GlaxoSmithKline & Save the Children: Improving Children's Health in Tajikistan

BACKGROUND Boys and girls in the poorest and most remote regions of Tajikistan have seen substantial improvements to their health, schools and communities through a partnership between GlaxoSmithKline and Save the Children. Focusing on hygiene education, sanitation improvements and community involvement, the collaboration has produced dramatic positive change in children's health status and health behaviors. And the work has established an ongoing process that will sustain the project's impact well into the future.

Since its independence in 1991, Tajikistan has remained the poorest nation in the former Soviet sphere. One-third of the population is under age 15, and children face high rates of mortality due to preventable diseases and malnutrition. Basic education suffers from crumbling school infrastructure, outdated teaching methodologies and fewer skilled teachers.

In 2006, GlaxoSmithKline and Save the Children began a three-year partnership to address key health issues in the Khatlon and Sugd regions of Tajikistan. The goals were to improve the overall health of the children, improve their ability to attend and succeed at school, and create a sustainable, long-term approach to health education that would have influence for generations.

THE PARTNERSHIP

The project in Tajikistan brought together two existing programs: GlaxoSmithKline's **PHASE (Personal Hygiene And Sanitation Education)** curriculum and Save the Children's **School Health and Nutrition (SHN)** program. PHASE is a hand-washing and hygiene behavior change program currently reaching children in 10 countries around the world to reduce diarrhea-related diseases linked to poor hygiene. In Tajikistan, this hygiene education was linked with infrastructure improvements and community mobilization to make a marked impact on children's health.

With the support of GlaxoSmithKline, Save the Children integrated PHASE with our School Health and Nutrition (SHN) program that works with schools, communities and parents to deliver school-based health and nutrition services, improve water and sanitation facilities and provide health and nutrition education. The support from GlaxoSmithKline enabled us to strengthen the behavioral component of the existing SHN program — with special emphasis on "doing this at home" — and to expand the program to more schools.

Tajikistani children with a hand-washing stand.

BENEFICIARIES

Over the three-year project, our work reached 100 schools in the Khatlon and Sugd regions, with a total student population of over 40,000.

THE PROJECT

The key elements of the program included:

- **Improving health and hygiene behaviors**. A core element of the program was child-to-child teaching about health and hygiene. Tajikistani children played the key role in customizing the existing PHASE materials for the local audience. Then, one hundred teachers (one for each school) were trained to instruct peer educators using these materials, as well as techniques such as role play, drama, simulations and games. The peer educators, in turn, designed and implemented activities for the children in their schools. Two thousand children in 7th to 10th grades were trained to provide child-to-child learning activities to primary school children on a variety of health promotion topics.

Save the Children

These children have become enthusiastic hand-washers and promoters of hygiene.

- **Upgrading the infrastructure.** To create a strong support system for the new behaviors, hand-washing stands and latrines were designed and distributed to the schools most in need of water and sanitation improvements. Hand-washing stands were installed in 59 schools. Forty-eight latrines were constructed in 24 schools.

Children helped adapt the content and style of PHASE materials to better communicate to Tajikistani children.

- **Mobilizing the community.** Community mobilization was a critical step in Tajikistan. We worked with Village Development Committees (VDCs) to support the PHASE and SHN program by addressing water and sanitation, as well as other health issues affecting children and youth. A total of 30 VDCs designed and implemented behavior change interventions at the community and household level. They also organized funds to ensure that soap is continuously available to the schools and to assist in the placement of hand-washing stands and latrines at the schools. VDC members worked with Save the Children's emergency response team to repair schools, clean canals, and mobilized one community to install a system of central water pipes for drinking water.

MEANINGFUL RESULTS

Baseline and endline surveys in the target districts documented dramatic positive changes in children's health status and health behaviors over the course of the program. Comparison to children in schools not benefiting from the PHASE / SHN program showed that the results were a direct result of this program.

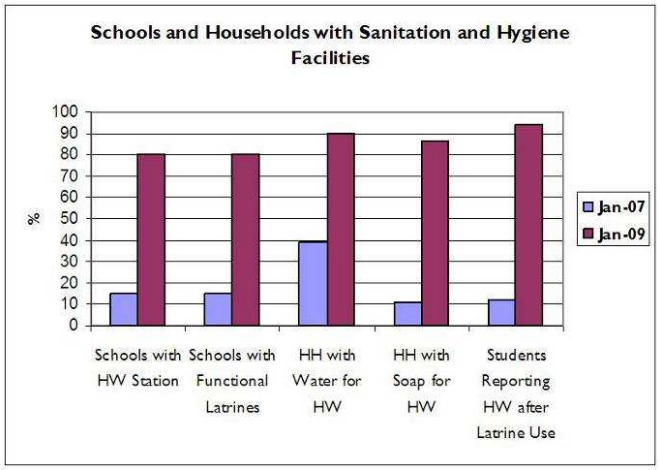
Key health problems were reduced:

	Before	After
Prevalence of diarrhea	37%	11%
Prevalence of pinworm	35%	17%

Positive behaviors increased significantly:

	Before	After
Washing hands after using toilet	12%	94%
Households with soap near toilet	11%	86%

Existence of sanitary infrastructures increased:



LEVERAGING SUPPORT

Save the Children was also able to use funding from GlaxoSmithKline to leverage support from USAID. This additional funding supported training for teachers and community members, construction of improved water and sanitation facilities in schools, and the publication of 12,000 brochures for schoolchildren about hand-washing.

SUSTAINABILITY

To ensure the impact continues beyond the lifetime of this program, activities are being integrated into the existing school system. In all, we trained 1,211 people in behavior change communication (more than 536 teachers and schoolchildren, as well as 375 members of VDCs and 300 active community members). After completion of the project, child-to-child teachers will continue to lead activities and train new peer educators, as older ones graduate and leave school.

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