got together and built enough latrines to greatly improve the quality of sanitation in the community.

Although those are two stories about things needing to be changed by a larger group, there are also plenty of examples of where SHAPE has helped change a single behaviour, by taking the school message home to a family member. In Kawkareik Township, after a SHAPE lesson on the importance of brushing one's teeth and how to brush them properly, a grandmother explained that her grandchild came home from school telling her that she was brushing her teeth all wrong and that she wasn't getting them clean at all!

In the same township, there was a marked reduction in the use of beetle nut by middle school students after they learned that it was a drug with addictive properties.

Through these stories and many more, it is apparent that SHAPE is being shared at home and in communities as a result of being taught at school. Teachers are also observing behavioral change at primary school, with children appearing cleaner and washing their hands before they eat and after using the latrine. The teacher friendly and student centered teaching and learning guides and teacher-training workshops are directly related to the behavioral changes described above.

One final heartfelt example of behavioral change was noted in a small village in Kyankin Township where the community was ostracizing a first standard girl whose mother had died of AIDS. When the community heard that information about the disease was being taught at the school, the whole village went to hear the lesson. With the greater understanding and knowledge they now had, they no longer kept this child at a distance, and she was welcomed back into the community with open arms.

4 LESSONS LEARNED

4.1 The Need for More Training

As mentioned previously, 50 percent of the primary and secondary school teachers are untrained with limited or no participatory teaching and learning experience, either as teachers or students. One of the lessons learned was that short, four to six day training workshops, are not sufficient for trainers or teachers to internalize the new information plus the new teaching methodologies. Ideally mobile district support teams would be in place to support teachers who are implementing SHAPE.

It was recognized that the teachers who participated in the early training workshops were not trained as well as they should have been in 1998. To compensate for this, 10,100 teachers from the original 30 SHAPE townships participated in a three-day SHAPE refresher course in 1999 to strengthen their capacity to implement SHAPE.

Although solutions to constraints are sought, there are real challenges. As the HIV/AIDS epidemic spreads, the need to reach as many students as quickly as possible becomes increasingly more urgent. However, for SHAPE to be effective, teachers need to be well trained, which requires an investment of time from the teachers and money to fund the training workshops. In-service training workshops can take place only during school holidays and with a limited number of core trainers able to do the training, there is a dilemma.

Another lesson relates to the logistical requirements, which have a direct affect on the success of a training workshop. The venue needs to be spacious enough for group work to be done easily and quiet enough to enable the participants to hear each other when speaking. There should also be adequate ventilation, light, a blackboard and seating space.

4.2 Importance of Feedback: and Making Adjustments Along the Way

Feedback from the field has played an important role in the ongoing process of developing SHAPE. Annual review meetings and field monitoring are the key mechanisms for obtaining information from the townships concerning the successes and constraints of SHAPE implementation. Held annually since 1998, SHAPE review meetings are attended by Assistant Township Education Officials who represent primary schools, and middle and high school principals, who come to the meetings with feedback from the schools in their respective townships. Parental feedback is gathered during field monitoring. These forums have made it possible for SHAPE to evolve and change in response to feedback. 2001 will see the first review meeting where students participate and tell their side of how they feel SHAPE is working in their schools. To date, approximately 240 people have attended SHAPE review meetings annually.

A major outcome of the first review meeting was a decision to revise the SHAPE training facilitator's manual. The revised manual emphasized the importance of encouraging the trainees to participate more fully during the training. The new manual also provided more opportunities for trainees to practice teach several activities from the SHAPE teacher's guide using participatory methods.

During the first review meeting it was also decided that initiating SHAPE in 30 townships during the first year had been too ambitious. Everyone agreed that the following year it would be initiated in only 20 townships.

During another review meeting, the participants recognized that for SHAPE to go beyond the classroom and into the community, there needed to be greater awareness by parents about SHAPE. In order to meet this need, SHAPE workshops for PTA members were initiated in each of the school communities participating in SHAPE.

The above examples are just a few of many that could be cited to demonstrate how critical the review meetings have been in the ongoing process of developing SHAPE. Other examples include the advocacy meetings for district and state level education officials and the orientation workshops for school principals, both of which were initiated as responses to feedback learned during the review meetings.

Another mechanism for obtaining feedback has been the field visits to SHAPE schools by UNICEF and DEPT staff members. During these visits, discussions take place with teachers,

students and PTA members. Although a rich source of information, they do not provide the same scope as the review meetings as only 3 or 4 townships can be visited during each seven day mission. On average, only 6 trips have been possible per year due to the lengthy monsoon season. In total, 200 SHAPE schools have been visited since 1998.

Ultimately, be flexible - don't stick to your plan too tightly - use the evaluation/feedback process to adjust the program and, expect to make some changes along the way

4.3 Overarching Systemic Constraints

Even if there are good trainers, motivated principals and enthusiastic teachers, there are certain systemic problems within the education system, which affect the quality of SHAPE implementation. These constraints often lead to apathy and frustration on the part of many teachers.

With very low state spending on education, teaching salaries are inadequate and teachers supplement their wage by doing other jobs. In order to make a living some teachers have other jobs such as running small businesses. In a school with only three teachers, one may be present while the other two are absent and working at other jobs. Teachers are also required to fulfill non-educational functions, which require time and cause distraction from their main task of teaching. Yet another result of low state spending is the limited teaching materials (textbooks, teaching aids, exercise books and pencils) available to teachers.

The student teacher ratio is overwhelming with as many as 60 students in a class with one teacher, especially in rural areas. In these cases, it is virtually impossible to use participatory teaching methods, especially if the classroom space is small. In many instances it is difficult to rearrange desks for group work due to overcrowding. On top of large class sizes, roughly one third of the teachers are teaching in multi-grade classrooms, without the skills required for doing so. Under these conditions, taking on something new like teaching SHAPE can be extremely challenging and in some cases too difficult for inexperienced teachers.

Most teachers have found that the support of their Principals is critical for the effective implementation of SHAPE. If a principal does not understand the importance of SHAPE, he or she can not only discourage SHAPE from being taught as part of the school timetable, but also forbid it.

5 SHAPE of the Future

In 2002, the SHAPE program and the Life Skills course will be merged. In effect the SHAPE model has been adopted as the model for national scaling up of skills-based health education (life skills). Discussions are underway and details are still being worked out as to how this will actually happen, but it might mean, for example, that in the 19 townships where SHAPE will be initiated in 2002, the 'SHAPE' package² will be introduced as the 'Life Skills' course package. In another 60 townships or so, there might only be teacher training for selected grades - say grades five through nine - rather than a complete 'Life Skills' package across all grades. As there are fewer teachers and schools at the middle and high level, this approach would be feasible with available human and financial resources.

² The SHAPE package contains: orientation and training workshops for township education officials, principals, teachers and PTA members, establishment of SHAPE Township Committees, and provision

If Life Skills were initiated nationwide following the same core trainers model of training as SHAPE, 5,808 township level trainers and 145,200 teachers would need to be trained - for 60 SHAPE townships, the model required a total of 1,657 township level trainers and 43,652 teachers to be trained. Orientation workshops would also be needed for township education officials and principals.

The cost for initiating SHAPE in an average-sized township is approximately USD 12,000, which covers orientation and training workshops for township education officials, principals, teachers and the provision of teacher's guides, student's books and basic supplies such as newsprint and crayons. At USD12,000 per township, the amount of money needed to implement SHAPE or Life Skills nationwide would be approximately USD 3,168,000. (This amount is calculated on a basis of 264 townships and does not include the 60 townships where SHAPE is currently being implemented.) However, even if there were enough money available, there would still be an enormous challenge to find the human resources and necessary time required for teachers to participate in training workshops. Hence a stage by stage model over time is most likely.

Table 2. Budget Implications of scaling up (in USD)

| | 1997-1998 | 1999 | 2000 | 2001 |
|--|-----------|-----------|-----------|-----------|
| Total Budget | \$334,604 | \$401,903 | \$196,595 | \$142,585 |
| Development and Printing of Teacher and Student Guides | \$97,616 | 134,123 | | |
| Training and monitoring | \$178,017 | \$129,814 | \$99,005 | \$117,685 |
| Supplies | \$58,991 | \$137,966 | \$97,589 | \$24,900 |

5. POSITIVE DEVIANCE – HOPE FOR THE FUTURE

In spite of the challenges, there have been successes. 'Positive deviance' from education officials, principals, teachers, parents and children have made it possible for SHAPE success stories to emerge, not only in one single township but in a number of villages or towns throughout the country.

These SHAPE successes in the community create hope for the future. In the instance where a whole community is now consuming iodized salt as a result of lessons learned from SHAPE or in the community where a child orphaned by AIDS is now recognized as a full fledged member of the village, we can see the significant impact of SHAPE. The ability for one or two people to change their behavior as a result of what they have learned will hopefully affect the behavior of the greater community over time. These examples illustrate the long term impact SHAPE could have if implemented nationwide.

The immediate challenge is to understand what encourages 'positive deviance' (among education official, principal, teacher, parent or child) and to replicate these conditions. Continued motivation and perseverance by SHAPE communities is the hope for the next generation of Myanmar children.