

AN ESSENTIAL PACKAGE OF SCHOOL-BASED INTERVENTIONS IN SOUTHERN AFRICA:

REGIONAL STRATEGY FOR COUNTRY ACTION



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Acronyms

AIDS	Acquired Immuno-Deficiency Syndrome
CIDA	Canadian International Development Assistance
CRC	Convention on the Rights of the Child
DHS	Demographic and Health Surveys
EFA	Education for All
FAO	Food and Agriculture Organisation
FTI	Fast Track Initiative
FBOs	Faith-Based Organisations
FRESH	Focusing Resources on Effective School Health
GER	Gross Enrolment Rate
HIV	Human Immuno-Deficiency Virus
ICCIDD	International Coordinating Committee on Iodine Deficiency Disorders
IDD	Iodine Deficiency Disorders
ITN	Insecticide-treated net
IQ	Intelligence Quotient
MALP	Monitoring Learning Achievement at Lower Primary School Level
MDG	Millennium Development Goals
MICS	Multiple Indicator Cluster Survey
MOU	Memorandum of Understanding
NEPAD	New Partnership for African Development
NER	Net Enrolment Rate
NGOs	Non-Governmental Organisations
OVC	Orphans and Vulnerable Children
SADC	Southern African Development Community
SCN	United Nations System Standing Committee on Nutrition
SSA	Sub-Saharan Africa
UN	United Nations
UNDAF	United Nations Development Assistance Framework
UNDG	United Nations Development Group
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNICEF	United Nations Children's Fund
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session on HIV/AIDS
UNGEI	United Nations Girls Education Initiative
VAM	Vulnerability Analysis and Mapping
WFP	World Food Programme
WHO	World Health Organization

Executive Summary

The Millennium Development Goal 2 and the Education for All objective aim to ensure that by 2015 all children, boys and girls alike, are able to complete a full cycle of good quality primary education. Food for Education programmes can contribute to achieving that goal. Experience has shown that when school meals are offered, enrolment and attendance rates increase, and students' ability to concentrate and learn is dramatically improved.

However, one of the key obstacles to achieving this goal lies in the significant health and nutritional problems that affect school-age children in developing countries, causing low enrolment, absenteeism, early dropout and poor classroom performance. Obviously, school feeding activities alone do not lead to improved nutritional status resulting in improved educational achievement. School feeding has to be one intervention among others designed to improve the health and nutritional status of school children.

The southern African region is characterized by a complex mix of changing contexts. There are both positive and negative political, socio-economic trends. Democratic climates in countries like Botswana and South Africa, are laying the groundwork for sustainable development. A post-conflict country, Angola is busy building structures and relationships for peaceful co-existence. Notwithstanding, there are countries in southern Africa which have to grapple with drought compounded by the HIV and AIDS pandemic. Needless to say, the HIV and AIDS pandemic has negative impact on children as demonstrated by the sky rocketing number of orphans and other vulnerable children. Therefore, the social sectors including education are not being implemented in a stable situation in the region, but in a dynamic, insecure and constantly changing environment.

In spite of the negative forces, only Angola has net enrolment rate (NER) for girls (28%) below the sub-Saharan Africa average (59%) and four countries - Angola (28%), Mozambique (56%), Swaziland (77%) and Zambia (66%) - have girls NER below the developing countries average (80%). Mozambique at 55% has a low proportion of children who reach grade five. Completion of primary schooling is necessary for all children so that they can acquire basic literacy and life skills.

Southern African national governments, with the support of UNICEF, WFP and other partners, have decided to tackle the Millennium Development Goals challenge including education and HIV and AIDS by making available to all school children a package consisting of: early childhood development; basic education; food for education; parasite control; water supply; sanitation; hygiene, health and nutrition education; malaria prevention; life skills training; HIV prevention, care and support; school gardens; and improved stoves in school feeding kitchens.

The proposed combination of interventions, known as an Essential Package of School-Based Interventions for Southern Africa: Regional Strategy for Country Action will be implemented under the ownership and leadership of national governments. It will be part of the Millennium Development Goals and EFA strategies for enhancing partnerships around education between WFP, UNICEF and other United Nations agencies, international and bilateral donors and NGOs. The regional strategy will also serve as a model for possible expansion and replication in other regions. While this document outlines the core interventions on the strategic level, detailed implementation plans will be developed at the regional and country levels.

1. Background

The process of developing a regional strategy on an essential package of core interventions in schools which spanned over eight months, included assessment missions, WFP and UNICEF Representatives' meeting and a regional workshop.

1.1 Assessment missions

The aim of the assessment missions was to identify opportunities for coordinated WFP/UNICEF programming to improve access to education, development, growth, and health of vulnerable children through school based interventions in the six southern Africa countries affected by humanitarian crisis. These countries were Lesotho, Malawi, Zimbabwe, Zambia and Mozambique. Swaziland could not be visited due to time constraints. The missions were undertaken from July to September 2003. The objectives of the missions included the following:

- Identify opportunities for improved integration of activities through enhanced partnerships;
- Identify an essential package of appropriate activities to be provided through support to education programmes;
- Identify country level priorities to be reflected in a regional strategy on an essential package of core interventions in schools;
- Assess the potential for channelling targeted support to vulnerable groups through school based activities;
- Provide a basis for drafting operational plans of action at country level;
- Draw up a regional framework for action in the education sector that includes an outline of the key roles and responsibilities of WFP, UNICEF and other key stakeholders.

In each country, discussions were held with a wide variety of stakeholders including Ministries of Education, Ministries of Health, UNICEF and WFP Country Offices, the world Bank, NGOs, and donors at central level; and through field visits discussions were held with regional government representatives, head teachers and their staff, community members as well as school children themselves. In addition, a wide variety of documentation was reviewed and existing initiatives were taken into account. The mission report recommended an essential package of health and nutrition interventions for implementation in schools to improve the quality of education, which formed the basis for the regional strategy development.

1.2 Meeting of UNICEF/WFP Representatives

In January 2004, UNICEF and WFP Representatives from the Southern Africa region met in Johannesburg. The meeting focused on how the collaboration between UNICEF and WFP could be enhanced. The Representatives agreed on the need to identify concrete interventions for collaborative programming between WFP and UNICEF in Girls' Education, Nutrition, HIV/AIDS and OVC. The meeting conclusions and recommendations included the following:

- The education sector provides an important entry point for collaborative work between the two agencies;
- The assessment mission report should provide a good reference point towards developing inter-agency collaboration around school based interventions, both at country and regional level;
- The meeting endorsed the recommendation for a joint school-based interventions workshop between WFP and UNICEF to be held towards the end of February 2004; and
- The workshop should identify and recommend an essential package of core interventions at school level for consideration at country level, and develop a framework for collaborative action plans between UNICEF and WFP at country level.

1.3 Strategic Framework Development Workshop

At the end of February 2004, a regional workshop brought together Ministries of Education officials, WFP School Feeding Programme focal points and UNICEF Education Programme Officers from 10 Southern African countries (Angola, Botswana, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland, Zambia and Zimbabwe), as well as Tanzania. The objective of the workshop was to identify core elements for an essential package of activities and develop a regional strategic framework for school-based interventions.

The objectives were met through participatory techniques, including focused presentations followed by discussions, sharing of experience of current WFP/UNICEF collaboration at country level and group work to identify core interventions in girls' education, health and nutrition, HIV/AIDS, water and sanitation, child protection, school gardening and life skills.

2. Context and Problem Statement

There is limited access to quality education, retention, performance and completion in Southern African countries. Some of the factors that have affected the provision of quality education in the Southern African countries include the humanitarian crisis, poor school environment, limited educational facilities, poor infrastructure, lack of supportive policy and legislation for free basic education and re-entry policy for teenage girls who dropped out of school due to pregnancy, lack of school grants targeting orphans, absenteeism due to illness, gender based violence and sexual harassment by educators, or other learners, and nutritional problems.

2.1 Humanitarian Crisis

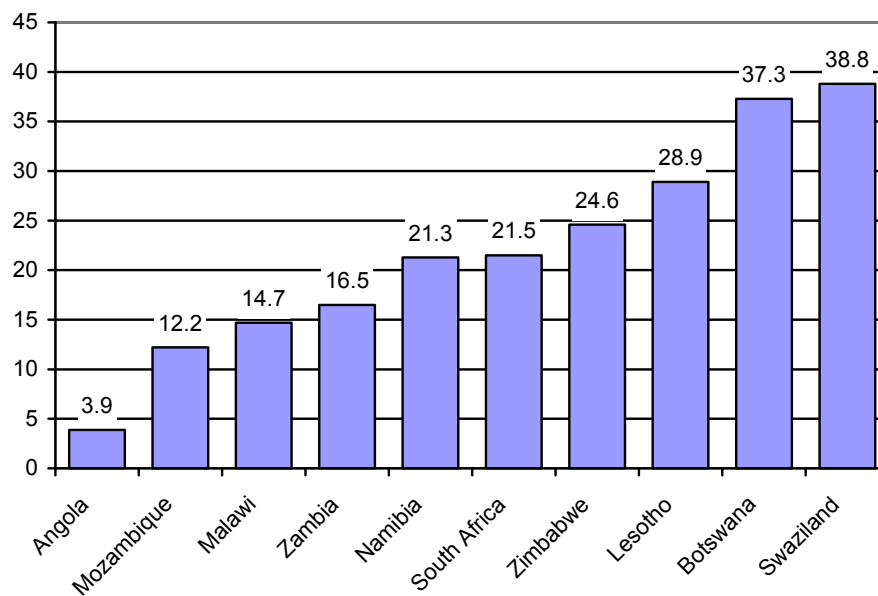
Food insecurity in the southern Africa region is at its worst due to a volatile mix of recurrent drought and floods, disruptions to commercial farming, poor economic performance, weak agricultural and governance policies and depletion of grain reserves. In addition to drought and lost productivity, the region has the highest HIV prevalence rates in the world. The HIV/AIDS epidemic has reduced national resilience to deal with the current food security shocks. The impact of HIV/AIDS is changing family structures, with increasing number of elderly- and child-headed households. The region has the highest recorded number of orphans worldwide which is expected to rise. Coping and care capacities are overburdened with the unprecedented increase in orphaned and vulnerable children. High levels of chronic malnutrition among children under five years of age, which range from 23% in Namibia up to 54% in Malawi, characterize the nutritional situation in the region. Traditional knowledge such as locally adapted agricultural technologies may be gradually lost as working age adults die and are unable to pass on their skills to their children. Increasing vulnerability as measured by asset depletion, poor and limited food consumption is evident in large parts of the region (CHS 2003/4).

2.2 HIV and AIDS

It is well documented that high prevalence and severity of diseases increase food insecurity. Even worse, both factors are interrelated. An analysis of HIV/AIDS and food security in southern Africa (SADC/FANR, 2003) found the following associations between HIV/AIDS and food security:

- Households without active adults had 31% less income than households with active adults;
- Households with two chronically ill adults had 66% less income than households without chronically ill adults;
- Households in Zambia, in which the head of household was chronically ill, planted 53% less than in households without a chronically ill person;
- In Zambia households with a chronically ill adult were 21% more food insecure than those without a chronically ill adult.

Fig.1: Estimated adult HIV prevalence in Southern Africa



Source: UNAIDS, 2003

HIV/AIDS is fuelling the vulnerability seen in the region, by attacking the core of people’s lives and livelihoods. Recent studies indicate dramatically increasing levels of adult and child morbidity and mortality as a consequence of HIV/AIDS. Because of HIV/AIDS, decades of development gains have been lost and efforts to reduce poverty and improve living standards have been severely undermined. Fighting chronic food insecurity is now even more of an uphill struggle when the number of HIV/AIDS orphans is soaring and the number of farmers, rural workers and agricultural extension officers is plummeting. HIV/AIDS is, for the foreseeable future, changing the demographic profiles of entire countries as it ravages the productive generation. And as such it directly impacts families’ and communities’ ability to feed themselves. Figure 1 shows the prevalence of HIV among adults in southern Africa.

2.3 Education

Every child has the right to education and it is vital for children’s futures that they attend school and take full advantage of this right. Schools can provide children with a safe, structured environment, the emotional support and supervision of adults and the opportunity to learn how to interact with other children and develop social networks. Education equips children with skills to lead a better life as they grow up and it can also reduce children’s risk of HIV infection by increasing relevant knowledge, awareness, skills and opportunities.

A complex mix of changing contexts characterizes the southern Africa region. There are both positive and negative political, socio-economic trends. Democratic climates in countries like Botswana and South Africa, are laying the groundwork for sustainable development. A post–conflict country, Angola is busy rebuilding structures and relationships for peaceful co-existence. Notwithstanding, there are countries in southern Africa which have to grapple with drought and floods compounded by the HIV/AIDS pandemic. Needless to say, the HIV/AIDS pandemic has negative impact on children as demonstrated by the sky rocketing number of orphans and other vulnerable children. Therefore, the social sectors including education are not being implemented in a stable situation in the region, but in a dynamic, insecure and constantly changing environment.

In spite of the negative forces, only Angola has a NER for girls (28%) below the sub-Saharan Africa average (59%) and four countries - Angola (28%), Mozambique (56%), Swaziland (77%) and Zambia (66%) - have girls NER below the developing countries average {80%} (table 1). Mozambique at 55% has a low proportion of children who reach grade five. Completion of primary schooling is necessary for all children so that they can acquire basic literacy and life skills. Furthermore, the situation of illiteracy is serious amongst adults. The estimates show that less than one-third (29%) of women know how to read and write in Mozambique followed by less than half (47%) in Malawi. If present trends continue, Zimbabwe, South Africa, Namibia and Botswana have a high chance of achieving all three of the Dakar goals; Lesotho, Malawi and Swaziland are likely to miss at least one goal, while Angola, Mozambique and Zambia are at serious risk of not achieving any of the three goals¹.

Table 1: Key education indicators in targeted countries

Country	Primary education GER, Boys (%)	Primary education GER, Girls (%)	Primary education NER, Boys (%)	Primary education NER, Girls (%)	% of pupils who reach grade 5, Boys	% of pupils who reach grade 5, Girls	Adult literacy rate, age 15+, male (%)	Adult literacy rate, age 15+, female (%)
Angola	80	69	32	28	76	76	--	--
Botswana	103	103	79	83	96	--	75	80
Lesotho	123	125	81	88	89	--	73	94
Malawi	149	143	81	81	79	--	75	47
Mozambique	110	87	63	56	55	32	60	29
Namibia	106	106	76	81	95	--	83	81
South Africa	107	103	89	90	99	--	86	85
Swaziland	103	98	76	77	94	--	81	79
Zambia	81	76	66	66	88	--	85	72
Zimbabwe	100	98	82	83	94	--	93	85
Average SSA	92	80	64	59	83	73	69	53
Average, developing countries	105	96	86	80	89	--	81	66

Source: *The State of the World's Children (UNICEF, 2005)*

The low literacy levels amongst women are a serious handicap for the economic and social development and for efforts to reduce the endemic poverty in the region. Determined, joint efforts by all concerned partners, governments and the international community are therefore urgently needed to reverse the situation. The regional strategy on integrated school-based interventions is a response to this challenge.

2.3.1 Early Childhood Education

Early childhood development is a critical component of programming for education. The issues of underachievement, repetition and high dropout rates are still a major challenge for educators and policy makers. Many of the problems of underachievement at both the primary and secondary levels have been traced to the early years where the foundation for learning is laid. Early learning programmes can make a difference in preparing a solid foundation for learning and in promoting gender equity by providing a good start to girls as well as boys and by promoting positive gender socialization.

¹ Education for All – Is the World on Track? EFA Global Monitoring Report 2002 ; UNESCO, Paris, 2002

2.3.2 School Environment

When primary education is of poor quality, children are not likely to be motivated to complete schooling. Most schools in Southern African countries are characterized by low achievements, particularly among girls; inconducive physical environments; unattractive classrooms; old-fashioned teaching/learning methods; inadequate teaching/learning materials; and absence of teacher support systems that have resulted in poor quality education. The situation is exacerbated by low teacher motivation and moral, and inadequate teacher training.

2.3.3 Adolescent girls

Adolescence is defined as 10-19 years (WHO, 1986). Girls and young women are highly vulnerable to HIV/AIDS, and a lack of education makes them more so. Girls are at greater risk than boys because of gender inequalities in status, power, and access to resources. Greater risk arises from practices that encourage girls to accept older men as partners in preference to their peers (the “sugar daddy” syndrome). Adolescent pregnancy is alarmingly common in the region, and is one of the main causes of school dropout.

In addition to the health and nutritional risks, adolescent pregnancy often jeopardises women’s opportunities for education and training (Miller, 1996). Many schools expel teenage girls when they become pregnant, depriving them of future educational opportunities and making it even more difficult to reach this exceptionally vulnerable group. Demographic and Health Surveys show that the average age of first marriage and first birth are lower where women are also less likely to attend school (Macro International, 1994).

Furthermore from the age of 10 years, girls are at a particularly vulnerable stage as their education is often interrupted by the high demand placed on them to assist in domestic work, as well as early marriage.

2.3.4 Dropout

Enrolment is essential to education access, but remaining in school is equally important for learning. The main reasons for pupil dropout are: the monetary cost of schooling [i.e. school fees and cost of books]; early pregnancy; early marriage; loss of parents; lack of safety in traveling to school; failed the exams and/or had to repeat a grade; children of migrant workers – seasonal work are other reasons for dropping out.

As parents fall sick with AIDS, primary coping measures involve withdrawing children from school to save on school fees, books and uniforms, and children are left to help care for sick family members by taking up adult tasks and income earning. In Mozambique 70% of non-orphans attend school while approximately 32% of double orphans are out of school. In Tanzania, the school attendance rate for non-orphans living with at least one parent is 71% but for double orphans it is only 52% (DHS, 1999). Much of the burden of caring for people living with HIV/AIDS and for orphans falls on women and girls. When illness strikes a family or children are orphaned, very often it is the girls who first drop out of school, care for younger siblings and take on adult tasks. Due to their lower social status, girls and women in many circumstances are more vulnerable to sexual abuse and exploitation than boys and men. Orphaned girls or girls living in HIV affected households are especially vulnerable.

2.4 Nutrition

The main nutritional problems facing the school-age child include stunting, underweight, anaemia and iodine deficiency and, on the basis of information from recent surveys, vitamin A deficiency may also be an important problem in this age group. There have been numerous studies of the factors that may limit school children’s cognitive development and their ability to participate fully in the learning process. In developing countries, these studies have focused on the effects of stunting, wasting, micronutrient deficiencies, short-term hunger and helminth infections.

2.4.1 Underweight

Trends in underweight prevalence are the key consideration, telling us about progress in nutrition itself, and more generally in human development. Available data for the last 15 years indicate that the prevalence of underweight has gone down slightly in the region (SCN, 2004).

The WHO classifications of the prevalence of underweight are: <10%, low prevalence; 10-19%, medium; 20-29%, high and \geq 30%, very high. Table 2 shows that in southern African countries the prevalence of underweight is medium in Swaziland (10%), South Africa (12%), Zimbabwe (13%), Botswana (13%) and Lesotho 18%); high in Malawi (22%), Namibia (24%), Mozambique (24%) and Zambia (28%); and very high in Angola at 31%.

2.4.2 Stunting

Stunting is associated with a long-term inadequate dietary intake, most often closely related to repeated episodes of illness and poor quality diets. Studies indicate that stunting is associated with lower achievement levels in school children. Severe stunting in the first two years of life has been found to be strongly associated with lower test scores in school children aged 8-11 years. In addition, lower test scores were related to later enrolment, increased absenteeism and repetition of school years among stunted children (Mendez, 1999).

A study in the Philippines showed that children, who were stunted earliest in life, before six months of age, were the most severely stunted by age two. The same children scored significantly lower on intelligence tests at 8 and 11 years of age than children who were not stunted (UNICEF, 1998).

Table 2: Relevant Nutrition indicators in targeted countries

Country	% of children <5 under-weight	% of children <5 stunted	% of households consuming iodized salt
Angola	31	45	35
Botswana	13	23	66
Lesotho	18	46	69
Malawi	22	45	49
Mozambique	24	41	62
Namibia	24	24	63
South Africa	12	25	62
Swaziland	10	30	59
Zambia	28	47	77
Zimbabwe	13	27	93

Source: The State of the World's Children (UNICEF, 2005)

WHO has established ranges that can be used to classify populations on the basis of stunting. For children under five years old, a low prevalence of stunting is <20%, whereas 20-29% indicates a medium prevalence, 30-39% a high prevalence, and \geq 40% a very high prevalence (WHO, 1995b). Table 2 shows

that in southern Africa, the prevalence of stunting is medium in Botswana (23%), Namibia (24%), South Africa (25%) and Zimbabwe (27%); is high in Swaziland (30%); and very high in Mozambique (41%), Angola (45%), Malawi (45%), Lesotho (46%), and Zambia (47%).

2.4.3 Iodine deficiency

Iodine deficiency affects an estimated 1.6 billion people worldwide and an estimated 60 million school-age children. The consequences of iodine deficiency include severe mental retardation, goitre, hypothyroidism, abortion, stillbirths and low birth weight and mild forms of motor and cognitive deficits. Adolescent girls are an important target group for intervention due to their risk of pregnancy and the adverse consequences of iodine deficiency on foetal development.

School-age children are often the target population of iodine deficiency disorders (IDD) assessments because of their physiological vulnerability and their accessibility. Observational studies carried out over the past 30 years (reviewed by the Partnership for Child Development, 1996), have found that school-age children living in iodine-deficient areas have lower IQs and poorer cognitive and motor function than school-age children living in iodine-sufficient areas. Research has also shown that concurrent iodine deficiency reduces cognitive performance in school children (Huda, 1999) A meta-analysis of 18 studies on a total of 2,214 subjects showed that mean cognitive and psychomotor performance scores were 13.5 IQ points lower in iodine deficient individuals (Bleichrodt, 1994).

2.4.4 Salt iodization

In 1990, Heads of State and Government from more than 70 countries met at the World Summit for Children to set a number of ambitious goals for children, including the goal of eliminating iodine deficiency disorders by the year 2000. Universal iodisation of salt was identified as the permanent and sustainable solution to the global IDD problem. It is now mandatory for manufactured salt to be iodised in most countries.

Much has been achieved in improving the coverage of households with iodised salt. However, there is a wide variation of household consumption of iodised salt in the southern Africa region, which ranges from 35% in Angola to 93% in Zimbabwe (Table 2). Despite these achievements, it is estimated that 32% of southern African school children aged 6-12 years are iodine deficient.

2.4.5 Water, Sanitation and Hygiene Education

Safe water, sanitation facilities and hygiene education in schools have a profound impact on the health of children, on learning, the teaching environment, and on girls' education. Promotion of sanitation, hygiene and water programmes in schools is justified because of the potential high risk of disease transmission if facilities are either non-existent, in a poor state of repair or incorrectly used. In addition, studies show that school aged children can provide effective links with their peers (child to child) and the wider community in communicating important hygiene messages as well as promoting improved sanitation.

2.5 Orphans and Vulnerable Children

The AIDS-orphaned child is not just another orphan, but a child who suffers from unique pressures and influences which may lead to depression, hopelessness and psychological trauma later in life. Because the concept of 'orphanhood' is relatively new in African communities where children who have lost parents have customarily been incorporated into extended families, we need to know much more about 'orphanhood' and the material, psychological and social deprivation that accompanies it. We need to know more about AIDS orphans in particular, and how educators can work with social and health workers, sociologists and psychologists, and behavioural scientists and managers to comprehend and address their needs.

Table 3: No. of Orphans in Southern Africa by country

Country	Number of Orphans
Namibia	57,000
Swaziland	65,000
Lesotho	100,000
Angola	110,000
Botswana	120,000
Mozambique	470,000
Malawi	500,000
Zambia	630,000
Zimbabwe	980,000
South Africa	1,100,000

Source: UNAIDS, 2003

Children orphaned by HIV/AIDS face a higher risk of malnutrition and stunting, as seen through sub-national studies of the impact of an adult death on child nutrition. In Tanzania, research shows that the loss of either parent and the death of other adults in the household will worsen a child's height for age and increase stunting. The nutritional survey for Zimbabwe, which weighed and measured nearly 42,000 children shows that a higher percentage of orphans are malnourished than non-orphans. The risk is high that these children will never develop to their full physical and intellectual capacity (Africa's Orphaned Generation, 2003). Table 3 shows the number of orphans in southern Africa by country.

3 Education for All

3.1 Relevant Policy Frameworks and Commitments

State parties recognize the right of the child to education and with a view to achieving this right progressively and on the basis of equal opportunity, they shall in particular: make primary education compulsory and available free to all; take measures to encourage regular attendance at schools and the reduction of drop-out rates- CRC Art. 28 a/e

3.1.1 Dakar Framework for Action

The Millennium Development Goal 2 is *Achieve Universal Primary Education – ensure that all boys and girls complete a full course of primary education by 2015*. This implies creating an environment in schools and in basic education programmes in which children are both able and enabled to learn. Such an environment must be inclusive of children, effective with children, friendly and welcoming to children, healthy and protective for children and gender sensitive (UNESCO, 2000). Education for All represents the commitment of governments and the international community, particularly UNESCO, UNDP, UNICEF, UNFPA, WFP and the World Bank, along with NGOs and bilateral partners, to realize that goal.

The Dakar Framework for Action, adopted at the World Education Forum (Dakar, 2000) to reaffirm the global commitment to EFA, sets six major goals within the context of a global strategy for the reduction of poverty. These include: expanding and improving comprehensive early childhood care and education; ensuring that by 2015 all children have access to and complete free and compulsory primary education of good quality; ensuring that the learning needs of all young people and adults are met through equitable access to appropriate learning and life skills programmes; achieving a 50% improvement in levels of adult

literacy by 2015; eliminating gender disparities in primary and secondary education by 2005 and achieving gender equality in education by 2015; and improving all aspects of the quality of education and ensuring excellence of all so that recognized and measurable learning outcomes are achieved by all.

As noted in the World Declaration on Education for All (Jomtien, 1990) and reaffirmed in Dakar, poor health and nutrition are crucial underlying factors for low school enrolment, absenteeism, poor classroom performance and early school dropouts. In many developing countries, access to school, learning and school performance are compromised due to ill health, hunger and malnutrition, which affect a significant proportion of school-age children.

Parasite infection, malaria, anaemia, micronutrient deficiencies and short-term hunger in school are among the major health and nutrition problems affecting school-age children in developing countries. Addressing health and nutrition is particularly relevant for improving learning and development of girls and other disadvantaged children such as those affected by HIV/AIDS since they are often most malnourished and least healthy.

3.1.2 UNGASS Commitments

Forty eight countries have signed the United Nations General Assembly Special Session on HIV/AIDS/UNGASS 2001 Declaration of commitment related to Children orphaned and made vulnerable by HIV/AIDS, which states that “by 2003 develop (and by 2005 implement) strategies to strengthen government, family and community capacities to provide a supportive environment for orphans and girls and boys infected and affected by HIV/AIDS with counseling, support, schooling and other services to protect children from all kinds of abuse, violence, exploitation, discrimination, trafficking and loss of inheritance (UNGASS Doc para 65)”.

3.1.3 Relevant Declarations on Violence

The Convention of the Rights of the Child contains several provisions that relate to the protection of children against violence. Article 19 contains the general prohibitions that relate to the protection of children against violence and abuse: "States parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child" CRC, Article 19(1). In addition to legislative measures, States should also take other protective measures related to the identification, reporting, referral, investigation, treatment and follow up of instances of child maltreatment (Art 19(2)). Other related provisions within the CRC that deal with specific aspects of violence, abuse and exploitation include: Separation from parents following abuse and neglect (Art. 9) Protection of children from traditional practices (Art 24(3) School discipline without violence (Art 28(2) Protection from sexual exploitation (art 34).

3.2 WFP and UNICEF Contributions to Basic Education

Among the United Nations Development Group (UNDG), UNICEF and WFP are most closely linked as both agencies have a strong field presence, and complementary mandates. Partnership between UNICEF, with expertise in basic education, health and nutrition, water and environmental sanitation, HIV/AIDS prevention and awareness and life skills training; and WFP, with its expertise in food for education, allows for each organisation to exercise its comparative advantage while maximising impact. Strengthened partnership between these two agencies and respective governments provides an opportunity to fulfil the right of every child to education, and to contribute to the implementation of the FRESH (Focusing Resources on Effective School Health) Framework², which seeks to help countries overcome health problems that interfere with teaching and learning.

² The FRESH initiative was launched at the World Education Forum in Dakar (April, 2000) to promote an integrated approach to school health, nutrition and education for the school-age child as a key strategy to achieve EFA.

Both WFP's and UNICEF's aim is to get more vulnerable children, particularly girls into school, ensure that they stay in school and that they are equipped with the basic tools they need to succeed in later life.

To this end, **UNICEF's** assistance to governments includes supporting and sustaining policies, practices and monitoring mechanisms to decrease the number of out of school girls in the region, to promote quality learning and to build capacity for ensuring learning outcomes in literacy, numeracy and life skills. Specifically, UNICEF supports governments:

- To accelerate and increase access for girls and boys to quality basic education, with a particular focus on the MDG and EFA goal of gender parity by 2005;
- To accelerate the implementation and monitoring of girls' education in all countries through the UNGEI and other partnerships;
- To enhance the capacity of countries to programme and monitor gender, sexuality and HIV/AIDS in education initiatives, and take them to scale.
- To advance knowledge, skills and values for education programming related to safety, security and the rights of children in and out of school.
- To strengthen the implementation of Monitoring Learning Achievement at Lower Primary School Level (MALP) mechanisms that focus on literacy, numeracy, life skills education and gender parity.

To ensure the access to education by children orphaned and made vulnerable by HIV/AIDS, UNICEF works towards:

- Advocating for free education and promoting opportunities for vulnerable children
- Target interventions to reduce non-fee costs of education such as subsidies through schools and communities, bursaries and loans, community grants.
- Support the establishment and strengthening of community networks to identify orphans and vulnerable children and provide protection, care and support
- Expand alternatives and flexible access to quality education, including non-formal approaches, flexible instruction hours and acceleration and catch-up programmes
- Support to quality community based early childhood care, education and development programmes for 0-5 year olds
- Support to the expansion of school links with community social services and faith based organizations

WFP works with national governments to increase the role of food for education programmes, including school feeding. Research has shown that school feeding programmes have a significant impact on education. They help get poor children into school, help them stay in school and help them learn while they are there. In some countries, school feeding programmes have doubled enrolment within a year, and produced a 40% improvement in academic performance in just two years. Children who receive a nourishing meal at school stay in school longer, particularly girls. WFP programmes provide take home rations to girls as an incentive for parents to send their daughters to school in areas where there is a disparity between girls and boys enrolment, and encourage daily attendance.

In addition to increasing enrolment and attendance, there are secondary benefits of school feeding. The preparation of meals can be used as a setting for enriched teaching-learning processes in school. Furthermore, school feeding programmes can act as a vehicle to motivate parents to take a more active part in the organization of the school and the community at large.

In many countries, WFP provides orphans food in the form of "take home rations". The school meals attract orphans to class and keep them off the streets, while take-home rations encourage families who are poor that care for orphans to continue doing so. Thus, this type of food aid assistance helps both to improve the orphans' school attendance and to support the families that provide them care and shelter.

4. Rationale for a Regional Framework for Country Action

Educating children is an investment in the future of their communities and country. Above all, it has been proven by independent research that girls and women having completed the primary school cycle can better control their reproductive health and related decisions. This aspect alone is of incommensurable value in southern Africa where population growth and fertility rates are still high.

Strengthened partnerships are potentially one of the most effective strategies available in the drive to help countries achieve the EFA and MDG goals relating to education. Undoubtedly, both UNICEF and WFP stand to gain from enhanced collaboration by capitalising on each other's comparative advantages and complementing each other's efforts. Some of the facilitating factors identified by the workshop participants include the following:

- There is good working relations between the Heads of Agencies in all countries in the region;
- The two agencies share common objectives on girl's education, nutrition and HIV/AIDS;
- A new global MOU between UNICEF and WFP, which reflects the many opportunities for collaboration that exist between the two agencies beyond emergencies, was signed by the respective Executive Directors in July 2005;
- Both Executive Directors are committed to strengthening collaboration between their organizations;
- Implementation of UNDAF including the harmonization of programme cycles facilitates joint programming;
- All Governments in the region are committed to implementing free (but not mandatory) education policies, which still provide opportunities to redress missed opportunities in ensuring access to quality basic education, and in providing all children the opportunity to fully develop their individual capacities. Both UNICEF and WFP fully support this development;
- Donors are supportive of closer collaboration among UN agencies as they recognize that it is only by working together that the UN agencies can maintain coherence and credibility, and accomplish demonstrable and lasting results.

4.1 *Enhancing WFP/UNICEF Partnership*

Throughout 2004, WFP and UNICEF reviewed their joint work with a view to enhancing collaboration between the two organisations. The primary aim was to move ahead on identifying synergies and complementarities in programme delivery through joint programming towards the achievement of common goals and targets. The new global Memorandum of Understanding reflects more accurately the current joint work and provides a framework within which to operate.

The Millennium Development Goal which seeks to achieve universal primary education, states that, "by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling." Both national governments and the international community including UNICEF and WFP have accepted that challenge. UNICEF and WFP seek to contribute to the achievement of the goal by enabling access to and improving the quality of basic education for all school children living in rural areas. This is to be achieved by making available to all these children a package consisting of food for education and complementary inputs of school health, nutrition, water and sanitation, education on HIV/AIDS and basic education support. These areas are the focus of UNICEF's and WFP's programmes and mandate.

In an effort to help national governments reach the EFA goals, WFP and UNICEF have increased collaboration and coordination with other UN Agencies, donors and NGOs. Using UNDAF as a foundation, the strategy outlined in this proposal will more effectively use resources through the harmonization of programmes among UN agencies, specifically targeting the regional and/or country offices of the WFP, UNICEF, FAO, WHO, and UNESCO.

4.2 Southern Africa Regional Strategy

The Southern Africa regional strategy is adapted from the Sahelian Alliance model³ and targets ten southern African countries including Angola, Botswana, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland, Zambia and Zimbabwe⁴. This group of countries shares common characteristics, including unstable weather, crop failures, depleted food reserves, and the highest prevalence of HIV/AIDS. With the exception of South Africa, Botswana and Namibia, major social and economic indicators suggest a region that is acutely poor, and economically stagnant. Job opportunities are few, and unemployment is high.

However, the region began many years ago to improve regional cooperation and focus on cross-cutting issues through the development of regional organizations and institutions such as SADC (Southern Africa Development Community), and more recently NEPAD (New Partnership for African Development). Such networks aim at assisting the region in becoming economically viable. Approaching development through a regional approach furthers regional integration, and allows for leveraging of resources. Such regional cooperation should now also be extended to the education sector in order to accelerate progress on girls' education. A regional network of food for education and school health and nutrition programmes would encourage information-sharing and cross-border cooperation that will outlast donor support, in addition to contributing to the elimination of disparities between countries in the region.

To contribute to the EFA goals, the Governments/WFP/UNICEF model, based on partnership, will expand and strengthen food for education programmes and deliver an essential package of core interventions to every child in the programmes. The package consists of support to basic education, food for education, promotion of girls' education, systematic deworming, provision of potable water and separate latrines for boys and girls at school, health/nutrition/hygiene education, micronutrient supplementation/fortification, education on HIV/AIDS, psychosocial support, prevention of malaria through insecticide-treated nets (ITNs), school gardens and fuel-efficient stoves for preparation of school meals. In addition to the educational benefits for each child, the implementation of this package will serve to enhance the quality and equity of education overall.

Additionally, the proposed southern Africa regional strategy comes into step with the World Bank supported EFA Fast Track Initiative (FTI), launched in June 2002, which offers donor financing to support universal primary education within selected countries. Mozambique and Zambia are included in the first group of 18 developing countries to benefit from the FTI.

Given the number of partners who share the common goal of EFA and the Millennium Goal on education, this approach requires joint planning and programme implementation, as well as a strong coordination of resources. The leadership of this partnership rests with national governments who have pledged their commitment to the implementation of a regional strategy. Each government will engage its partners, and together develop implementation plans that will maximize impact while addressing important issues such as community involvement and capacity building, as well as defining phase-out strategies.

The strategy puts into place a more harmonised, integrated and results-oriented monitoring and evaluation system at regional and country levels. The system focuses on a results-based framework and includes standardised baseline and evaluation surveys, a strategy for harmonisation of monitoring systems and a strategy for the integration of the WFP-supported satellite-based ARGOS monitoring system.

³ The Sahelian Alliance for Action on School Health and Nutrition comprises of the nine countries in the Sahel viz. Burkina Faso, Cape Verde, Chad, Gambia, Guinea Bissau, Mali, Mauritania, Niger and Senegal.

⁴ WFP supports school based activities in Angola, Lesotho, Malawi, Mozambique, Swaziland, Zambia and Zimbabwe, but not in Botswana, Namibia and South Africa.

5. Proposed Strategy and Course of Action

The proposed strategy encompasses all stakeholders and partners, with special emphasis on governments and NGOs. The different components of the strategy will be integrated and harmonized throughout the implementation stage. The minimum level of collaboration includes agreements on geographical targeted areas and/or technical division of responsibilities.

The implementation framework for the regional strategy for country action should be planned in a carefully phased manner, so as to allow for a progressive expansion of the integrated package of core interventions in schools, taking into account the level of resources involved, administrative and logistics requirements. It therefore targets the rural, food insecure areas and communities in the 10 southern Africa region countries.

5.1 Objectives of Regional Strategy

By 2015, all primary school age children in rural areas of the 10 southern Africa countries will be enrolled in primary school and will benefit from a school feeding programme, including complementary interventions on health, nutrition, protective enabling environment and support to basic education from WFP (where present), UNICEF and their partners.

5.2 Specific Objectives

- 1) To contribute to increasing enrolment of girls and boys through the provision of food for education.
- 2) To contribute to stabilizing attendance, preventing drop-out of girls and boys.
- 3) To improve academic performance of girl and boy students (by relieving short-term hunger through school feeding, improving the quality of education and the health and nutrition of school children.
- 4) To accelerate access to water, hand washing and sanitary facilities in primary schools and to ensure that they are gender sensitive.
- 5) To advocate for effective social policies that ensure a protective enabling environment for children.
- 6) To support schools in providing key basic information on life skills for personal hygiene, sexual and reproductive health, psycho-social support, HIV and AIDS prevention and vocational training.

5.3 Geographical Coverage

The 10 southern African countries are the target for this strategy. Within each country, the governments, in collaboration with their partners, have already identified certain areas as having low enrolment rates, particularly for girls; being food insecure and meeting the vulnerability criteria necessary for the on-going UNICEF and WFP interventions under the regular development activities, emergency, and protracted relief and recovery either in support of the social sector or rural development. The objectives of the WFP VAM (Vulnerability Analysis and Mapping) targeting process are principally: 1) to identify those areas and populations that are most vulnerable to food insecurity and 2) to characterise the food insecurity and vulnerability issues faced in each of these areas.

The vulnerability analysis will be further refined, in close coordination with national authorities and operational partners, so as to meet the specific requirements of this regional initiative vis-à-vis the basic education goals. Selection criteria which will be used to identify intervention areas, include i) gender-specific indicators of enrolment and attendance; ii) gender-specific indicators of educational efficiency such as drop-out, promotion, repetition rates and examinations at the end of the primary school; iii) household food security indicators; iv) average distance of schools from homes of pupils; and v) regional and/or household socio-economic and nutritional indicators.

The process includes a determination as to whether WFP food aid will be an appropriate part of the solution to educational problems and, if so, how best to use it. This strategy will target those areas where Food for Education programmes are recommended, and will therefore have the most impact.

5.4 Core Interventions in Schools

The activities outlined below constitute an essential set of complementary activities that, when implemented simultaneously, will result in a maximum impact on school children. This approach responds to the recommendation of both formal and informal research that suggests that food aid interventions, including food for education, often have greater development impact when and where they are linked to other development assistance. For school feeding programmes to reach their full potential, they should be coordinated with other efforts to facilitate access to schooling and improve its quality. Research also suggests that in order to maximize the benefits of school feeding programmes, priority should be given to their integration into comprehensive school education and health interventions, in particular their combination, when relevant, with intestinal helminth control programmes.

The new WFP/UNICEF MOU includes three technical matrices on HIV and AIDS, Nutrition and Education, which are designed to guide regional and country offices on joint implementation of interventions. The Education matrix includes interventions of the jointly developed essential package. During the joint WFP and UNICEF workshop in February 2004, with government officials' participation, it was noted that the two agencies are collaborating at varying levels.

5.4.1 Gender-Sensitive and Child-Friendly Education

Basic education development requires teacher training, payment of teachers' salaries, provision of school supplies, curriculum development, and classroom construction/rehabilitation. The major responsibility in this area lies with governments who must ensure teachers' salaries, and also work with donors to prioritize education activities. Schools are a potentially vital resource for addressing the broader needs of vulnerable children, children in need of protection, orphans and other children made vulnerable by HIV and AIDS. They can be engaged as community resources providing much needed support and services.

UNICEF collaborates with governments to support activities that ensure quality, equity and relevance of education. This includes:



- Improvement of infrastructure - construction of schools and rehabilitation of classrooms and improvement of management and record keeping in schools.
- Support for curriculum development, training of teachers and provision of school supplies and materials.
- Advocacy for policies that make basic education a national priority; and effective social policies that, ensure a protective enabling environment for children; advocacy for compulsory and free primary education, which offers some of the most promising policy interventions to promote girls' education.
- At community level, UNICEF supports programme communication and public information to encourage families to send their children to school.

WFP's support can complement with food for work activities where appropriate. Aspects of basic education that might benefit from WFP-assisted food aid include: training, on a selective basis, for voluntary teachers and support staff in most deprived communities (food aid can be used to support); increasing access to education (food for work can be used to support food insecure persons in the community with the construction and rehabilitation of schools and school facilities, including water points, latrines, playgrounds, roads from village to school, etc.).

5.4.2 Early Childhood Development

To meet the goal of education for all, both girls and boys must be given a fair chance to benefit from school. Intervening early offers all children the possibility to fully participate in and benefit from educational opportunities. Hence, UNICEF and WFP will advocate for and support expansion of strategies for early learning and primary school transition with a focus on gender socialization.

5.4.3 Getting Orphans into School

Efforts to improve access to education for orphans and other vulnerable children revolve around the importance of education itself. Education for All is a compelling goal for all nations (UNESCO 2000). It improves both the lives of children and the economic and social well being of countries. A child who knows how to read, write and do basic arithmetic has a solid foundation for continued learning throughout life. Education gives children a better chance for a full, healthy and secure life.

Increasing the number of orphans who attend school is one of the highest priorities and greatest challenges to governments, NGOs, donors, agencies and local communities in achieving the goal of Education for All. The major obstacles currently limiting orphans' access to education are: lack of finances; increased family responsibilities; discrimination, stigma and trauma; skepticism about the value of primary education and poor educational quality. Economic hardship and reduced parental care and protection mean that orphans and vulnerable children are likely to lose out on education about how to avoid HIV infection and may be more susceptible to abuse and exploitation than others. UNICEF and WFP should vigorously advocate for political commitment and leadership, participatory planning and inter-sectoral partnership to protect orphans and vulnerable children (OVC), all of which should be founded in a rights-based approach.

To ensure the access to education by children orphaned and made vulnerable by HIV and AIDS, there is need to scale-up governments and UNICEF efforts by;

- Advocating for free and mandatory basic education and promoting opportunities for orphans' and other vulnerable children's access to quality education.
- Targeting interventions to reduce non-fee costs of education through subsidies for schools and communities, bursaries, loans and community grants.
- Supporting the establishment and strengthening of community networks to identify orphans and vulnerable children and provide protection, care and support.
- Expanding alternatives and flexible access to quality education, including non-formal approaches, flexible instruction hours and acceleration and catch-up programmes.
- Supporting quality community based early childhood care, education and development programmes for 0-5 year olds.
- Supporting the expansion of school links with community social services and faith based organizations.

5.4.4 *Health and Nutrition*

A. **Food-for-Education**

Among possible food for education (FFE) interventions are take home rations targeted to girls, orphans and other vulnerable children who attend school regularly, in-school meals or snacks to reduce short-term hunger along with associated cognitive impediments, and food for work targeted to teachers or parents engaged in activities to improve schooling outcomes. Food for education also serves as an excellent platform for interventions that improve schools and keep children healthy. WFP works with governments to support school FFE programmes in rural food insecure areas. In those targeted areas, WFP secures food supplies and transport, and work with governments and other partners to ensure delivery and distribution. Food for Education programmes can:

- Alleviate short-term hunger in malnourished or otherwise well-nourished school children. Doing so helps to increase attention and concentration of students producing a gain in cognitive function and learning.
- Motivate parents to enroll their children in school and have them attend more regularly. When school feeding effectively reduces absenteeism and increases the duration of schooling, educational outcomes (performance, gender gaps, dropout, and repetition) improve.
- Increase community involvement in schools, particularly where programmes depend on the community for preparing and serving meals to children. Schools with their communities behind them are more effective than those with less community involvement.
- Increase enrolment and retention of children orphaned and made vulnerable by HIV and AIDS.
- Ease the burden of hosting families of OVC by contributing to household access to food through take home rations.
- Reduce gender gap in enrolment through provision of take home rations.



TNT Volunteer Programme

The School Feeding Service Unit in WFP-Rome is involved in a campaign to expand and improve food for education activities worldwide. One aspect of the global campaign is to increase private sector involvement in school feeding. In 2002, WFP developed a new partnership with TNT, a logistics, package delivery and mail service company, based in the Netherlands. TNT has approximately 148,000 employees and works in some 60 countries to provide services in more than 200 countries.

One of the main objectives of the volunteers is to assist the schools in meeting the WFP standards for participation in the school feeding programme. Immediate benefits are gained through improvements in infrastructure, uninterrupted school feeding in all seasons, and improved conditions for the kitchen crew.

In Malawi, the TNT volunteers' activities include supplying school kitchens with iron roofs; construction of food storage facilities; provision of fuel-efficient stoves; supplying schools with materials to implement school gardens; and provision of spoons to ensure that children do not use pencils to eat their school meals.

B. De-worming and Micronutrient Supplementation

Systematic deworming. Intestinal parasitic helminth infections⁵ are a major public health problem throughout the world. Global prevalence of infection in school-age children are estimated at: roundworm 35%, whipworm 25% and hookworm 26% (PCD, 1997). School-age children are the most heavily infected group for many helminths infections, both in terms of prevalence and intensity of infection. Helminth infections (particularly hookworm) have been shown to cause iron deficiency anaemia (IDA), reduce growth and may negatively affect cognition (Stoltzfus, 1997b). When these consequences of infection are taken into account, parasitic helminths are estimated to account for over 12% of the total disease burden in children aged 5 to 14 years making this the single largest contributor to the disease burden of this group (World Bank, 1993).

A child that is regularly receives deworming medication is more active in school, grows and learns better, and is more resistant to other infections. Deworming tablets cost only a few cents a dose, and trained teachers can easily and safely distribute them.

WFP has collaborated with governments, WHO, the World Bank, and the Canadian International Development Assistance (CIDA) to implement de-worming (and related hygiene education) in WFP-assisted schools. WHO links to the Ministries of Health to conduct studies to determine the types of parasites and appropriate drugs for controlling them. Governments, with support from WHO, the World Bank and WFP, have trained teams of representatives of each participating WFP country office, Ministry of Health and Ministry of Education in how to plan and carry out a de-worming campaign. The programme was launched in 2001 in sub-Saharan Africa. To date, 33 countries have integrated deworming activities in their school feeding programmes.

In some countries, UNICEF carries out the de-worming campaigns in WFP-assisted schools. WFP's goal is to expand de-worming activities to include all its school-feeding and maternal/child nutrition programmes worldwide (where intestinal parasites are a serious problem).

Micronutrient fortified foods or supplementation. Deficiencies of iron and iodine are among the most harmful types of malnutrition with regard to cognition. Iron deficiency renders children listless, inattentive and uninterested in learning. Research literature suggests a causal link between iron deficiency anaemia and less than optimal behaviour for learning. Poor performance on a wide range of achievement tests among iron deficient children in school has been consistently documented. Iron deficiency weakens the child's immune system, physical development, cognitive ability and school performance and causes fatigue. Meeting the iron and iodine needs of school-age children can translate into better school performance.

Close WFP-UNICEF cooperation with micronutrient fortification exists in a few countries. Given the overlap and clustering of nutrient deficiencies in deficient populations, for example anaemia is more effectively treated with vitamin A and iron supplementation compared to iron supplementation alone, therefore multiple micronutrient supplementation would be a cost-effective strategy to address multiple nutrient deficiencies in the school age population.

Accordingly, through the food for education programme, WFP provides foods fortified with micronutrients to improve the micronutrient status of school children. This is in line with WFP's commitment to provide not only adequate calories but also high quality food. For example, all WFP-supplied salt is fortified with iodine, cooking oil is fortified with vitamin A (and sometimes with vitamin D as well), and corn-soya blend is fortified with a mixture of vitamins and minerals needed for a healthy life.

⁵ Parasitic helminths include the intestinal geohelminths : roundworm (*Ascaris lumbricoides*), whipworm (*Trichuris trichiura*) and Hookworm (*Necator americanus* and *Ancylostoma duodenale*) and the schistosomes *Schistosoma haematobium* (urinary) and *S. mansoni* (intestinal).

C. Potable Water and Sanitary Latrines



In many schools, water and sanitary facilities are absent. The goal is to provide each school with a clean water supply. This could be hand pumps or protected wells as is appropriate. Community participation is solicited whenever possible.

The lack of adequate, separate sanitary facilities in schools is one of the main factors preventing girls from attending school. Hence, each school will be equipped with two separate latrine blocks to ensure separate facilities for boys and girls, and ensure girls' privacy as per the Sphere Standards. The technical choices are made according to local conditions, the total number of school children, and the maintenance potential. Washstands for hand washing are installed near the sanitary blocks.

UNICEF provides supplies and equipment for potable water and latrines including installation cost. Potentially, WFP food for work could be used to support installation and repair of hand pumps and construction of pit latrines.

D. Malaria Prevention

Of preventable medical causes of school absenteeism, it is estimated that malaria accounts for 13-50% school days missed per annum (Trape, 1993; Rogier, 1999). The evidence also suggests that brain insult, as a consequence of cerebral malaria, in early childhood may have an effect on a child's cognitive and learning ability (Snow, 1996). It is estimated that up to 40,000 school age children die of malaria every year in southern Africa. In endemic areas, over 30% of school children are infected with malaria leading to poor student concentration in class.

School-based malaria prevention programmes are a good example of how schools can make a contribution to community health. Children can be important for change in malaria control programmes. Skills based health education can give children the ability to recognize the signs and symptoms of malaria and to recognize the need to seek treatment.

Skills based health education through schools can also help promote a community wide understanding of malaria with particular emphasis on the need for community based control measures such as the use of impregnated bed nets. Schools can serve as a focus for synchronized impregnation of bed nets and distribution. UNICEF will provide the impregnated treated nets (ITNs). WFP will use its network of logistics to distribute the ITNs to schools. UNICEF will also support the skills based health education activities in schools.

5.4.4 Life Skills Education

Life skills relates to *social skills* of learning to live with oneself and with others, *family roles* which relate to understanding one's responsibilities as a member of the family. A third category of skills relates to the defense of one's *rights* while the fourth group is about *survival skills* or making a living. These four categories of life skills are catered for in the following aspects: health, nutrition and hygiene education; HIV and AIDS prevention; school gardens; improved stoves; and Education, Care and Support.

E. Health, Nutrition and Hygiene Education

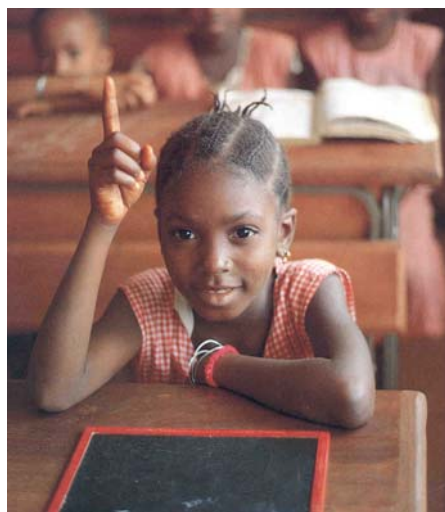
Hygiene promotion is now seen as an intrinsic element of any water and sanitation initiative and, in the context of school health, is now a central focus for school sanitation and hygiene programmes. There is increasing recognition of the importance of promoting safe hygiene behaviour among school children not simply because of its importance in the immediate school environment but also because of the communication opportunities and potential influence on the family and future families.

Health and nutrition education focuses upon the development of knowledge, attitudes, values, and life skills needed to make the most appropriate and positive health-related decisions. UNICEF supports these activities. School feeding lends itself very well to practical lessons on these topics.

F. HIV and AIDS Prevention, Care and Support

AIDS undermines efforts to educate the current generation and robs nations of the benefit of education provided to members of the generation before. Under these circumstances, education systems must respond to the challenges of the negative impacts of HIV and AIDS. But more than this, education systems have an essential role to play in reversing the very pandemic that threatens it.

Preventing HIV infection among children and youth is of paramount importance in stemming the AIDS epidemic. It is generally accepted, therefore, that schools have a key role to play in promoting attitudes and imparting knowledge and skills that will encourage young people to behave in ways that will minimise the risk of infection. However, research in many countries shows that sexual and reproductive health education is most effective when it is taught in schools before children become sexually active and before they have acquired negative attitudes and practices that could put them at risk of contracting HIV. Young people, especially those between 6 and 14 years offer a window of hope in stopping the spread of HIV and AIDS if life skills programmes have reached them. They need support and skills to postpone starting sexual activity. In the absence of a cure, the best way to deal with HIV and AIDS is through prevention by developing and/or changing behaviour and attitudes.



If the young people are to be part of the solution to the HIV/AIDS pandemic, they must urgently be exposed to HIV and AIDS messages and prevention skills. Not only do they need knowledge about HIV and AIDS, but they also need to be equipped with skills to put that knowledge in practice. Because a fairly high percentage of the youth in the region are still in school, particularly in southern Africa, education systems have an essential role to play in providing them with the knowledge and skills needed to reverse the trends. The importance of Life Skills education in the prevention and management of HIV and AIDS cannot be overstated. It helps develop a variety of skills including those of decision making, communication, negotiation, critical thinking, stress management and conflict resolution. It helps in building self-esteem and confidence in the learner and helps boys and girls to learn how to relate to each other.

Schools need to be transformed into places that are “friendly” to AIDS-affected children and young people - more “child seeking”, more “child-caring”, more effective, healthier, and more protective. They must have greater capacity to find, accept, and reintegrate AIDS-affected children; a greater understanding of both their education and their emotional and psycho-social needs; and a more tolerant, caring, and nurturing environment.

An essential component of this is that no child – including AIDS-affected children -- should be excluded from school as a result of the failure to pay for it. The Dakar Framework for Action declared that primary education should be “free and compulsory...free of tuition and other fees, and that everything possible be

done to reduce or eliminate costs such as those for learning materials, uniforms, school meals, and transport...No one should be denied the opportunity to complete a good quality primary education because it is unaffordable”.

A comprehensive approach is required to make this happen. No single or simple strategy will suffice. Governments need to develop relevant policies (guaranteeing the right of AIDS-affected children to education, prohibiting discrimination and harassment); schools and education systems need to provide life skills-based education; and serve as the venue for needed health and nutrition services (school nutrition, trauma counseling).

EFA and the MDG goals for education cannot be achieved without the urgent attention to HIV/AIDS. UNGASS (UN General Assembly Special Session) targets and the MDG for HIV/AIDS, malaria and other diseases cannot be achieved without the active contribution of the education sector. This emphasizes the urgent need for governments to strengthen the education systems’ capacity to maximize the window of opportunity in the fight against HIV/AIDS and to improve the school health and nutrition programmes.

They must be seen as part of the "care response" to AIDS, not only to their pupils, but also in their communities, to AIDS-affected families (households headed by single parents, grandparents, and children themselves), tracking and tracing the lives and well-being of these families, providing peer education and volunteer help to families, etc.

UNICEF will support this activity and may require collaboration with UNAIDS and WHO at the country level. WFP’s food for work could be used to support training activities. WFP and UNICEF will work together with UNFPA to support governments in developing policies and curriculum for primary school education.

G. School Gardens

School-based gardening programmes can be an excellent means of introducing new ideas about gardening and a useful channel for reaching others in the community, as children tend to be more open than adults to the adoption of new ideas. The promotion of school gardens aims at different objectives, including:



- **Educational objectives:** Giving pupils knowledge and skills for better agricultural productivity and sustainable agricultural practices, giving environmental education a sustainable and practical dimension, changing attitudes towards agriculture and rural life, and increasing school attendance;
- **Economic objectives:** Lowering the costs of schooling and school feeding and creating income;
- **Nutritional objectives:** Improving food diversity to combat micronutrient deficiencies among school children and

improving overall food security.

At global level, a new partnership has been forged by governments, FAO and WFP to link school gardens with food for education programmes to build on synergies resulting from the two agencies’ capacities and comparative advantages.

In Mozambique, the **Junior Farmer Field and Life Schools (JFFLS)** is a project coordinated by FAO which provides training to orphans and vulnerable children in agricultural knowledge, life skills, nutrition, health and HIV and AIDS. The orphans also attend schools adjacent to the JFFLS, which are currently included in the WFP-supported day school feeding programme.

In addition, WFP collaborates with FAO on a **school garden** project in the provinces of Gaza, Inhambane and Tete. The objective of this project is to contribute to HIV and AIDS mitigation through providing school students with practical knowledge and skills. These students live in areas that are highly vulnerable due to the impact of food insecurity compounded with HIV and AIDS. The project promotes diversified livelihoods and healthy living through strengthening environmental awareness and garden based learning in primary schools.

H. Improved Stoves

The impact of large-scale school feeding programmes on the environment is of concern to national governments and their partners. Environmental degradation is a leading cause of food insecurity, and



therefore WFP regards environmental interventions in schools as a long-term investment in local food security. Issues such as inefficient wood energy use in school kitchens and lack of appropriate waste disposal, amongst others, affect the children's and teachers' health and cause negative environmental impacts.

These problems can only be alleviated by adopting short- and medium-term measures to increase the efficiency with which these fuels are utilised. Such measures include the installation of energy efficient kitchen stoves in schools for the school feeding programmes and training on their management and maintenance; establishment of wood lots and appropriate waste disposal system in schools. National governments and WFP, together with UN agencies and NGOs, are exploring ways to integrate these activities, as well as to obtain the required technical and financial resources to do so.

of fuel efficient stoves were most appropriate and acceptable. Their input was used to design a fuel efficient stove that was later used in income generating activities for the women.

WFP has already begun supporting governments in the use of fuel efficient stoves in school feeding programmes. For example, in Lesotho women were consulted in what type

5.4.5 *Advocating for Supportive Policies and Legislation*

Governments in the region have made great progress in the last two years in setting out their vision for education for all (through free education policies), and in integrating HIV and AIDS awareness in the school curricula. Governments have also initiated policy dialogue on school health promotion. The opportunity now exists to build on these achievements and develop policies on the specific details of how school health interventions may be operationalized. In this regard, UNICEF and WFP should:

- Advocate for school health programmes that combine school health policies, a safe and secure school environment for both teachers and learners, skills based health education and school health services that explicitly address HIV and AIDS;
- Support the development of policies and practices that favour access to quality education, gender equity supported by schemes and mechanisms that ensure school attendance and effective learning;

- Support programmes aimed at addressing the underlying social, cultural and economic factors that contribute to adolescent sexual activity and childbearing;
- Advocate for legislation that promote girls' education to ensure that girls are enrolled in school and supported to stay in school till completion;
- Encourage family and community support for delayed marriages and childbearing;
- Design and provide sensitive and confidential reproductive health services that respond to young people's particular needs; help them make informed decisions about and negotiate safer sex; and emphasise the prevention of unwanted pregnancy, unsafe abortions and sexually transmitted infections.

5.5 Regional Coordination and Monitoring

The implementation of the strategy will be coordinated, monitored and supported by governments with the support of the Regional Offices in Nairobi (ESARO) and Johannesburg (ODJ). The Regional Offices will support Country Offices in the following ways:

- Assist in developing a monitoring system which will build on existing systems within the Ministries of Education and will use data governments already collect as part of their regular school census and Education for All monitoring. The monitoring system will also build on standardized baseline and evaluation surveys applied in all WFP-assisted school feeding programmes. The plan is to integrate Argos, an innovative satellite-based monitoring system that covers randomly selected schools and supports efficient monitoring in Lesotho, Malawi and Mozambique, in the ministries of education information system.
- Oversee and monitor the implementation of the strategy and evaluate the achievement of objectives. In addition, they will provide an overview that will include activities carried out at the regional level. Country Offices will monitor the implementation of the strategy and prepare reports for implementing partners, donors and external parties.
- Provide backstopping support on the implementation of activities. This includes the facilitation of regional agreements and networks between governments, NGOs, and United Nations partners; and the facilitation of an exchange of experiences through expert panels, country visits, study tours, and the coordination of activities with other regional initiatives such as the World Bank Fast Track Initiative, FRESH, and other education-related flagship programmes. The Regional Offices will also provide support, as needed, to help strengthen national capacities to implement, monitor basic education, school feeding, health and nutrition activities.
- Organise technical meetings with representatives from the Ministries of Education and Health, NGOs and UN agencies involved. The purpose of the meetings will be to review the process of the implementation of the strategy and to move the work forward. Their frequency can be reduced as appropriate during the course of project implementation.
- Organise an annual high-level regional conference to review the implementation process and the strategy's progress. The frequency of those meetings will be subject to change.
- WFP and UNICEF will develop a plan of action, including selection of common indicators for monitoring and evaluation purposes to guide the implementation process.

6. REFERENCES

- Bleichrodt N, Born PM (1994) *A meta-analysis of research on iodine and its relationship to cognitive development. In the Damaged Brain of iodine Deficiency: Neuromotor, Cognitive, Behavioural and Educative Aspects*, ed. Stanbury JB. Port Washington, NY: Cognizant Comm: unications.
- Del Rosso JM and Marek T (1996) *Class Action. Improving School Performance in the Developing World through Better Health and Nutrition*, World Bank: Washington, DC.
- Dreischer AW and Freiburg (2002) *Improving child nutrition and agricultural education through the promotion of School Garden Programs: first draft Concept Note on School Gardens*. FAO: Rome.
- Huda SN, Grantham-McGregor SM, Rahman KM, Tomkins A (1999) *Biochemical hypothyroidism secondary to iodine deficiency is associated with poor school achievement and cognition in Bangladeshi children*. *Journal of Nutrition* 129: 980-987.
- Macro International (1994) *Women's lives and experiences: A decade of research findings from the Demographic and Health Surveys Program*. Calverton, Maryland: Macro International.
- Mendez MA, Adair LS (1999) *Severity and timing of stunting in the first two years of life affect performance on cognitive tests in late childhood*. *Journal of Nutrition* 129: 1555-1562.
- Miller del Rosso J, Marek T (1996) *Class action: Improving school performance in the developing world through better health and nutrition*. Washington, D.C.: World Bank.
- Partnership for Child Development (1996) *Review of school-based health and nutrition interventions*.
- Pollitt E and Mathews R (1998) *Breakfast and cognition: an integrative summary*. *American Journal of Clinical Nutrition* 67, 804S-813S.
- Rogier C et al (1999) *Plasmodium falciparum clinical malaria in Dielmo, a holoendemic area in Senegal: no influence of acquired immunity on initial symptomatology and severity of malaria attacks*. *American Journal of Tropical Medicine and Hygiene* 60:410-420.
- SCN (2004) *5th Report on the World Nutrition Situation: Nutrition for Improved Development Outcomes*. SCN Secretariat: Geneva.
- Snow RW et al (1996) *Estimating mortality, morbidity and disability due to malaria among Africa's non-pregnant population*. *Bulleting of the World Health Organisation* 77: 624-640.
- Demographic and Health Survey (DHS). Tanzania Reproductive and Child Health Survey 1999*. Macro International Inc. Calverton, Maryland, USA 2000.
- Trape JF et al (1993) *Malaria morbidity among children exposed to low seasonal transmission in Dakar, Senegal and its implications for malaria control in Tropical Africa*. *American Journal of Tropical Medicine and Hygiene* 49: 356-369.
- UNESCO (1990) *World Declaration on Education for All: Meeting Basic Needs*. World Conference 1990; Jomtien, Thailand.
- UNESCO (2000) *The Dakar Framework for Action. Education for All: Meeting our Collective Commitments*. Adopted by the World Education Forum, Dakar, Senegal: April 2000.
- UNESCO (2002) *Education for All: Is the World on Track? EFA Global Monitoring*. Paris: UNESCO.
- UNESCO/UNICEF/WHO/World Bank (2000) *Focusing Resources on Effective School Health: a FRESH Start to Enhancing the Quality and Equity of Education*. UNESCO: Paris.
- UNICEF (1998) *The State of the world's Children: Focus on Nutrition*. New York: UNICEF
- UNICEF/UNAIDS (1999) *Children orphaned by AIDS: front-line responses from Eastern and Southern Africa*. UNICEF-ESARO.
- World Bank (2000b) *The World Bank and Girls' Education*. World Bank: Washington, D.C.
- WHO (1986) *Young People's Health – A Challenge for Society*. World Health Organization: Geneva.

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