

HEALTHeXCELS

MODULE 1

Champion Health Management In School



**Southeast Asian Ministers of Education Organization
Regional Center for Educational Innovation and Technology**



Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH

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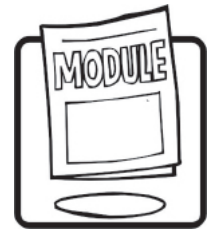
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What Is This Module about?



Look around you. Observe the children in your school. Do they all look active and healthy? How many of them did not go to school today because they are sick? While going around your school, you might have observed that some of your students appear sluggish and sickly. You might also have observed some aspects of the physical school environment that promote health and others that do not. Are there any health and safety hazards in your school and its nearby areas? Does your school have water access and sanitation facilities?

All of these observations have to do with school health, a very important component of your function as a school head. You might be wondering why there is a need for you to get involved in health. You might be feeling that you do not have any background on health and feel ill-equipped in addressing the health needs of your students. Do not worry, for you will not be asked to go beyond what is within your scope of responsibility, because school health is an area that involves the collaboration of two sectors – education and health. As school head, you are not expected to define the appropriate health interventions for diseases that are common among your students. The health sector takes care of that. However, you can play a strategic and vital role in championing health in your school by managing school conditions that can help promote health and prevent diseases. Starting with small steps to make your school a place conducive to learning, you can make a difference and improve the school environment, which will enhance the health of students, teachers and maybe even the entire community. Most probably, national school health policies already exist in your country and you can also play a crucial role in implementing school health programs related to these policies. This course will guide you and support you to start effective school health interventions in your school.

But why should you invest time and resources for planning and implementing school health programs? Why is it important to keep the children in your school healthy?

You are probably aware that healthy children are able to learn better than those suffering from malnutrition and illness, as they are absent from school less often. They are more active in participating in their classes than their less healthy peers, and they are more able to understand their lessons compared to children who are undernourished and less healthy.

Why is there a focus on schools as venues for health programs? In most countries, there are more schools than health clinics and there are also more teachers than doctors and nurses. Because of this, schools provide a great potential for reaching and addressing the needs of school-age children in a more cost-effective manner than the national health system. One can potentially reach a bigger part of the population through schools than through clinics. This is the reason why, historically, schools have been a popular platform for health programs. But that does not mean that schools should replace the national health system nor should interventions focus only on treatment (e.g., deworming of children). Schools can promote health and prevent disease by providing healthy learning environments.

The school is a setting where one can influence factors that affect health. Children spend most of their time in school and they are at an age where they are still open to behavior change. A school head can, therefore, help in improving children's health by making sure that the school has a healthy environment and that the children practice healthy behaviors. All of these can be achieved by planning and managing school health programs that seek to address these goals.

As a school head, you are not expected to plan and manage school health programs that are complicated and difficult to implement. You can, however, introduce simple and cost-effective measures that can help make your school a healthy and supportive learning environment. To be effective, you should be able to tap available human resources around you: the school's faculty, staff, students, parents, community members, and other stakeholders. This is where your role as the leader of your school, and thus, the leader of its health programs, comes in. With the inputs of your faculty and other stakeholders, and in accordance with national and local health policies, you can provide the vision and direction for your school's health program. You will also have a lead role in planning and implementing your health initiatives. In addition, by virtue of your position as school head, you will be the most effective lead person in establishing networks and in bringing in other stakeholders into your school community so that they will be active and supportive members.

Most likely, you are already pondering on these questions, “How will I go about this mission? How can I be an effective leader of health initiatives? How can I effectively manage school health programs?”

If you already have the answers to these questions, congratulations! If not, do not worry. SEAMEO INNOTECH, in partnership with the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH, has developed this flexible learning course, *Health Management Excellence For School Heads of Southeast Asia* or *HEALTHeXCELS*, in response to the United Nations’ Millennium Development Goals highlighting priority areas like child health and hygiene, education, water and sanitation. It is specifically designed for school heads like you, who are interested in improving their school as a healthy setting conducive to learning for its students, faculty, staff, and its immediate community, by effectively managing and implementing school-based health programs.

This course consists of two self-instructional modules. The module you are presently studying, Module 1, is titled *Champion Health Management In School* while Module 2 is titled *Manage School Health Programs*. Going through the two modules will equip you with the necessary competencies for creating a healthy environment in your school that would enable your students to learn.

Let us start by exploring Module 1. The aim of this first module is to help you appreciate why health management is important for you as a school head. It will familiarize you with important concepts, frameworks and approaches in school health program management that will aid you in achieving this goal. The focus will be on the framework “Focusing Resources on Effective School Health” more popularly known as the FRESH framework. Aside from this, the first module will also enable you to look into your role as a school head who can champion health in your school. It will also allow you to assess your own capacities in championing health through the fulfillment of your different roles as a school leader and manager.



What Will You Learn?

Upon completion of this module, you are expected to have equipped yourself with essential knowledge to champion effective management of school health programs. Specifically, you should be able to:

- Analyze the relationship between health and effective learning.
- Explain the social determinants of health and their implications on school health programs.
- Identify the elements of health- promoting schools.
- Analyze your role as a school manager and leader when it comes to improvement of health and education outcomes.
- Identify your strengths and areas for improvement in championing health in your school. To help you achieve these objectives, this module has been divided into two lessons.

Lesson 1. Connecting Health and Effective Learning

Lesson 2. Your Role in Managing School Health Programs

In *Lesson 1*, you will learn why it is important for you, the school head, to have an appreciation of how health affects learning. Specifically, you will become familiar with how common illnesses and malnutrition in school-age children affect their ability to learn. You will also learn about the social factors that affect the health and well-being of your school children (What makes them sick? What keeps them healthy?). You will also become familiar with two school health frameworks: HPS (Health-Promoting School) and FRESH (Focusing Resources on Effective School Health).

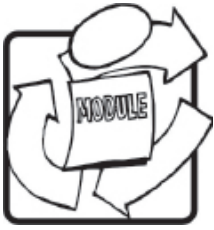
In *Lesson 2*, you will learn more about your role as a school manager and leader responsible for promoting the health of students. In doing so, this may help you identify your strengths and areas for improvement as a champion of health in schools.

Generally, each lesson in this module can be completed in about four hours. You can complete the two lessons of this module in eight hours if you really sit down and work consistently on it. However, it would also be good if you take short 10 to 15-minute breaks in between lessons to rest your mind and reflect on what you have learned.

Each lesson includes activities, short tasks and quick assessments for you to accomplish individually at your own time and pace. However, you may share and discuss your ideas with your co-learners and Flexible Learning Tutor. It is very important that you work consistently on the specified learning activities so that you will be able to assess how much you have learned, as well as monitor your professional development during this course.

For this purpose, you will need materials such as pens, pencils, highlighters, and supplementary sheets of blank writing paper for some of the exercises, activities, and learning tasks contained in this module. Most importantly, ensure that you have all these essential writing materials on your study table before you begin working on each lesson.

We hope you'll have an exciting and wonderful time exploring new ideas and skills on school health!



Flow of Instruction

Lesson	Focus	Topics
1. Connecting Health and Effective Learning	<p>Analyzes the relationship between health and effective learning</p> <p>Explores the social determinants of health and their impact on schools</p> <p>Describes current concepts and strategies on school health</p>	<ul style="list-style-type: none"> • Why Health is Important for Effective Learning • The Social Determinants of Health • Health-Promoting School and the Fresh Approach
2. Your Role in Managing School Health Programs	<p>Analyzes the school head's role in managing school health programs</p> <p>Assesses the capacity of the school head in championing health in schools</p>	<ul style="list-style-type: none"> • The Role of the School Head as a School Manager and Leader Responsible for Promoting The Health of Students • Strengths and Areas for Improvements as a Champion of Health in Schools

What Do You Already Know?



Before you begin to study the different topics related to championing health management in school, it will be beneficial for you to find out how much you already know about the content that will be discussed in this module. Read the following questions and write your answers on the lines provided.

1. Why is it important to keep students healthy?

2. What are the social factors or determinants that affect health?

3. How do these determinants affect the health of students in your school?

4. What are health-promoting schools? List the essential elements or qualities of health-promoting schools.

5. What are the four core components of the FRESH (Focusing Resources on Effective School Health) approach? Briefly describe each component.

6. Why is it important for a school head to champion health program in his or her school?

7. What roles should a school head play in school health programs?

Feedback

You may check your answers with those found in the Key to Correction on pages 132-136.



How well did you answer the questions? Your answers may not be worded exactly like mine but as long as your ideas are similar, give yourself a point each. If you got all seven answers correct, congratulations! This implies that you have a good knowledge about the subject matter of this module. You may proceed to study the topics in this module to reinforce what you are already familiar with and gain new insights.

If you missed some of the items, you are encouraged to spend more time going through the particular sections to equip yourself with the knowledge, skills, and competencies related to championing health management in school.

Before you proceed to lesson 1, you are required to complete the self-rating checklist on the following pages.

How Do You Rate Yourself?

Self-Rating Competency Checklist

Directions: The checklist below contains a list of competencies covered in this module. For each competency, there are four possible levels of mastery (I cannot do this yet; I am learning how to do this; I can do this, but I need to learn more and improve; and I can do this very well).



You will use this matrix to rate your level of mastery of each competency prior to studying the module (PRE) and after you complete the module (POST). For each competency, place a check mark (✓) under the appropriate “PRE” column which best describes your mastery level prior to studying the lessons of the module. You will place a check mark (✓) under the appropriate “POST” column when you have completed the module. Comparing your self-ratings on the PRE and POST columns will tell you whether you have improved your competency level or not.

COMPETENCY	I cannot do this yet.		I am learning how to do this.		I can do this, but I need to learn more and improve.		I can do this very well.	
	Pre	Post	Pre	Post	Pre	Post	Pre	Post
1. Explain why health is important for effective learning.								
2. Discuss the social determinants of health.								
3. Identify the elements of health-promoting schools.								
4. Explain the FRESH (Focusing Resources on Effective School Health) approach as a strategy for school health.								

COMPETENCY	I cannot do this yet.		I am learning how to do this.		I can do this, but I need to learn more and improve.		I can do this very well.	
	Pre	Post	Pre	Post	Pre	Post	Pre	Post
5. Discuss your role as a school manager and leader in making the school a healthy place conducive to learning.								
6. Identify your strengths and areas for improvement as a school head in managing healthy conditions in schools.								

How did you fare? Which competencies do you need to develop further? Keep them in mind as you study this module.

You may now begin with the lesson.

LESSON**1**

Connecting Health and Effective Learning



What Is This Lesson about?

“When children are hobbled by poor nutrition and ill health, their weakened condition reduces their learning capacity and forces them to end their school careers prematurely or keeps them out of school altogether.”

~ David de Ferranti, Director, Human Development Department, The World Bank, 1996

The statement above was written by David de Ferranti in the foreword to the World Bank Report, *Class Action: Improving School Performance in the Developing World Through Better Health and Nutrition*.

Do you agree with Mr. de Ferranti’s statement? Is this observation also true in your country? Are there students in your school who perform poorly in class because of poor nutrition and ill health?

You probably agree with Mr. de Ferranti’s statement. Most likely, you do observe in your own school that some of your students perform poorly in class because of poor health. You might also have detected that health issues are a common reason why they are absent from their classes. As the school head, you probably want to do something to help address this problem.

In this lesson, we will explore more deeply the relationship between health and learning. We will discuss why health is important for effective learning. We will also tackle some important concepts related to the social determinants of health and explore how these factors can be addressed in schools using the settings approach. Specifically, we will examine how improving the school environment can help promote the health of your students. In the last section of this lesson, we will focus on current trends in school health and explore how these could be applied in your school.

What Will You Learn?

After studying this lesson, you should be able to:

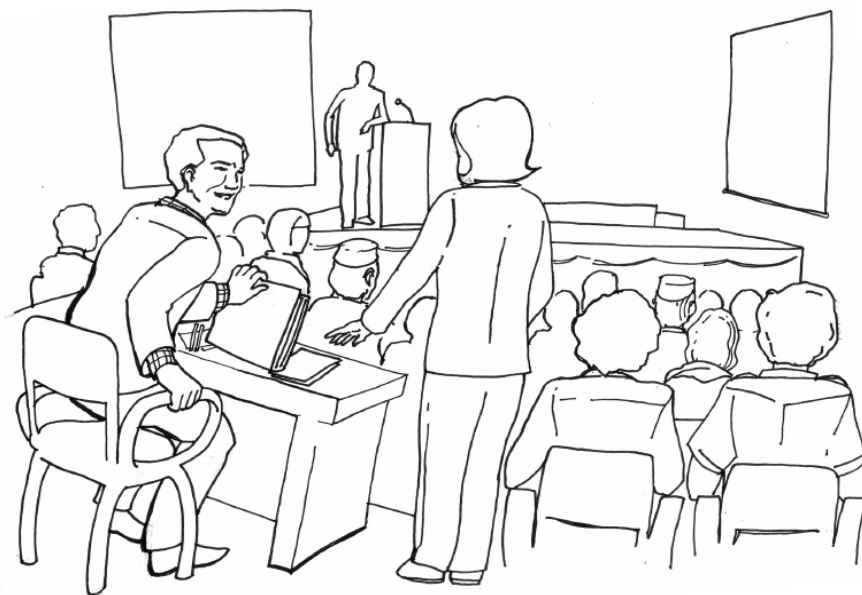
- Analyze the relationship between health and education and the critical role of school health for effective learning.
- Explain the social determinants of health and their implications on school health programs.
- Explain current frameworks in school health and their possible application in your school.



Let's Try This (Activity 1.1)

Mr. Phan is a school head in a primary school in a rural community. His school has around 600 students, mostly children of poor farmers in the area. His school is among those that received low ratings in a recently conducted achievement test in their district.

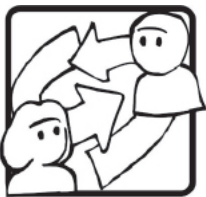
Mr. Phan was recently sent as a participant to a regional workshop on health and learning to better understand possible links between poor performance of students in schools and their health conditions. In this workshop, it was discussed that poor nutrition and illness are among the major reasons why students perform poorly in school.



In the first breakout session during the workshop, the facilitator asked the participants to list down the most common health problems affecting students in their school.

Imagine you are also attending this workshop. Write your answers in the spaces provided below. You may wish to ask for inputs from your teachers for this activity.

The most common health problems of students in your school:



Feedback

You may wish to compare your answers with mine below.

Many health problems are experienced by school-age children in Southeast Asia. The following are among the most common:

- Respiratory tract infections
- Diarrhea
- Dental caries
- Worm infection
- Iron deficiency anemia
- Malnutrition
- Malaria
- Vitamin A deficiency
- Dengue

Are these health problems also common in your school? Are there other items in your list that are not mentioned above?

Continue reading to learn more about these illnesses affecting students in Southeast Asia.

Let's Read

Common Health Problems of School Children in Southeast Asia



Health literature presents these data on the most prevalent health problems among school children in Southeast Asia:

- **Diarrhea**

Diarrhea remains the second leading cause of death among children under five globally. Nearly one in five child deaths – about 1.5 million each year – is due to diarrhea. It kills more young children than AIDS, malaria, and measles combined (UNICEF, 2009).

Even if diarrhea infection does not lead to death in school-age children, it contributes to recurring phases of sickness in this age group and to absenteeism.

- **Respiratory Tract Infections**

“Acute respiratory infection, the most common acute infection in school-age children globally, is a significant cause of absenteeism. Research in industrial countries (Cohen & Smith, 1996) finds that flu infection affects attention and reaction time; colds primarily affect hand-eye coordination, as well as reduce the ability to tolerate high levels of noise and other distractions common to the classroom” (Bundy et. al, 2006).

- **Worm Infection**

A study in 2008 shows that 25-35% of school-age children are infected with one or more of the major intestinal worms (Jukes, Drake, & Bundy, 2008). A third of school children in Lao PDR have intestinal worm parasites while 32% of those in Indonesia suffer from soil-transmitted intestinal worm infection (GIZ FIT, 2012).

Worm infections can also contribute to malnutrition through lack of appetite, malabsorption and anemia.

- **Iron Deficiency Anemia**

Some 53% of school children worldwide suffer from iron deficiency anemia (Jukes, Drake, & Bundy, 2008).

- **Vitamin A Deficiency**

Globally, some 250 million preschool children are at risk of vitamin A deficiency, mainly in low and middle-income countries. The largest number of children with this deficiency is in Southeast Asia (Kassaye et. al., 2001).

The same study in 2008 shows that 85 million school-age children experience Vitamin A deficiency which causes impaired immune function, iron metabolism, and blindness in children (Jukes, Drake, & Bundy, 2008).

In Thailand, children with anemia and/or iron deficiency are substantially delayed in language and in general reasoning ability tests (Jukes, Drake, & Bundy, 2008).

- **Malnutrition**

Malnutrition is a factor in stunting (low height for age) and underweight (low weight for age). In a large study on height and weight of rural school children from low income countries, 48-56% were found to be suffering from stunting while 34-62% of them were underweight (Jukes, Drake, & Bundy, 2008).

In a 2008 study, it was found out that 26% of school children aged 6-10 years in the Philippines were underweight and 33% were stunted (Dillon, 2013).

- **Dental Caries**

Nine out of ten 6 to 7-year-old students in Lao PDR, Cambodia, Indonesia, and the Philippines have tooth decay (GIZ FIT, 2013).

• Vector-Borne Diseases

Children are at particular risk from a number of diseases transmitted by mosquitoes, flies, or other insect vectors.

Malaria

The WHO in 2002 found that 2.4 billion people around the world are at risk of contracting this disease and more than 275 million cases are reported every year. Over one million children die of malaria each year (WHO, 2002).

In high risk areas, between 10 and 20% of death cases among school-age children can be attributed to malaria (Jukes, Drake, & Bundy, 2008).

In Southeast Asia, there were about 2 million malaria cases and 2,000 deaths in 2011. Indonesia and Myanmar are two of the countries where over 90% of confirmed cases and deaths occurred in the past 10 years (WHO, 2013).

Dengue

Dengue fever is the most rapidly spreading vector-borne disease globally. Around 50 million cases, mainly children, occur annually in about 100 countries and about 2.5 billion people live in risk areas. The American, Southeast Asian and the Western Pacific regions are the most seriously affected (Simmons, et.al., 2012; WHO, 2012).

Let's Think about This

In your opinion, how can the aforementioned health problems affect students' ability to learn? Write your thoughts in the spaces below:



Share your answers with your co-learners and Flexible Learning Tutor.



Feedback

You may wish to compare your answer with mine below.

Children who do not feel well generally will have difficulty concentrating on their lessons. This will be experienced by the majority of children suffering from toothache because of dental caries. This will also be experienced by students who are feeling weak because of malnutrition, anemia, worm infection, vitamin deficiency, and other health problems. These children will be sicker and will most likely be absent from classes more often. In effect, they will have difficulty performing well academically.

You will learn more about how health is related to education in the next section.



Let's Read

Evidence of the Importance of Health and Nutrition for Education for All

Improving children's health and nutrition contributes to reaching the Education for All (EFA) goals on access, completion, and achievement in primary schools. The following sections explain how diseases affect education outcomes and how good health can contribute to good enrolment, good learning outcomes, and school attendance.

Evidence for Strategic Objective 1: Ensuring that Children are Ready to Learn and Enrol on Time

Some health conditions have effects on school enrolment. For example, low height due to poor nutritional status can influence parents to delay children's enrolment. Some studies in Asia and Africa show that stunted (having low height for age) children enrol in school later than other children.

Other health conditions, like illness and malnutrition in early childhood, can have long-term effects on educational achievements. There are different ways in which these long-term effects can occur. Poorly-nourished children, for example, are less sociable and less likely to interact with their environment. The lack of stimulation from the environment can affect children's mental development. Other diseases that have direct effects on brain development are malaria, iron deficiency, and undernourishment.

Having these conditions in early childhood has a long-term impact on cognitive development throughout adolescence.

Several studies present evidence for the effect of health and nutrition interventions in early life on subsequent cognitive and educational outcomes. An example of these is a study made in Indonesia by Pollitt, Watkins, & Husaini (1997, in Bundy, 2011). The research shows that the provision of short-term supplementary feeding within 18 months of infancy has a positive effect on memory function. Another study in Gambia shows that children who were protected from malaria for three consecutive transmission seasons before age five had improved cognitive performance at ages 17 to 21 and were more likely to persist in school to higher grades. The study also shows that the effect was larger for girls.

Another research shows that weight gain in the first two years of life is an important predictor of schooling outcomes (Martorell, et. al., 2009). According to the authors, it is not child size or growth per se that determines these outcomes, but rather that “growth failure in early childhood should be viewed as a marker of lack of nutrients at the cellular level that has systemic effects on growth and development in general.”

Think about the students in your school. What were the health factors that parents may have considered in deciding if their children were ready to enrol in school?

Evidence for Strategic Objective 2: Keeping Children in School by Enhancing Attendance and Reducing Dropout Rates

Ill-health can cause children to be absent from school. For example, malaria is considered a major cause of school absenteeism according to Jukes, Drake, and Bundy (2008). Its prevention and treatment can have positive effects in education.

This was shown by a study in Sri Lanka where a 3.4% increase in attendance was recorded when children aged 6 to 12 years were given antimalarial pills (cloroquine).

In the Philippines, tooth decay is the highest cause for absenteeism among school children. Other infections such as acute respiratory infections, simple cold or cough, otitis media (a form of ear infection), sore throat, laryngitis, bronchitis or pneumonia, and diarrheal diseases are also common reasons why children are absent from school.

Interventions to address these diseases have shown positive effects in improving children's school attendance. A study cited in Bundy et al. (2008) showed that interventions like giving in-school meals, take-home rations, fortified biscuits, and micronutrient supplementation improved enrolment, attendance, educational achievement, and cognition. Deworming also improved attendance, educational achievement, and cognition.

Improving school sanitation also shows positive effects on educational outcomes. For example, a study done in India by Adukia (2013), a researcher from Harvard University, showed that latrine construction increases enrolment of all students. In addition, enrolment of pubescent-age girls increases substantially after the construction of separate sex-specific toilets and these effects persist at least three years after the construction of such facilities.

Think about your school. What steps similar to those cited by Bundy et.al. have you taken to enhance children's attendance at school by addressing health problems?

Evidence for Strategic Objective 3: Improving Learning at School by Enhancing Cognition and Educational Achievement

Studies show that cognitive abilities are poorer among school-age children who are hungry and those who have malaria, worm infections, or iron deficiency. Preventing these diseases or treating these conditions can improve their potential to learn.

It is important to recognize, however, that while improving health may improve cognition, quality education is also needed to help children exploit this potential. A study from Tanzania, for example, shows that for most children, deworming alone cannot eradicate the cumulative effects of life-long infection nor compensate for years of missed learning opportunities. Deworming does not automatically result in improved cognitive development but it gives children the potential to learn. The children in Tanzania who were treated for worms did not improve their performance on various cognitive tests. However, they did benefit from a teaching session where they were taught how to perform the tests. At the end of the study, their performance on a reasoning task was higher than those who still had worm infections. It was actually similar to the performance of children who began the study without infection. The results suggest that children are more ready to learn after treatment for worm infections. They may even be able to catch up with their uninfected peers. (Bundy, 2011).

Studies illustrate that in general, improving health and nutrition brings the greatest benefits to the poorest and most vulnerable schoolchildren because their families cannot provide these. Greater improvements are seen for children with multiple conditions of ill-health. A study by Simeon, et. al. (1995, in Jukes, Drake, & Bundy, 2008), for example, shows that the greatest benefits of deworming are for children with poor nutritional status and heavy worm loads. Another study by Jukes et al. (2006, in Bundy, 2011) reveals that in many countries where girls are disadvantaged in educational access, malaria prevention helps reduce the enrolment gap between girls and boys. The poorest children also reap the most benefit from health and nutrition interventions. Giving early childhood nutritional supplements also has greater long-term effects on economically disadvantaged children.

Several studies also illustrate that missing breakfast impairs educational performance to a greater degree among children with poor nutritional status. In a study in Jamaica, eating breakfast improved the scores of malnourished children more than adequately nourished children in three cognitive tests of memory and processing speed, and one test of arithmetic. This result echoes the findings of other studies that the effects of various health and nutritional problems on children’s education interact with one another. It also shows that the children who are worst off benefit the most.

Furthermore, a study in Hong Kong also showed that students belonging to schools that promote health gained better life satisfaction and emotional status and had better health and academic performance compared with other students (Lee, Cheng & Leger, 2006).



Let’s Think about This

Think about the students who excelled in your school. What were the factors that influenced their achievement in school? Is health one of these? In what particular way?



Feedback

You might have written that self-motivation, parental support, and teacher support contributed to the success of your high-performing students, but you may also have mentioned good health as an important factor.

As discussed in the previous sections, health and nutrition interventions can make important contributions to educational outcomes and to the goals of Education for All. These interventions can ensure that children are ready to learn and enrol in school on time, attend classes, learn better, and achieve.

The potential scale of the education benefits from school health and nutrition interventions is great. Many of these, especially the ones focusing on prevention, entail small costs but are highly effective in reaching both health and educational outcomes. For example, deworming pills only cost USD 0.05 per child per year. It also only takes USD 0.38 per child per year to provide toothbrush and toothpaste to school-age children and prevent dental caries. A basic washing facility with soap good for group handwashing of 10-15 children can cost less than USD 40 but help prevent diseases such as diarrhea, respiratory infections, and hygiene-deficiency related conditions (GIZ FIT, 2013; GIZ FIT, 2014).

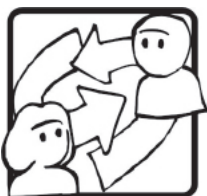
The Dakar Action Framework for Education for All gives us a summary of the role of health in the education of school children:

All young children must be nurtured in safe and caring environments that allow them to become healthy, alert, and secure and able to learn. The past decade has provided more evidence that good quality early childhood care and education, both in families and in more structured programmes, have a positive impact on the survival, growth, development and learning potential of children. Such programmes should be comprehensive, focusing on all of the child's needs and encompassing health, nutrition and hygiene as well as cognitive and psycho-social development (UNESCO 2000).

Let's Think about This

Reflect on the importance of school health in learning and school performance. What analogy can you give to demonstrate the relationship among the three? Write your answer below.





Feedback

You may have thought of a number of analogies that reflect the relationship of school health, learning, and school performance. You may, for example, have likened the connection of the three to a tree.



School health can be compared to the conditions that allow a tree to grow magnificently. Placing the plant in rich soil and providing it with just the right amount of sunlight and water will help it flourish.

You may have compared learning to the leaves of the tree, as this part is crucial for food production, similar to learning as a process of acquiring knowledge, skills, and behavior. Lastly, you may have thought of the fruits of the tree as school performance since these are tangible manifestations that learning has occurred. Example of school performance are receiving high marks, perfect attendance at school, and good concentration in class.

Now that you have reflected on the connection between health and other education outcomes, you might still be wondering why some of your students are less healthy than their classmates? What factors make a child sicker? Let's find out by going to the next section.



Let's Try This (Activity 1.2)

In the next session of the regional workshop for school heads that Mr. Phan attended, the focus was on the factors that influence health, which are also known as the social determinants of health. The objective of this session was to help the participants have a deeper understanding of why some children are more likely than others to suffer from health problems. What makes children sickly? What keeps them healthy?

The session also aimed to help school heads recognize the interrelationships of the biological and social factors that cause a disease. To illustrate this point, let's discuss a common health problem among school children, diarrhea. This is caused by specific viruses and bacteria, which may be transmitted through unclean hands or fecal matter in drinking water. This

means that having clean hands and access to clean water sources can help prevent infections and keep children healthy. However, in a number of communities, poor people living in poor housing conditions often don't have access to clean water sources. Because of this, they are more prone to diseases than people living in areas where clean water is available.

During the group activity, Mrs. Garcia, another school head, was requested to present the case study she prepared. This is what she shared with her co-participants.

Case Study: A Tale of Two Students

Ronaldo is a sixth grade student in a public elementary school in the city. He is twelve years old and the eldest of six children. Ronaldo and his family live in a densely populated slum located near a riverbank. His family lives in a makeshift shanty with no toilet and they would use boiled river water for drinking. The river is also their main source of water for bathing and washing clothes. Almost yearly, his whole family is forced to move to a nearby relocation center (the city sports complex) during the typhoon season because of the risk that the river would swell and flood their home.



Both of Ronaldo's parents attended elementary school but never had a chance to enter high school. Ronaldo's father is a contractual laborer and assists in painting buildings a few days a week. His mother is a full-time housewife, taking care of her six children, the youngest of whom is barely a year old.

Ronaldo is thin, malnourished and sickly. The midwife working at the nearby health station explained to his mother that this was because, as an infant, Ronaldo was fed with canned evaporated milk, a common practice in the slum. Ronaldo's parents could not afford to regularly feed the children three meals a day. If they do get to eat, their usual meal was instant noodles with rice.

Due to their limited access to clean water and a sanitary toilet, Ronaldo's family have poor hygiene practices. With food as their priority, his family cannot afford a regular supply of soap and toothpaste.

Whenever he and his siblings get sick, they rarely go to the health station or see a doctor because his parents think that they will anyhow be unable to afford to buy the prescribed medicines.

Ronaldo is frequently absent from class because of illness. He hopes that he could be more involved in the school's sport activities but is teased because of his frail stature. His grades are low but he dreams of making it to the police academy someday.

In the same city lives Miguel. His father is a lawyer and his mother is a university professor. His house is in a gated middle class neighborhood. Miguel has a sister three years younger than him. Miguel is presently a sixth-grade student in an exclusive private school.



Miguel's mother had regular pre-natal check-ups while she was pregnant with her children. As they grew up, Miguel and his sister completed their immunizations and had their regular health check-ups with the family pediatrician. Their parents make sure that they have three meals and two snacks to eat in a day that consists of healthy and balanced food.

Miguel is clean, well-groomed, and rarely sick. He has been consistently in the school's honor roll and he makes a lot of friends. He is presently running for a position in his school's student government and hopes to be a lawyer like his father someday.

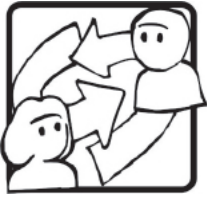
The workshop facilitator then asked the participants this question: "To what major factors could you attribute the difference in the health status of Ronaldo and Miguel?"

Let's Think about This

Imagine that you are one of the school heads in Mrs. Garcia and Mr. Phan's group. What will be your answer to the question of the facilitator? Write your thoughts in the space below.



Share your answers with your co-learners and Flexible Learning Tutor.



Feedback

You may wish to compare your answers with mine below.

Miguel's parents have stable jobs because of their high educational attainment. With their adequate income, they can provide well for their two children. They can afford to build a home in a middle class environment and even send their two children to an exclusive private school. They have access to good health facilities and services. Their children were also trained to have good personal health practices.

On the other hand, Ronaldo's situation is the opposite. Because of the low level of education and limited skills of his parents, they have difficulty getting a regular job. With limited income, they have no choice but to live in a shanty located in one of the poorest neighborhoods in the city. They don't have regular access to health facilities and health services. They have six children to take care of. The children also grew up not having good personal health practices.

In summary, we can attribute the difference in the health status of Ronaldo and Miguel to the following major factors:

1. Differences in their family income
2. Differences in the educational attainment of the parents
3. Differences in their physical environment (e.g., their home and the community they live in)
4. Differences in personal health practices
5. Differences in access to health services and facilities

Do you also see these contrasts among your students? Can you identify other factors that might impact on students' health? Write your ideas on the lines below.

Share your answers with your co-learners and Flexible Learning Tutor.

Let's Study



The Social Determinants of Health

The scenario presented above highlights that a person's overall health is a product of a complex interplay of mutually dependent individual, socio-economic, and environmental factors or *social determinants*.

While people usually associate health with the health sector consisting of hospitals, health clinics, doctors, and dentists, individuals usually enter the health care system only when they are no longer in good health. In reality, health is mainly created in places where people live, work, learn and play.

Whether people stay healthy or become sick is influenced by many factors such as how good their education is, how much they earn, the kind of community they live in and where they work, how accessible health care services are for them, and their personal health habits. These factors, in turn, are shaped by how money, power and resources are distributed at the global, national, and local levels. To illustrate that at a global level, consider that most Southeast Asian countries have less financial resources than western nations. Because of this, the social services (including health and educational benefits) that they can provide for their citizens are not as adequate as what richer countries can give. The table below shows the gross national income (GNI) per capita based on purchasing power parity (PPP) of some countries in the region and their differences (The World Bank Group, 2014).

Name of Country	GNI per capita, PPP in 2012 (in USD)
Cambodia	2,330
Indonesia	4,730
Lao PDR	2,690
Malaysia	16,270
Philippines	4,380
Singapore	60,110
Thailand	9,280
Timor Leste	6,230
Vietnam	3,620

There are also disparities among geographic regions and between urban and rural areas. In every community, differences in income and access to resources can also be observed.



Let's Think about This

Think about the community where your school is located. Think about those people living in better neighborhoods and compare them with those living in shanties in poorer areas. Where do you think are people healthier? And why is that so? Write your thoughts in the space below.



Feedback

Perhaps you answered that in your community, those living in better-off neighborhoods will most likely be healthier than those living in poorer areas. Those in more affluent neighborhoods most likely have stable jobs because they have access to more quality education, and thus can have more comfortable housing. They are also more likely to have healthier personal habits. Of course, there will be exceptions, as some people with better incomes may also have unhealthy habits like smoking and eating unhealthy food.

We will now discuss in more detail how factors such as income, education, physical environment, access to health services, and personal habits and coping skills affect health.

Let's Study

The Impact of Income Level on Health



In Myanmar where the average annual income is USD 1,657, the average life expectancy is 65 years. Meanwhile, in Singapore where the average annual income is USD 49,382, the average life expectancy is 82 years (Gapminder, 2013).

Income and poverty are generally recognized as the most important determinants of health in societies. Wealthy families can acquire better nutrition, education, and health care while working and living in healthier environments. On the other hand, poorer families have to settle with what little they can afford and what the government provides for them.

Poor students are more likely to suffer from poor health or poor nutrition. The most prevalent diseases that affect children and their education are especially present in poor countries and their poorest communities. In fact, 99% of child deaths occur in poor countries. When diseases affect the rich and poor alike, “the poor are most likely to experience disruption to their learning as a result” (Jukes, Drake, & Bundy, 2008). They are hindered by low ability to cope financially, physically, and mentally with the burden of a new disease. A new infection or disease “can push them over the edge,” considering that they already are facing numerous challenges such as pursuing their education “in the face of poverty, delayed development and poor general health” (Jukes, Drake, & Bundy, 2008).

Children spend most of their day in school. Making their school a healthy place will have a positive impact on their health, especially those who come from the most disadvantaged families. In addition, the school offers a platform where basic health services can reach all students and where they can benefit from an enabling environment, regardless of their family background. The provision of a setting where essential health care can be universally accessed improves to the greatest extent the capabilities of the poorest and usually least capable students (Bundy, 2011).



Let's Think about This

Think about the students in your school. By rough estimate, how many seem to belong to low income families and how many are from middle to high income families? How are these numbers affecting your school performance?



Feedback

Your answer depends on the economic conditions of your country and the region where your school is located. If your school is situated in an affluent area, your students most likely come from middle to high income families. You may have observed that a number of them are very healthy, able to attend class regularly, and excel in their subjects. On the other hand, if your school is located near underprivileged communities, most of your students might come from low income families. You may have noticed that some of them are undernourished, appearing stunted and sickly. They may have missed their classes for reasons which might be related to poor health or inadequate family income.

Let's Study

Education as a Social Determinant of Health



Studies show that children of educated parents, especially educated mothers, have lower death rates. Higher educational attainment has also been linked to better health (Lindstrand, Berstrom, & Rosling, 2006). Education not only improves health-seeking behavior, but also employment and income opportunities. Education institutions are also ideal platforms for imparting healthy life skills and habits among school-age children.

An example of using education to promote healthy lifestyle is Myanmar's School-Based Healthy Living and HIV/AIDS Prevention Education (SHAPE) program. The program implemented a life skills curriculum nationwide which aimed to "promote and build the knowledge, competencies, and psychosocial skills that primary schoolchildren need for healthy living, empower them to adopt positive behaviors and make informed decisions that will enable them to deal effectively with the challenges of everyday life, and empower them to protect themselves against HIV/AIDS" (Schools and Health, 2013).

Let's Think about This



Does your school curriculum promote and build knowledge, competencies and skills for healthy living? If so, in what ways? Write your answer in the space below.



Let's Study

Physical Environment as a Health Determinant

The quality of one's physical environment contributes to health. Pollution and hazards in different settings such as homes, schools, communities, and roads can influence a person's physical and psychological well-being. Exposure to infectious agents, vectors (e.g., flies and mosquitoes), and harmful chemicals in the air, water, food and soil also affect the health of people and may cause diseases. For example, the haze which affected Indonesia, Malaysia and Singapore was a great health concern especially in the middle of the year 2013. High Pollution Standard Index readings that reached hazardous levels at times caused the cancellation of classes in several schools in Johor, Kuala Lumpur, Selangor and Malacca, Malaysia, and restriction on outdoor activities in schools and childcare centers in Singapore.

A school's physical environment is a consideration in keeping students healthy. This would mean that its buildings and school grounds have to be free of health and safety hazards, and promote learning. Policies and practices on "food protection, sanitation, safe water supply, healthy air quality, good lighting, and safe playgrounds" have to be in place to ensure this (New Hampshire Department of Education, 2012).

An example of ensuring that the physical environment promotes health is UNICEF's Water, Sanitation and Hygiene (WASH) program. At the Aphyauk Primary School in Myanmar, for example, the program installed separate toilets for boys and girls and a clean water pump for washing on the school grounds. Doing so ensures that the physical environment of the school allows children to wash their hands after using the toilet (UNICEF, 2013).

Another example is the program of the Philippines' Department of Health which encourages communities and schools to inspect their surroundings daily to ensure that there is no stagnant water as part of their program to prevent dengue.

Let's Think about This

Think about your school. What can you possibly do to improve its physical environment and make it a healthier place?



Let's Study

Personal Health Practices and Coping Skills as Health Determinants

People's choices of their diet, exercise and engagement in risky behaviors such as drinking, smoking, and using illegal drugs also affect their health. These decisions, however, can be influenced by their social environment. For example, having parents who drink liquor and/or smoke cigarettes are sending a message to children that it is alright to drink and smoke. Advertising and influence of peers, siblings and significant others also affect the acquisition of unhealthy behavior (Locker, 2009). In addition, the aggressive marketing campaigns of fast food chains in television, radio, print media, and billboards, among others, encourage people, including school children, to crave for highfat meals with high sodium content and to drink sodas that contain a lot of sugar.



The school can help develop healthy practices and coping skills among students through its formal and informal curriculum. This entails integrating health issues and concerns in the lesson plans of the teachers. School practices and regulations such as selling only healthy food in the school canteen, facilitating group handwashing activities before meals, and taking time for students and staff members to clean the school ground implicitly teach children to live healthy lifestyles.

For example, the Essential Health Care Program of the Philippines institutionalizes daily group handwashing and daily toothbrushing group activities in schools to establish the norm for personal hygiene in schools and bring about behavioral changes in individual students and the wider community, with children as change agents.

An example of utilizing the informal curriculum for developing healthy practices is Brunei Darussalam’s provision of guidelines to school canteen operators on serving healthy food and drinks to students. They created healthy recipes for school canteens and implemented traffic light guidelines for selling food and beverages. The traffic light guidelines provide advice on which food and drinks are encouraged to be sold in school canteens. For example, those under the “green choices” can be sold on a daily basis such as sandwiches, eggs, tuna, sardines, vegetables, and fresh fruits. Food classified as “yellow,” such as burgers, chicken nuggets, waffles, buttermilk chicken, and spaghetti, can only be sold twice a week while those under the “red code,” like chewing gum, chocolates, and fried cakes, should not be sold at all (Tanjong, 2013).

School heads and teachers can also contribute greatly to encouraging healthy behavior among their students by being role models themselves. If students see you living a healthy lifestyle (for example, not smoking, washing hands regularly, eating fruits and other nutritious food during snack time instead of junk food, and not drinking sodas), they would most likely follow your example.



Let’s Think about This

Have you and your faculty been models of healthy behavior for your students? What other things can you and your faculty do to encourage healthy practices in your students?

Let's Study

Access to Health Services as a Health Determinant



The access to and use of health services that can prevent and treat diseases are also a determinant affecting health. Factors such as distances people have to travel, availability of public transportation to reach services, time spent waiting to avail of the services, the number and attitude of healthcare workers, and costs are some considerations taken by people in availing of these healthcare services (Consultancy Africa Intelligence, 2013).

As described earlier, the school is an ideal setting where health services can be provided to school-age children through the collaboration between the education and health sectors. Being the place where students and staff go to everyday except on non-school days, schools are perfect for making health services most accessible. Preventive measures such as group handwashing and toothbrushing activities, immunizations and screenings, as well as treatments such as deworming can be done on a broader scale through the schools.

Examples of existing school-based health service include Indonesia's School Immunization Program (Bulan Imunisasi Anak Sekolah or BIAS), which was initiated in 1998 to provide tetanus and diphtheria boosters to students. Another example is Malaysia's Human Papillomavirus (or HPV, the most common sexually transmitted infection) vaccinations to all 13 year old girls. Cambodia's school-based deworming program, on the other hand, allows distribution of deworming tablets to 75% of the total school-age children population. Providing all these health services in schools made availing of them easy for students.

Let's Think about This



1. What types of health services are currently available for students in your school?

2. What other types of health services do you wish to be included in the future?



Let's Try This (Activity 1.3)

During the session on the social determinants of health, Mr. Phan realized that health does not only involve the physical condition of a person. He became more aware that health is affected by both internal and external factors. A participant asked a question during the plenary session: *“In our school, we already teach personal health practices to our students since it is part of the curriculum. We also have plenty of posters on health around the campus. Can I just focus on one social determinant of health instead of focusing on all? Do I have to tackle all of these factors together?”*

Imagine that you are Mr. Phan, what will be your answer to your fellow participant's question?

Feedback

You may compare your answers with mine below.



The other participant's efforts are already good. His school already has some initiatives to address a social determinant of health – students' personal health practices. However, health is affected by a number of factors. The approach to alleviating these social determinants of health cannot be addressed through single interventions such as focusing only on educational campaigns. It has to be addressed with the whole physical and social context in mind. The *settings approach* is a useful concept that can help us influence other social determinants of health.

The settings approach recognizes that people create or solve problems related to health by actively shaping their environment. The term **settings** is being used here as social places where the social determinants of health can be influenced. Examples of settings where health can be fostered are schools, work sites, hospitals, towns, and cities (World Health Organization, 2013).

Using the settings approach, you, as a school head, can influence some factors that affect health within the school.

Let's Try This (Activity 1.4)



The settings approach to health recognizes that school heads like you can influence the determinants of health in the school setting. Based on what you have learned on social determinants of health, try to answer the following questions:

1. As a school head, do you consider your school as a setting where health can be promoted? Why or why not?

2. Can you make its social environment such as the relationships in your school (e.g., between school staff members and students, between the school and parents, and between the school and the wider community, etc.) supportive in the promotion of health? In what way?

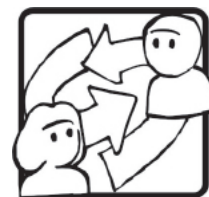
3. Can you make its physical environment healthy and safe for your students and staff? In what way?

4. Is appropriate health education being given to your students? Provide some examples.

5. Can health services that are vital for young school children be made available in your school? Why or why not?

Share your answers with your co-learners and Flexible Learning Tutor.

Feedback



If you answered that your school is a setting where health can be promoted, you are correct. Different actors in the school context can promote health through different ways and also affect the wider community where the school is situated. As the WHO (2013) noted, “schools have various roles and responsibilities in communities which go beyond simply imparting knowledge. Thus, capitalizing on these roles to ensure the creation of a sustainable social health model provides a benefit to the entire community.”

For question number 2, if you are positive that you can make your school’s social environment healthy by influencing your teachers, staff members, and all students to model healthy behavior and support one another, you are correct.



You should have also agreed that you can make the physical environment of the school healthy for your students. You can do this by checking that your school ground is clean and hazard-free. You can also make sure that your school buildings are well-maintained, classroom roofs do not have leaks, students are provided with adequate chairs and tables, and that your school has access to water and has enough toilet facilities for all your pupils.

Aside from these, you can also promote health through education. You may have answered in the exercise that you implement a curriculum on health, which addresses common health concerns of school-age children and which will help them acquire healthy practices in life. You may also have encouraged the teachers at your school to use teaching methodologies, such as class discussions, demonstration and guided practice, and role play, as these encourage students to be actively engaged in learning health.

You might also have answered that your school can provide health services for children. Some of these are nutrition programs, deworming programs, and provision of medical attention whenever needed in the school as may be appropriate.

It is in this context of making schools healthy places, that the WHO developed the concept of “Health-Promoting Schools” as a framework for school health programs. WHO (2013) defines a *health-promoting school* as “a school constantly strengthening its capacity as a healthy setting for living, learning and working.”

We will learn more about “Health-Promoting Schools” in the next section.



Let's Try This (Activity 1.5)

In the regional workshop that School Heads Phan and Garcia attended, the lecturer for the topic “Current Frameworks for School Health” started the session with two questions for the participants: “What comes to your mind when you hear the phrase *health-promoting schools*? What do you think are the essential elements of a health-promoting school?”

Imagine you are also a participant in this workshop. Write your answers to the given questions in the spaces below.

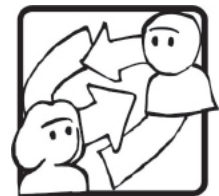
1. What comes to your mind when you hear the phrase “health-promoting schools”?

2. What do you think are the essential elements of a health-promoting school?

Share your answers with your co-learners and Flexible Learning Tutor.

Feedback

You may wish to compare your answers with mine below.



When you hear the phrase *health-promoting school*, you might think of a school that aims to be a healthy setting for its teachers, students, and staff. You may have mentioned that a health-promoting school would have the following essential elements: (1) appropriate health-related school policies (e.g., no junk food and sodas will be sold in the school canteen, teachers are required to immediately report to the principal if there are students who look sickly and may need medical care, children are not allowed to bring sharp objects that can potentially harm other children), (2) a safe and secure physical environment (e.g., having buildings that are structurally sound, having access to water and sanitation facilities, having secure fences/walls around the school grounds), (3) a healthy school social environment (e.g., students and teachers have a good relationship, generally good relationship among students, absence of bullying cases), (4) improved individual health skills and competencies (e.g., health education integrated in the school curriculum, other health skills training like daily practice of handwashing and toothbrushing or first aid provided to teachers and staff and even students), (5) strong links with the community (e.g., have regular activities that foster goodwill to members of the larger community, school includes community members and other stakeholders in decision making when appropriate), and (6) access to health services needed by its students (e.g., if school does not have regular nurses or health personnel, school links with health centers, health practitioners, and other agencies that can help provide health services to its students).

In the succeeding section, we will discuss in more detail these essential elements of health-promoting schools as a current framework for school health.



Let's Read

The Essential Elements of a Health-Promoting School

According to the World Health Organization, there are six essential elements of a health-promoting school (IUHPE, 2009):

1. Health-related school policies

This would include policies that aim to promote a healthy and safe school environment. Examples are policies that help promote healthy food and eating habits, and policies which discourage bullying.

Can you think of other policies that can promote health in your school? Write your ideas in the spaces below.

Some schools, for example, prohibit the sale of junk food and sodas in the school cafeteria. Other schools ban food vendors from entering the school premises.

2. School's physical environment

This refers to the buildings, grounds, and equipment in and surrounding the school. In assessing the school's physical environment, one should take note of building design and location and the provision of natural light and adequate shade. A healthy school physical environment will also have space for physical activity and facilities for learning and healthy eating.

The term also refers to “basic amenities such as maintenance and sanitation practices that prevent transmission of disease; safe drinking water availability; air cleanliness; as well as absence of environmental, biological, or chemical contaminants detrimental to health.”

As a school head, can you think of ways to improve your school’s physical environment? Write your thoughts in the spaces below.

Some schools, for example, build adequate low-cost handwashing facilities for their students to promote good hygiene practices.

3. School’s social environment

This is defined as a “combination of the quality of the relationships among and between staff and students.” Your school’s social environment is also influenced by the school’s relationships with parents and the wider community where it is located.

Can you think of ways in which you can improve the current social environment in your school? Write your thoughts in the spaces below.

Some schools, for example, have regular parent-teacher meetings. Other schools volunteer their grounds for community activities like sports events. Some schools have strict policies against bullying and other forms of violent behavior. Others foster a “friendlier” teaching style where students can be more creative and engaged.

4. Individual health skills and action competencies

This element refers to both the formal and informal curriculum and associated activities that aim to ensure that students gain knowledge, skills, and experiences relevant to their age. This should help them to build competencies in taking action to improve their health and well-being and those of others in their community. This improved health will enhance their learning outcomes. Examples that would fall in this category are the health education subjects taught in schools. Some schools also allow other agencies and organizations to give lectures and trainings to their students on health related topics like basic first aid, nutrition, and healthy living.

Can you think of other examples that could be included in this category? Write your thoughts in the space below.

5. Community links

This refers to “the connections between the school and the students’ families plus the connection between the school and key local groups and individuals.” It should be noted that “appropriate consultation and participation with these stakeholders enhances the HPS (Health-Promoting School) and provides students and staff with a context and support for their actions.”

For example, some schools with a good relationship with key individuals in the community and local groups like religious institutions, youth organizations, and nongovernment agencies can easily get their support for their health-related programs. Some help by giving financial assistance and equipment while others provide technical know-how in the implementation of these health programs.

Does your school have strong links with the families of your students? With what local groups does your school tie up for health purposes? Write your thoughts in the space below.

Can you think of strategies that will help improve your school's relationship with your community? Write your thoughts in the space below.

6. Health services

This refers to “the local and regional school-based or school-linked services”, which have a responsibility for child and adolescent health care and promotion, through the provision of direct services to students (including those with special needs). They include the following:

1. Treatment-based approaches, like mass deworming of school children according to the WHO guidelines
2. Screening and assessment by licensed and qualified practitioners
3. Immunizations against diseases such as diphtheria, polio, and measles
4. Referrals to the local health center

Do students in your school have access to the health services mentioned above? What types of health services are available in your school? What types of services are not available at all?

After learning about the different elements of health-promoting schools, you will have, most likely, a long list of what you could possibly do for your school. And you probably feel that you and members of your school community do not have the necessary time, resources, and manpower to address all these issues at once.

Most school heads are probably aware of this. Even international agencies do recognize this reality, especially in Southeast Asian countries and nations with limited resources. This is one of the reasons why some international agencies involved in school health programs advocated for the use of another framework which focuses school's resources on health initiatives that will give the most benefit to the most number of school children. We will discuss this in more detail in the next section.



Let's Study

The FRESH Approach: An Introduction

Aside from the "Health-Promoting School" concept, another framework being used in the implementation of school health programs is the **FRESH** approach, which stands for **Focusing Resources on Effective School Health**.

This framework was launched at the Education Forum in Senegal in April 2000. This is an interagency initiative by UNESCO, UNICEF, WHO and the World Bank. The FRESH framework is based on the following key realizations: (1) that the "goal of universal education cannot be achieved while the health needs of children and adolescents remain unmet" and

(2) that “a core group of cost-effective activities can and must be implemented across the board to meet those needs and to deliver on the promise of EFA.”

In summary, the FRESH framework has four core components (which are also essential components of the health-promoting school initiative of WHO). These are the following (UNICEF, 2012):

- 1. Health-related policies.** School-based policies should ensure a safe and secure physical environment and a positive psychosocial environment. For example, schools should have policies aimed at addressing issues such as the abuse of students, sexual harassment, school violence, and bullying.
- 2. Safe water and sanitation facilities.** These are the first steps in creating a healthy school environment. It is important, for example, that students have adequate toilet and washing facilities.
- 3. Skills-based health education.** “This approach to health, hygiene and nutrition education focuses on the development of knowledge, attitudes, values, and life skills needed to make and act on the most appropriate and positive decisions concerning health.” For example, school heads can integrate in their courses topics about healthy living, sanitation, proper diet, and first aid.
- 4. School-based health and nutrition services.** “Schools can effectively deliver some health and nutritional services as long as the services are simple, safe and familiar, and address problems that are prevalent and recognized as important in the community.” For example, some schools link with other agencies and groups to provide their students with deworming pills. Others tap local food chains to sponsor feeding programs.

School health programs that address all four components at the same time are more likely to be effective.

Supporting strategies for achieving the above include effective partnerships between the following:

- Education and health sectors
- Teachers and health workers
- Schools and community groups
- Pupils and persons responsible for school health programs

We are now ready to discuss the four core components of the FRESH framework in more detail. Let us always remember that it was developed to focus on health interventions that are feasible to implement even in the most resource-poor schools and in hard-to-reach rural areas.

The discussion below on the FRESH core components and the FRESH supporting activities is based on the UNESCO (2000) document “Focusing Resources on Effective School Health: A FRESH Approach for Achieving Education for All.” We encourage you to read the original document that is part of the required readings for this HEALTHeXCELS course.



Let's Study

FRESH Core Component #1: Health-Related School Policies

The first core component of the FRESH approach is health policies in schools that aim to promote a healthy, safe and secure school environment, guarantee equal rights and opportunities and regulate the provision of health education and health services. These policies will serve as your guide for action necessary to harness the potential of health to improve education outcomes. Examples of such policies are school regulations against bullying and policies on maintaining cleanliness in school.

The process of policy development can also become an awareness-raising and partnership-building activity if you will involve representatives from the different stakeholders in your school (e.g., teachers, students, parents, civil society representatives, and other members of the community). Involving stakeholders allows them to gain a deeper understanding of the policies, school context, and needs. The process also encourages them to help the school in implementing the policies and in making sure that these are being realized by the school. It could persuade your school community to allocate and harness human and financial resources for your efforts to enhance students' educational results.

Let's Think about This



1. Do you have health-related policies in your school at the moment? Cite some of these.

2. What are the challenges in implementing these policies?

3. How can you improve the implementation of these health-related policies?

Feedback



Most likely, you do have existing health-related policies in your school. As a school head, you are in a strategic position to ensure that these policies are implemented. First, you must ensure that your teachers, staff and students, as well as the parents and members of your community are aware of these policies. They should also have a full understanding of why these policies are in place. As school head, you have the responsibility to ensure that these policies are being followed by putting some monitoring mechanisms in place.

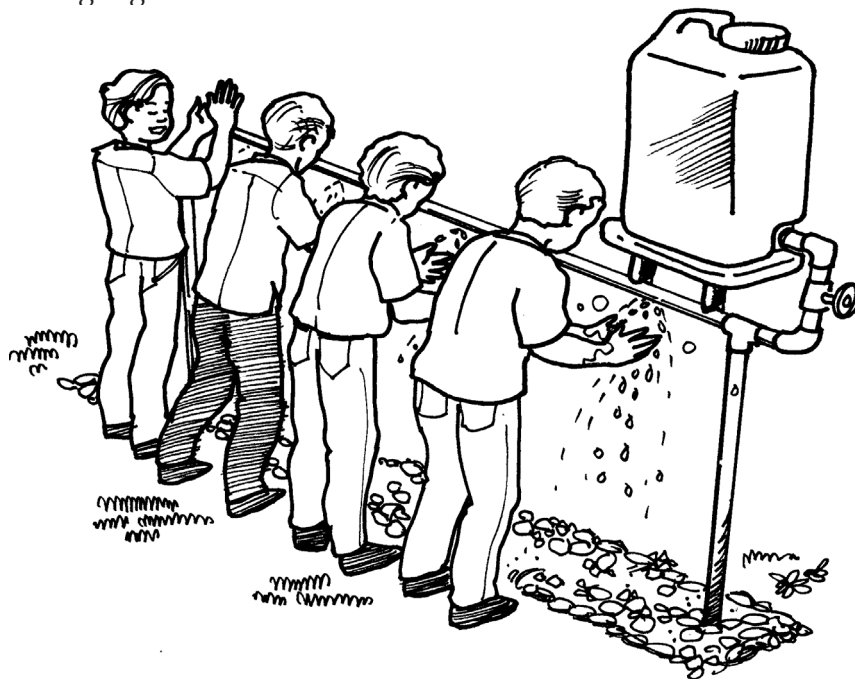
For example, your school might have a policy that aims to encourage students to eat safe and nutritious food. Some of the things that you, as a school head, may do would be to ensure that the school cafeteria provides only safe and nutritious food. You could also prohibit the selling of soda and junk food on your school premises.



Let's Study

FRESH Core Component #2: Safe Water and Sanitation Facilities

It is important to remember that if schools cannot improve the health status of children, they must at least not make it worse. However, this may very well happen if the school's water supply is contaminated with disease-causing organisms or toxic elements.



You are also probably aware that accidents and injuries are known to occur more frequently in schools that are poorly constructed or inadequately maintained. In addition, schools that lack appropriate toilet facilities are almost certainly contributing to the spread of parasites. This harms not only children's health but the health of the community as a whole.

Have you observed that some children are reluctant to attend a school where the school environment is perceived as unwelcoming or threatening? For example, some girls around the age of onset of menses abandon or withdraw from schools that fail to provide separate toilets. This is just one example of how environmental factors influence student participation in education.

Perhaps you, as a school head, realize that the basic first steps in making your school a healthy physical learning environment is the provision of safe water and appropriate sanitation facilities. It must be stressed that policies regarding the construction of these facilities should take into account important issues of gender access and privacy (for example, girls and boys should have separate toilets). In addition, there must be policies on maintenance to ensure that your sanitation facilities are cared for and used properly. By having safe and appropriate sanitation facilities, students are able to practice the health and hygiene messages given in education programs. It will also serve as an example to both students and the wider community. Because of these, other parts of your community may also be encouraged to build sanitation facilities.

Let's Think about This

In your opinion, does your school have adequate sanitation facilities, safe water, and hygiene supplies for your students? If not, what can you do as a school head to address this problem? Write your thoughts in the space below.





Feedback

If your school does not have adequate water supply and sanitation facilities for your students yet, can you mobilize key individuals and local organizations in your community to help you remedy the situation?

For example, some school heads tap the support of local groups to build toilets and handwashing facilities in their school. Some also ask the support of responsible government departments or ministries for health, education, rural development, and infrastructure development.



Let's Study

FRESH Core Component #3: Skills-Based Health Education

Why is skills-based health education needed?

Perhaps you are already teaching about health in your school and are aware that behavioral factors greatly influence health and well-being. You may know that the following continue to be important measures for maintaining and restoring health: vaccinations, medical treatment, and attempts to reduce environmental causes of illness. However, these are not enough.

These measures will not protect people from the harmful effects of unhealthy behavior (e.g., smoking, eating unhealthy food, and engaging in unprotected sexual activity). Our aim is to make everyone, especially the students in your school, play an active role to safeguard their physical and emotional health. However, to achieve this aim, they will need more than just knowledge. They need life-promoting attitudes, values and beliefs, and specific cognitive and behavioral skills. This is where skills-based health education becomes relevant.

What can skills-based health education do for your students?

If you provide skills-based health education in your school, it will help your students acquire communication, negotiation and refusal skills; think critically; solve problems; and make independent decisions. It will also contribute to the development of attitudes and values that promote respect for oneself and for others, tolerance of individual differences, and peaceful co-existence. In addition, it results in the adoption of health-promoting habits, such as healthy eating and proper hygiene behavior. It also reduces risk-taking behavior associated with Human Immuno-deficiency Virus (HIV)/ Sexually Transmitted Disease (STD) infection, unplanned pregnancy, drug and alcohol abuse, violence, injury, etc. Students receiving quality skills-based health education are more likely to adopt and sustain a healthy lifestyle, not only during their school years, but throughout their lives. For example, students trained to eat healthy food, wash their hands, and brush their teeth regularly are more likely to adopt these as lifelong habits.

Let's Think about This

As a school head, how will you ensure that your students will receive quality skills-based health education? Write your thoughts in the space below.



Feedback

Most likely, your school curriculum already provides some form of skills-based education for your students. If this is the case, your role as a school head is to ensure that this is effectively implemented. You may also wish to give additional skills-based health education for areas not covered in your curriculum.



For example, some school heads tap the support of local groups to build toilets and handwashing facilities in their school. Some also ask the support of responsible government departments or ministries like the ministries of health, education, rural development, and other agencies responsible for infrastructure development.

You can also provide opportunities for your students to practice and apply healthy habits in your school. By doing so, school children will better internalize these habits and may even bring these practices back home.



Let's Study

FRESH Core Component #4: School-Based Health and Nutrition Services

As a school head, perhaps you have noticed that, compared to the previous years, more children are now enrolled in basic education programs. This could be due to factors like population growth, reduced infant and child mortality and most importantly the success of efforts to improve access to schooling. This situation presents a great potential for governments trying to eliminate poverty by enhancing the productive capacity of their citizenry. However, we should also note that this potential is threatened by health and nutrition problems among school-aged children. These problems may exclude them from schooling, prevent them from remaining in school for a sufficient number of years, or interfere with their learning while there. In most schools, girls and members of other disadvantaged groups are more likely to be the least healthy.

It is necessary for national governments to undertake the delivery of basic health and nutrition services in schools. This will protect their investment in efforts to increase access and improve the quality of educational services. This can be done in safe and cost effective ways.

It has been shown that effective school health programs link the resources of the health, nutrition, and sanitation sectors in an existing infrastructure, namely the school. They also address problems that are prevalent and recognized as important in the community. These programs also take advantage of a skilled workforce (teachers and administrators) that is already engaged with individual and organizational partners in the local community.

Perhaps you have also observed that as your students become healthier, they participate more fully in education opportunities. Because of this, the whole community starts to see the school and school personnel in a more positive light. This positive reaction to school-based health services is well-documented. In that context, malaria treatments, micronutrient supplementation, deworming, and school feeds programs, for example, have been perceived as a substantial added benefit of schooling and have thus improved enrolment and attendance. As one teacher puts it: “Now parents want their children to go to school because at school their health is taken care of” (UNESCO, 2000).

A concrete practical example which manifests the FRESH framework can be found in the HEALTHeXCELS Required Readings Article 2, *Field Guide: The Three Star Approach for WASH in Schools*.

Let’s Think about This

Which partners in your community can you tap to support health and nutrition programs in your school (for example, deworming services and feeding programs)? Write your thoughts in the space below.



Feedback

You may wish to ask the support of health centers in your area that may be able to provide medicines for deworming. Feeding programs can be sponsored by food establishments in the community and local civic groups. In some schools, parents with some resources occasionally also give support to feeding programs while those who cannot help financially volunteer their services such as cooking for and feeding the students.





Let's Think about This

School Head Phan, one of the participants in the health and education regional workshop we mentioned in the first section of this lesson, is now back in his school. He is now pondering on what he has learned during the workshop. He was paying particular attention to the issues raised during a session where the FRESH framework was discussed. He has now resolved to include health initiatives that would cover these core components of the FRESH approach in the school plan:

1. Implementing health-related policies;
2. Providing safe water and sanitation facilities;
3. Giving skills-based health education; and
4. Providing school-based health and nutrition services.

“Where do I begin?” - Mr. Phan is now thinking. He reflects on the most immediate need of his school, the lack of adequate handwashing facilities. He knows that students in his school always line up for long periods at the few faucets in his school just to wash their hands. He knows that this discourages a number of children to regularly wash their hands and this may be one of the reasons why a number of students in his school regularly suffer from diarrhea, colds, and flu.

He plans to address this problem by launching a campaign to encourage all students to regularly wash their hands. But he knows he has to address some issues. The school district cannot provide them with financial resources for building washing facilities.

Mr. Phan is now thinking about how he can implement his plan for regular handwashing activities and the strategies he can use for its success.

Imagine you are in School Head Phan's situation. What strategies can you suggest? Write your thoughts in the space below.

Feedback

Compare your answers with mine below.

To successfully implement this campaign for regular handwashing in your school, you can use the following strategies:



1. You and your teachers can partner with health workers in the local health center for this campaign. The health workers can give lectures to students on the importance of handwashing and why they can get ill if their hands are dirty.
2. You can tap members of the community to provide financial support in the building of additional handwashing facilities in your school.
3. You need to ensure that your pupils are aware of this campaign and that they will fully participate.

The following section will discuss in more detail the supporting strategies that can be used in implementing the FRESH core components.

1. Implementing health related policies;
2. Providing safe water and sanitation facilities;
3. Giving skills-based health education; and
4. Providing school-based health and nutrition services.



Let's Read

FRESH Supporting Activities

The four FRESH components provide the core activities which, implemented together, could produce the most impact given the limited resources available. These, however, can be applied and realized to the fullest if the following conditions are met in the school.

1. Effective partnerships between teachers and health workers and between the education and health sectors

For school health programs to be successful, effective partnership between the Ministry of Education and the Ministry of Health, and between teachers and health workers will be needed. The health of children remains the primary responsibility of the health sector, but the education sector is responsible for implementing school-based programs.

Both health and education sectors need to identify respective responsibilities and develop a coordinated plan of action to improve the health and learning outcomes of children. The health sector needs to recognize, advocate, mobilize, support and strengthen collaboration with the education sector whose activities have an impact on students' health and development. Part of its responsibility is to implement skills training for school staff and parents so that they can perform their roles in school health programs. On the other hand, the education sector's responsibility is to ensure that its activities contribute to the health of students. School heads like you and teachers also need to be aware of health services provided by the health sector and ensure that your students are aware of them and can access them.

Think about the health sector and your school. Is there a partnership between the two that effectively contributes to the good health of your students? How can you develop or enhance the partnership?

2. Effective community partnerships

In your experience as a school head, have you observed that for school health programs to succeed, an important element will be the positive interaction between the school and the community? Community support can also help make these programs sustainable. In addition, linking with the community makes it possible to have broad-based agreement about the health issues that schools should address. It can also allow collaboration in designing and maintaining an appropriate programmatic response.

You may have also noticed that when parents are asked to be involved, there is a strong possibility that health practices will reach the entire family and will be reinforced at home. Similarly, having partners from the broader community (the private sector, community organizations and women's groups) also increases support for the school's health promotion activities. Often, community participation also brings in additional human and material resources for these health programs.

Think about the parents and other community members in your school. What could they do to help the school in implementing school health programs?

3. Pupil awareness and participation

The children in your school are also important participants in your health initiatives. They are not just beneficiaries. Involving your students has a lot of advantages. Giving them a chance to participate in health policy development and implementation will enable them to learn about health by doing things. This will help your students acquire the knowledge, attitudes, values, and skills needed to embrace a health-promoting lifestyle. You are most probably aware that healthy young people are likely to complete more years of education. They also grow up as healthier and more productive adults.



For example, in Cambodia where the Fit for School approach is being implemented, the daily group toothbrushing activities are run with the help of a student who acts as a hygiene patroller.

Another example of student participation is found in India. Handwashing before noontime meals in India is also instituted in schools by going through the deliberation and approval of the Student Government. Student leaders escort younger students to their group handwashing facilities before meals, and check that their hands are clean. In some schools, student leaders are also the ones that prepare and assemble the portable handwashing facilities so that their schoolmates can perform the activity.

In some schools in the Philippines, students help tend the vegetable garden in schools before starting their classes. The pupils know that the vegetables that they grow will eventually be used as ingredients for their school feeding programs.

Think about the students in your school. Could they possibly help or even lead in the implementation of school health activities? Write your answers in the space below.

Now that you are already familiar with two frameworks for school health (Health-Promoting School and FRESH), how will you use this knowledge in implementing your own school health initiatives? The FRESH framework encourages and empowers you so that you can do something about the health conditions of your school. By doing so, you will definitely bring positive effects to your students' education. You can start with just a few interventions. The UNESCO (2000) document stresses that –

FRESH is not a 'new programme' or even a programme at all. It is a framework for the design and implementation of effective school health programmes that respect the realities "on the ground," i.e., local issues and needs and varying amounts of available resources. It represents a "boiling down" to basics of the experience over many years and in many countries of its co-sponsor agencies, and thus is fully consistent with other school health promotion activities of these agencies, e.g. WHO's Health Promoting School concept. Efforts across the four core components of FRESH produce a synergistic, or "multiplier" effect at every level of resource investment. Thus FRESH can be used even in the most resource-poor schools and in hard-to-reach rural areas as well as in more accessible urban areas. Governments can start small, and build on their investment as necessary and possible to reap additional benefit.

Let's Think about This



The following set of questions asks you to reflect on issues related to the health-promoting school initiative and the FRESH approach.

1. Reflect on the World Health Organization's (2013) description of a health-promoting school as "a school constantly strengthening its capacity as a healthy setting for living, learning and working." Also review the list of the essential elements of health-promoting schools (HPS) in the previous section.

Taking into consideration the definition and list of essential elements of HPS, would you consider your school as a health-promoting school?

2. If you already consider your school as a health-promoting school, what could you do as the school head to make it even better by using the FRESH approach? Write your answer in the space below.

Share your answers with your co-learners and Flexible Learning Tutor.



Feedback

Perhaps you wrote that your school already has some elements of a health-promoting school but you still would like to make them better. To do this, you may have written that you will ensure that appropriate health-related policies are in place so that your school will be a healthy, safe, and secure place for your students and staff. You probably also gave some examples on how you would ensure that your students will have safe water and adequate sanitation facilities. You may also have given some examples on what you can do to improve skills-based health education for your students and on how you can improve their access to school-based health and nutrition services.

You may also have written that what you can do to use the FRESH approach is establish effective partnerships with the health sector, community groups, and persons responsible for school health programs.

One common element in your answers may be related to being able to manage school-based health programs to ensure that the suggestions and plans you wrote above are effectively implemented. Most likely, you are now excited to know more about the importance of your role as a school head in managing these programs. This will be the focus of our next lesson.

Congratulations! You have just completed Lesson One! It is hoped that you have gained a deeper understanding of how health is related to learning. You should also have learned various concepts on school health, such as social determinants, the Health-Promoting School concept, and the FRESH approach.

Let's Remember

In this lesson, you learned that:



- Health has an important impact on learning. Being healthy is one of the factors that helps students succeed in their academic work. Thus, it is important for students to be in a healthy environment and to practice healthy living. Schools have an important role in ensuring that these conditions are met. The school head, as a leader of his/her school, is in a strategic position to champion health and healthy living.
- Health is linked to educational outcomes. Ill health affects school enrolment. It is a factor in school absenteeism, drop-out rate, and school performance.
- Health is also influenced by social factors, generally known as the social determinants of health. Among these are: income, education, physical environment, access to health services, and personal habits and coping skills.
- A Health-Promoting School is “a school constantly strengthening its capacity as a healthy setting for living, learning and working.” The essential elements of a Health-Promoting School are: health-related school policies, the school’s physical environment, the school’s social environment, individual health skills and action competencies, community links, and health services.
- There are four core components of the FRESH approach that should be considered when planning and managing school health activities. These are: (1) health-related policies, (2) safe water and sanitation facilities, (3) skills-based health education, and (4) school-based health and nutrition services.



How Much Have You Learned from This Lesson?

Let's see if you can apply what you have learned by reading the case study below and answering the questions at the end.

Case Study:

School Head Tolentino could not believe that Charles was already a fifth grade student. He was thin, had a small stature, and looked like a second grade student. His grades were low and he was often absent from school. This was the reason why his classroom adviser requested for a meeting with his parents.

School Head Tolentino joined the meeting and learned more about Charles. Charles came from a very poor family of five. His father worked as garbage collector and earned just about USD 2 a day. His mother, on the other hand, sold candies at a nearby public park. Her education was only until first year of high school while his father did not even finish elementary school. Both of his parents are rarely home so Charles would usually take care of his baby sister after coming from school.

Because of their low income, the whole family only took coffee and some bread for breakfast. They would usually eat dried or canned food with rice and noodles for dinner.

Knowing that his family did not have enough money to buy food, Charles tried to help his family by picking up trash and selling them to junk shops. He would leave his home at 5:30 in the morning and return home just in time to prepare for school. His parents did nothing to stop Charles from doing this and appreciated that the child was "street smart" and helped the family out even at age 11.

Equipped with a better understanding of Charles' plight, School Head Tolentino came to a conclusion why Charles had low grades and failed two subjects.

School Head Tolentino learned from a recent government-sponsored School Health Congress that hygiene-related diseases are the most common causes of student absenteeism, and thus significantly reduces academic achievement and students' quality of life. Believing that she can do something for Charles, she became more motivated in implementing the government's Essential Health Care Program (EHCP), which was intended to lower rates of diarrhea, respiratory infections, worm infections and tooth decay through daily group handwashing and tooth-brushing activities, and deworming twice a year.

School Head Tolentino ensured that the teachers implemented the program well and that Charles and the rest of the students performed the activities by allotting 15 minutes in the daily school schedule for the EHCP. She was convinced that it was not enough for teachers to teach hygiene in class; students had to do the activities and practice healthy behaviors daily.

This was a concern initially for School Head Tolentino, since her school had only limited funds. It was very helpful, however, that schools were provided with several options for low-cost handwashing facilities. The Parent-Teacher Association and community officials also helped out with financing and constructing the facility. Parents and community members also did a follow through by regularly monitoring the program, especially since they helped with its start-up.

School Head Tolentino appreciated that the school health program was able to reach all the students regardless of their social background or health status. In fact, she began to notice that the most disadvantaged students benefited the most from the program. She was just so happy that even though she could not change Charles' situation at home, she could do something for Charles and other students like him by making her school a healthy place.

1. How did Charles' health condition affect his learning?

2. How did the social factors affect Charles' health and education?

3. What FRESH core components were implemented in School Head Tolentino's school? Describe how these were manifested.

4. What other interventions can School Head Tolentino do to make her school a healthier place?

You may now compare your answers with mine in the Key to Correction on pages 136-138.

Feedback



How did you fare in the short assessment at the end of the case study? If you answered all the questions correctly, congratulations! You have learned and understood the content discussed in this lesson. You are now ready to proceed to the next lesson.

If you missed the answer to one or two questions, you are encouraged to go back to that section of the lesson and read again for a better understanding.

In this lesson, you have learned about the common health problems affecting school children. You also learned about the effects of these health problems on the learning process. You have reflected on how the common health problems of the students in your own school might affect their cognitive abilities.

Most likely, you wish to address some of these health problems by implementing health initiatives in your school. You have learned that it will be more effective to focus on the four FRESH core components in your school health program and use the suggested FRESH supporting activities.

Now, your next question will possibly be, “What exactly are my roles in an effective school health program?” You will learn about this in the next lesson.

LESSON**2**

Your Role in Managing School Health Programs



What Is This Lesson about?

"The school principal is the most important and influential individual in any school... It is his/her leadership that sets the tone of the school, the climate for learning, the level of professionalism and morale of teachers and the degree of concern for what students may or may not become. He/She is the main link between the school and the community and the way he/she performs in that capacity largely determines the attitudes of students and parents about the school. If a school is a vibrant, innovative, child-centered place, if it has a reputation for excellence in teaching, if students are performing to the best of their ability, one can almost point to the principal's leadership as the key to success."

~ U.S. Congress, 1971, p.56

What are your thoughts after reading this excerpt from the U.S. Congress in the context of school health issues? You may have begun to reflect on your role as a school head in managing school health programs. The quote manifests the importance of a school head's leadership and management roles; how a school head fulfills his or her roles is crucial in managing school health programs. The school head acts as the catalyst, as an encourager, as a champion of health in the school. In fact, in most instances, school health programs will have a hard time in running well and being sustained if there is no or little support from the school head.

The school head has the responsibility of ensuring that learning takes place and students reach their full potential through education. There are several things that you can do to make this happen. One of them is by making sure that the school environment is conducive to teaching and learning, and it is here where managing school health initiatives comes into play.

In Lesson 1, you have learned why health is important for effective learning. You came to recognize that school children in Southeast Asia carry the burden of common health problems. These health issues affect their readiness to learn and enrol in school on time, their attendance, and also their educational performance and achievement. You have also learned that your school can be a place where health is promoted and by doing so, it addresses the social determinants of health and equalizes educational opportunities between the poor and well-off students. You have also learned about the different concepts and strategies on school health, namely, the Health-Promoting School concept and the FRESH approach.

This lesson will now focus on your role as a school head in managing school health programs. Specifically, you will analyze the important overarching elements that you need to have in place and foster in your school to effectively manage your school health initiatives. In particular, you will discover the answers to the following questions:

- Why is my role important in championing health in school?
- What are my capacities, strengths, and areas for improvement in fulfilling my role as a health champion in school?

What Will You Learn?

After studying this lesson, you should be able to:

- Explain your role as a school head in promoting health and learning in students.
- Assess your strengths and areas for improvement as a champion of health in schools.





Let's Try This (Activity 2.1)

One of the District Offices of the Ministry of Education arranged a learning exchange among the school heads in their district to learn more about the Fit for School approach, an innovative school health concept which focuses on simple cost-effective measures of handwashing, toothbrushing and deworming. The school heads all went to visit a primary school that had been awarded for its best practice in school health. They were amazed at how the school made an impact on students' education and health outcomes. Here are some of the testimonies that the different school stakeholders shared with the school heads:

- **Teacher Ngo:** My pupils used to be often absent because of colds, coughs and diarrhea. Before the implementation of the Fit for School approach, I did not know that handwashing was effective in preventing these common diseases and keeping my students from being absent. School Head Chanh emphasized how implementing handwashing activities could contribute to students' learning. She oriented all the teachers and the parents on its importance, and helped us realize it.
- **Parent Zhou:** School Head Chanh has always engaged us, parents, in improving the school. The Fit for School approach further strengthened our partnership. We were involved in the decision to construct handwashing facilities. We are also called to monitor and evaluate how the program is going. We have seen how students enjoy doing the handwashing and toothbrushing activities. I am proud to say that my child has also encouraged us at home to wash our hands before and after eating, and after using the toilet.
- **Teacher Phou:** After observing how handwashing, toothbrushing, and deworming contributed to the decline in student absenteeism, our school decided to be systematic in the way we implement the program. We now include maintenance of the handwashing facility and planning for the activities in our school improvement plan. It was a suggestion that School Head Chanh made during the planning process and everyone agreed to do it.

- **Grade 3 Student:** We have been taught by our teachers how to take care of our teeth. I am happy that we get to brush our teeth at school. My breath smells so good after doing the activity.
- **Parent Singh:** I really appreciate School Head Chanh’s efforts to find other sources of funds so we can continue to have soap, toothbrushes and toothpaste for our children. Some of the students’ families are really poor and cannot contribute financially to the project. Asking for help from the village chief for supplies ensures that all will benefit from the project and not just those who are a little well-off.

From the comments of the stakeholders, in what way has managing health conditions of the students affected their learning? What do you think were some of the roles that School Head Chanh performed to promote a supportive learning environment in her school? Write your answers in the space provided below.

Share your answers with your co-learners and Flexible Learning Tutor.

Feedback

You may compare your answers with mine below.

From the comments made by the different stakeholders in the school, it appears that School Head Chanh is performing her different roles relative to school health. She was able to create an environment where pupils will want to learn. School Head Chanh successfully instilled the practice of healthy habits in her students.



School Head Chanh performed several roles in order to promote a healthy environment in her school. Your answer might have reflected the following:

- Orient teachers, parents and students on the program.
- Gather the support of the teachers, parents, students, and other stakeholders for school health initiatives.
- Facilitate planning among the different stakeholders of your school community.
- Monitor the progress of your school plans for addressing school health issues.
- Lead the quality assurance of school-based health activities and programs.
- Ensure that the identified learning activities and methodology would be best to bring about learning in students for skills-based health education.
- Look for additional resources for the school to support school health initiatives, e.g., by addressing decision makers in the wider community.

These roles pertain to the school head either as a manager or a leader. School heads are expected to be both. They have to be leaders who influence others to achieve goals within their school. They also have to be managers who ensure that the school is running efficiently and effectively.

These roles are expected of the school head to manage school health initiatives. However, it would be nice to go back to the most basic question: What is really the essence of school leadership? What is its purpose? How is this related to managing school health programs?

Let's find out more about these in the next sections.

Let's Study

The Role of the School Head in the Promotion of Health



The primary purpose of school leadership and management is to promote learning. Learning is the “central mission of educational institutions” and the ultimate role of the school head is to enhance the learning outcomes of their students (Rhodes & Brundett, 2010). Part of your role as a school head to ensure that learning takes place is to create a supportive learning environment. Several authors, in fact, have emphasized that this is one key element for learning to happen (ASCD, 2012; Lynch, 2012; The Wallace Foundation, 2011). Here, managing the health conditions in your school through school health programs comes into play.

As a school head, your role for the promotion of health involves:

1. Creating shared goals and objectives for school health initiatives
2. Involving multiple stakeholders to support school health initiatives
3. Integrating health into existing planning mechanisms
4. Mobilizing resources to support school health initiatives
5. Providing instructional leadership in health education
6. Monitoring and evaluating the effectiveness of school health initiatives
7. Leading the quality assurance of school-based health activities and programs

Let's Think about This



Creating a supportive learning environment is part of a school head’s role to promote health and learning. How do you think will you be able to achieve this?



Feedback

In answering the question, you may have tried to recall what you have learned so far in this module. You may have remembered that your school is a setting where health and learning can be fostered. You may have come to consider a few social determinants of health such as your school's physical environment, health practices of your students, and basic health services. These factors are also similar to the four core FRESH components.

Let's read the next section to learn more about your role in championing health in your school.



Let's Try This (Activity 2.2)

School Head Soravong was one of the participants of the learning exchange organized by the District Office of the Ministry of Education. Because of the activity, he wanted to learn more about creating a healthy supportive learning environment in his school. He realized how important it was for students to have access to water and handwashing facilities. His school had none of these and he thought of prioritizing these concerns to manage its health conditions. First, he tried to gain the support of staff members in his school by meeting the teachers and other school personnel.

He explained the objective of providing the school access to water and handwashing facilities in order to address the students' health concerns. He then presented this project to parents and other members of the community.

School Head Soravong knew that although orienting the different members of the school community helps in accomplishing the project, he had to continue the process of creating a shared goal with them. As the different stakeholders perform their tasks in constructing handwashing facilities and making water accessible to the school, he did not tire in explaining his goal to them. True enough, one time while monitoring school activities, he heard teachers explain to students that the project would promote the health of the students and thereby contribute to their readiness to learn.

Imagine that you are School Head Soravong. How would you create and achieve a shared goal for your school health project? What can you do to motivate members of the school community? Write your answer in the space provided below.

Share your answers with your co-learners and Flexible Learning Tutor.

Feedback

You may wish to compare your answers with mine below.

Your answers may reflect some of the things School Head Soravong did with members of the school community. You may have mentioned that he communicated the essence and objectives of the project to the teachers, school staff, students, and the parents. You may have emphasized the relevance of the school health project in promoting learning in the school. You probably also mentioned that as school head, you would have addressed the concerns teachers had at the beginning. You also may have relentlessly shared the program objectives even while people continued to accomplish their tasks for the project.

You will learn more about having shared goals with your school stakeholders in the next section.





Let's Study

The Role of the School Head in Achieving Shared Goals and Objectives for School Health Initiatives

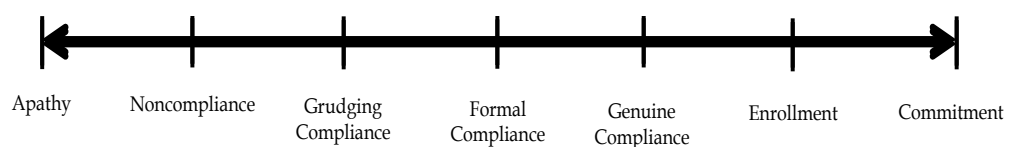
Goals and objectives are the desired results that a person or an organization wants to achieve. Creating a shared goal for your school health program is a crucial role of the school head. Such a task entails several things which include 1) contextualizing the goals and objectives of your school's health program and 2) communicating these goals and objectives.

Contextualizing Goals and Objectives of School Health Programs

Ideally, goals and objectives have already been laid out in national policies and programs on school health by your Ministry of Education. Your role as a school head is to ensure implementation of these national school health programs and policies. This would mean that you would need to have an understanding of the goals and objectives of the policies, target population, and health interventions that you will introduce in your school. It would be advisable for you to contextualize these policies and programs by looking at how these could address the local needs of your school and what possible resources within your reach can be accessed to carry them out. By doing so, you can further make these policies and programs more relevant to the realities of your school.

Communicating Goals and Objectives of School Health Programs

Communicating or sharing the goal with school stakeholders is an essential part of fulfilling your role. A school head can do this through orientation sessions, meetings, and consultations. It would also be good to recognize that informal discussions can be used to achieve this. According to Lumby (2002), the things that you say during these discussions will allow people to act purposefully. The school community needs to understand what they are doing and why they are doing the project. Creating a shared goal and objective with your school community members will affect the people's attitudes people in implementing your school health program. Senge (Lumby, 2002) actually categorized these attitudes and they are presented in the figure below:



The figure shows that the different stakeholders will have various reactions toward the goal or objective of your school health programs and activities. Some of them will really be committed to accomplish the goals and objectives of your school health programs and will create whatever structures are needed in order to do this. Those who are “enrolled” would want the goals and objectives and will do whatever is within the “spirit of the law.” Stakeholders with genuine compliance, on the other hand, see the benefits of your goal and would do everything expected and possibly more within the “letter of the law.” Others would just formally comply with the goals and objectives and do what is expected and nothing more. Nevertheless, others will grudgingly comply because they do not see the benefits of the vision and would just do what is enough but would make it known that they are not convinced about the program. Still, others will generally not support the goals and objectives of the school health program. Lastly, others may just exhibit apathy as they are not interested at all in the school health program at all.

You would need to recognize these among your stakeholders and work towards having them commit to the goal. You can do this by understanding the concerns of your school staff members. Find out what would motivate them in doing the school health program, as well as the reasons behind their hesitation, and try to address these.

Let’s Think about This

What steps will you take to lead your school community in creating a shared goal to promote school health? Write your answers in the space below.



Share your answers with your co-learners and Flexible Learning Tutor.



Feedback

You may have mentioned the following steps:

1. Find out existing national policies and programs on school health
2. Contextualize the nationally-mandated school health program to suit your school's needs and realities
3. Communicate and orient your different stakeholders on the goals and objectives of the national school health programs that match your local needs and contexts

You will find out more about your role in managing and leading health promotion in your school in the next sections. Keep on reading!



Let's Try This (Activity 2.3)

Principal Soravong continued to learn about making the school more conducive to learning. He was reading through the internet when he came across a case study on school feeding in the province of Negros Oriental, Philippines (GIZ, 2012).

Free Noon Meal Program (FNM)

The Free Noon Meal Program (FNM) was a feeding program for all pupils in day-care, pre-school, and Grades I to VI throughout the province of Negros Oriental. It was initiated by a member of the House Representative of the province and was supported by the regional and district offices of the Department of Education (DepEd).

Several steps were made before the program was implemented. First, a technical working group (TWG) composed of 2 teachers and 5 Parents Teachers and Community Association (PTCA) members was formed. Afterwards, a planning meeting was held. Once the plan was drawn up, an information campaign program was implemented by the TWG during homeroom meetings and the PTCA General Assembly. Baseline data on the height and weight of each pupil was gathered by the school under the health personnel of the regional DepEd office. The school head was given the task to prepare work, financial, and project procurement management plans.

Procurement of goods was coursed through the Bidding and Awards Committee and needed approval of the school head. The cooking teams composed of parents handled the daily feeding based on the menu cycle and supervised by the Home Economics teacher. Meanwhile, the school janitor helped by providing the needed supplies.

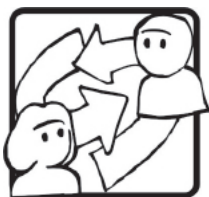
Before the feeding, the school children needed to wash their hands and then queue for food. They ate in their classroom. After the activity, they washed their own plates or bowls, washed their hands, and brushed their teeth.

Imagine yourself as School Head Soravong. Try to understand the case better by answering these two questions:

1. Who were the different stakeholders in this case example? Write your answers in the space provided below.

2. What was the role of the school head in involving the different stakeholders in the Free Noon Meal Program?

Share your answers with your co-learners and Flexible Learning Tutor.



Feedback

Compare your answers with mine below.

You may have listed down the following stakeholders who were involved in the Free Noon Meal Program of Negros Oriental: regional and district DepEd offices, the school head, teachers, school personnel, parents and their association, and the students. Each of them had responsibilities to fulfill to ensure that the program is well-implemented. You may also have thought that the school head played the role of someone who engages multiple stakeholders to manage a school health program and motivates them. Aside from this, you may also have said that the school head must be the one coordinating the whole process and overseeing that all stakeholders are performing their duties.

Let's learn more about multi-stakeholder involvement in the next section.



Let's Study

The Role of the School Head in Involving Multi-Stakeholders for School Health Programs

According to Hopkins (in Bell, 2002), "School improvement is about raising student achievement through enhancing the teaching-learning process and the conditions that support it. It is about strategies for improving the school's capacity for providing quality education."

Managing school conditions that would promote health and enhance learning in your students is part of school improvement. One way to facilitate this process is by developing relations with the different stakeholders in the school and by establishing mechanisms for their involvement. Parents, Ministry of Education officials, local government officers, religious organizations, and the private sector can provide moral and financial support for your school health programs. They have skills, expertise, knowledge, and experience that "go beyond the capacities of teachers and such a resource should be harnessed to support school improvement" (Bell, 2002).

School health is a theme where collaboration between the education and health sectors plays a key role. You, as a school head, can coordinate with the health sector and seek the help of the school nurse or the community or district health worker in orienting teachers, parents and other members of your school community about some of your school health interventions. For example, many myths about deworming which hinder students from availing themselves of this health service. Some parents doubt the deworming pill's safety and are afraid of its side effects. As a result, they do not allow their children to be dewormed even though the service is readily available. To address this concern, the school head can invite the school health personnel to give an orientation to teachers and parents to help alleviate doubts, and address their concerns about the deworming program.

Additional important stakeholders in your school are your teachers.. They can give support by empowering students to lead in your school health programs. This has been the case in India where teachers taught student leaders the proper way to wash their hands and other guidelines to implement group handwashing activities in their school. The student leaders, in turn, began to lead younger pupils in fulfilling the activity. They fetch them to proceed in an orderly manner to the handwashing facility right before their Noon-Day Meal. The student leaders oversee the conduct of the activity from start to finish.

Members of the community such as the parents can also be tapped to support your school health programs. For example, the Philippines implements Essential Health Care Program, which has the three interventions of handwashing, toothbrushing, and deworming. In this healthcare program, parents take the lead in constructing handwashing facilities. They either construct it themselves if they have the skills and experience or raise funds to hire someone who can do the project.

Can you think of other stakeholders whom you can involve in your school health program? Write your thoughts in the space below.

Identifying and Understanding Your Stakeholders in School Health Programs

There are some important things you need to take note of when involving multiple stakeholders in managing health conditions of your schools. The first one is that you have to know who your stakeholders are. Module 2 will outline a process called stakeholder analysis to help you identify stakeholders and assess them according to their influence and interest. Knowing these shall guide you in relating with them.

For example, in the Philippines, some school heads seek the help of local government officials, such as governors and mayors, to finance supplies for the Essential Health Care Program (EHCP). Their continued support for the program is crucial as it affects the sustainability of the program. The school head tries to do this by finding out the agenda of the local officials and seeing how the program can support this. The school head also outlines how the program can help them reach out to their constituents or the parents of children in schools through EHCP.

What strategies could you employ to help you understand the views of your different stakeholders about your school health programs?

Clarifying Roles and Responsibilities in School Health Programs

A second point that you need to consider is finding a way to make the different stakeholders work together. You can do this by requesting support for tasks and by asking parents and community members to define and agree on each of their roles and responsibilities. Writing these down makes it easier to follow up and monitor the progress. It might be helpful to request one person to take on the role of monitoring the school health program, making sure that everyone is right on track toward the attainment of your common goals.

An example of a school health program run by different stakeholders is Thailand's School Lunch Programme (SLP) (WFP, 2007). The program aimed at alleviating nutritional problems among school children and provided free school lunch to all malnourished and economically disadvantaged students. Funds were provided by the government to the schools to purchase the food. These, in turn, were cooked at the school by the teachers, students, and community volunteers who took turns in doing this task. Students in the higher grades also assisted in preparing the food, serving them, and cleaning the place up.

What would be some steps for you to facilitate the process of clarifying the roles and responsibilities of your different stakeholders for your school health program?

Building the Capacities of Your Stakeholders for the School Health Program

The third point is on capacitating the different stakeholders to implement your school health program. A variety of ways is available for you to make this happen. You may ask your stakeholders to attend training and professional development sessions in formal institutions, or in your school, and to build their capacities through other informal ways.

Organizing training in your school is an option that you may consider. You will need to think about a number of factors, such as those reflected in the following questions (Mooijman, Snel, Ganguly, & Shordt, 2010):

- Who is being trained - what type of target group?
- At what stage of development is the group? How far advanced are they in terms of knowledge and practice in implementing the school health program?

- At what stage of development is the school health program? Is it at the design stage, implementation stage, or evaluation stage?
- What is the nature of the system in which the school health program is being implemented?

For example, before the teachers could implement WASH in Schools, they have to undergo the following training program (Mooijman, Snel, Ganguly, & Shordt, 2010).

Teacher Training

Purpose	To train teachers who will be in charge of WASH in Schools in their schools.
Participants	Classroom teachers
Learning Outcomes	<ul style="list-style-type: none"> • Agreed definitions of concepts and procedures • Improved capacity to carry out hygiene education (both within and outside the school) • Capacity developed to ensure use and maintenance of facilities
Day 1	Concepts and programme strategy: <ul style="list-style-type: none"> • Introduction to WASH in Schools • Lessons learnt from research • Behavioral changes • Hygiene practices • Preparing indicative micro-plans • Identifying actors and their roles in the school
Day 2	Programme: <ul style="list-style-type: none"> • Planning for education and social mobilization • Preparing a district or block work plan • Work tasks of WASH in schools coordinating committees • Activity plan for community mobilization

Day 3	<p>Management, technology and follow-up:</p> <ul style="list-style-type: none"> • Choosing water and sanitation facilities • Materials and supporting actions to maintain school facilities • Enabling factors in using and taking care of facilities • Developing a monitoring list • Educating mothers and fathers
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Orientation sessions on school health programs can also be organized by your school to equip the different stakeholders. Those more familiar with the program can be invited to orient the teachers and parents about it. For example, in Lao PDR, the District Team is the one that orients the school and the community about the Fit for School approach. Their orientation usually takes a whole day and follows the program below.

Fit for School School and Community Orientation Program	
09:00 – 10:00	<p>Introduction</p> <ul style="list-style-type: none"> • Basic Orientation Video • Basic Orientation Presentation • Questions & Comments
10:00 – 10:30	Snacks
10:30 – 11:30	<p>Creating a Supportive Environment</p> <ul style="list-style-type: none"> • Implementation Requirements Presentation • Washing Facilities Video • Questions & Comments
11:30 – 11:45	Video on Program Monitoring
11:45 – 12:00	Open Forum
12:00 – 13:00	Lunch

13:00 – 15:00	<p>Planning the Next Steps</p> <ul style="list-style-type: none"> • Define Roles and Responsibilities <ul style="list-style-type: none"> o Principal o Teachers o School Health Personnel o Community o GIZ • Action Plan – Who Does What and When • Recap
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Source: GIZ Fit for School

Another important example of a capacity-building activity for stakeholders is through school visits. This particular methodology was employed by Fit for School in Cambodia, Indonesia, Lao PDR, and the Philippines. Program implementers realize the power of the motto, “To see is to believe,” when they facilitate school visits among principals, superintendents, and supervisors to model schools. The school visits help them see that the school health program can be implemented easily. During the school visit, participants themselves witness students performing group handwashing and toothbrushing activities. The participants also have a dialogue with the school head, teachers, parents, and community officials of the model school.

Such method facilitates sharing of experiences among peers and helps the participants see how to address concerns that were experienced by their colleagues who might have the same problems, limitations, and contexts.

What are other possible means by which you can equip your different stakeholders to take on tasks for your school health programs?

Let's Think about This

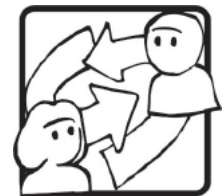


After studying the previous section and realizing your role in involving different stakeholders to improve your school and create a supportive learning environment, reflect on your experience in your school by answering the following question:

What do you think would be the consequences if you do not involve and manage your different stakeholders for your school health programs?

Share your answers with your co-learners and Flexible Learning Tutor.

Feedback



You may have realized that you would encounter serious problems if you could not involve and manage your different stakeholders for your school health programs. For example, if you could not identify important stakeholders of your school health program, you might not be able to recruit stakeholders who can really make a difference or who can advocate for the program. You might not be able to involve people who can give you knowledge, information, networking opportunities, and other resources that can be of help to your school health program. Aside from this, you might also create confusion among the stakeholders if you do not clarify their respective roles. You will also be unable to hold them accountable for the tasks that they are expected to do since these were not clear to them from the beginning.

Systems and structures are usually in place in schools where different stakeholders can participate. One of these is through the preparation of the school improvement plan. Find out more about this by reading the next sections.



Let's Try This (Activity 2.4)

School Head Chanh, the head of the school where the learning exchange took place, has observed that the Ministry of Education releases an order every year to implement anti-dengue campaigns. She is aware that dengue is a common disease in the country and has heard news that a few students from a neighboring school suffered from it a couple of months ago.

During the annual school planning with teachers, parents, and community leaders, she suggested the idea of including anti-dengue measures in the school development plan. She explained that doing so will ensure that the students will be safe from such illness. Participants at the meeting identified activities, people and resources needed in order to do this. The school planning committee came up with the following decisions to implement anti-dengue measures:

- Integrate in class discussions initiatives to eliminate mosquito breeding places during school ground cleaning
- Encourage community patrols to perform the same task of eliminating breeding places of mosquitoes at the grounds near the school
- Establish collaboration with the local health center so the school can refer students infected with dengue

Explain why it was important for School Head Chanh to play the role of a leader who initiated the inclusion of anti-dengue campaigns in the school development plan. Write your thoughts in the space provided below.

Share your answers with your co-learners and Flexible Learning Tutor.

Feedback

You may compare your answers with mine below.

It was important for School Head Chanh to play the role of a leader who included anti-dengue campaigns in the school development plan. This was because dengue was already a part of the reality that her school has to face and address. Integrating measures to improve the learning environment in the school improvement plan allowed the school to have a programmatic approach in addressing health conditions in the school. Health promotion and management of its determinants should be part of the school community's awareness since the process of coming up with a school development plan went through a collaborative process among teachers, parents, and other members of the community.

Find out more about integration of school health programs into the school development plan by studying the next sections.



Let's Study

The Role of the School Head in Integrating School Health into Existing Planning Mechanisms

Schools in the different Southeast Asian countries have different planning process mechanisms. Some call it the “school improvement plan” while others refer to it as the “school development plan.” Regardless of how it is called, a plan details “a road map that establishes the changes that the school needs in order to improve student achievement and that shows how and when these changes will be made” (Education Improvement Commission, 2000). The plan indicates the short-term and long-term goals and targets of the school.

The school plan is a product of a process of involving the different stakeholders of the school. It is a negotiated output which takes into consideration factors such as national Ministry of Education orders on school health, the current health conditions of your school, its vision and mission, goals and objectives, and other mechanisms. You will also need to ensure that financial and other resources will be allocated to implement your school health programs. It is your role as a school head to make other stakeholders aware of these aspects during planning. You need to ensure that the plan



describes how the school community will create a safe and nurturing environment for learning through health management. You may consider looking into more fundamental areas in the physical environment of your school related to hygiene, sanitation conditions, and safety. You can do this by making sure that your toilet facilities have water, soap, and toilet paper and that your toilet doors have locks for privacy.

For example in 2011, the Ministry of Education of Brunei Darussalam through its Health Promotion Unit released the “Guidelines on School Toilet Usage.” All schools need to observe these guidelines which “contain information on maintaining cleanliness at all times in the school toilet, what to do before going inside the toilet such as recitation of *doa* (prayers), as well as proper toilet etiquette such as flushing after use and washing the hands” (Brunei Times Sdn Bhd, 2011). These guidelines can be more effectively implemented if these are considered and included in the school plan.

You will learn more about integrating your action plan into existing planning mechanisms in HEALTHeXCELS Module 2.



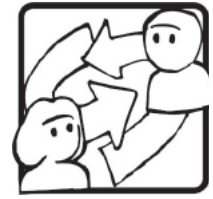
Let's Think about This

What are the benefits of integrating health into your existing school planning mechanisms?

Share your answers with your co-learners and Flexible Learning Tutor.

Feedback

You may have mentioned a number of benefits of integrating health into existing planning mechanisms in your school like the opportunity it gives you to think about your implementation plan with your stakeholders. This is beneficial because it helps them appreciate the program and take ownership of it. You may also have emphasized the role of health in student learning. By integrating health in your planning mechanisms, you may also be more mindful of allocating funds and other resources needed for your school health programs.



As expected, your school plan indicates various resources that you will need to implement your school health program. Let's find out more about your role in mobilizing resources in the next section of this module.

Let's Try This (Activity 2.5)

School Head Vorachay, one of the participants during the learning exchange, immediately applied what she learned to her school. After two months of preparatory work, she was happy to see students in her school washing their hands and brushing their teeth on a daily basis.



She recalled how challenging it was at the beginning to construct a group handwashing facility in the school. She remembered some of the things she had to do in order to make the project come to life:

- Meeting with the parents, local government officials, teachers and other community organizations for the project presentation
- Asking parents to donate
- Asking the village chief to contribute funds for the project
- Approaching the local monk to also encourage others to contribute to the project, monetarily or in kind

As she watched the pupils enjoying washing their hands, she realized that all the efforts of the school community was worth it. She also took note that she had developed and nurtured relationships within and outside the school community to mobilize resources for her school health program. She realized that “fund raising is friend raising.”

What is your interpretation of School Head Vorachay’s statement, “Fund raising is friend raising”? Write your answers on the lines provided below.

Share your answers with your co-learners and Flexible Learning Tutor.



Feedback

You may compare your answers with mine below.

You probably answered that, as a school head who wants to implement a health program in your school, one of your roles is to mobilize resources for your school health initiatives. You will require different kinds of resources such as the following:

- *Time* - the amount of time needed for you to accomplish the different tasks associated with your school health initiatives
- *Money*
- *Equipment and Supplies* - these could vary depending on your school health initiatives. Some examples may include first aid supplies, hygiene kits such as soaps, toothbrushes and toothpastes, and teaching aids for health topics.
- *Technical assistance* - people’s knowledge and expertise on health, and implementers who will be responsible for accomplishing tasks related to your school health program

These resources can be tapped by developing and nurturing relationships with individuals, agencies, and organizations within and outside of your school, such as your teachers, parents, community, local government officials, civil society groups and other donors. According to Venture for Fund Raising (2010), mobilizing resources is an art and it “entails learning how to connect with prospective donors in a manner and language

they understand, and finding a common ground through shared values and interests.” Remembering that “people give to organizations to which they have personal affiliation in some shape or form” can help you in mobilizing resources for your school health programs through building and nurturing relationships.

Stakeholder analysis, which you will learn more about in Module 2, is a very useful tool for this. By utilizing this tool, you will get to understand your stakeholders’ influence and interest in your school health programs.

Let’s Study

The Role of the School Head in Mobilizing Resources for School Health Initiatives

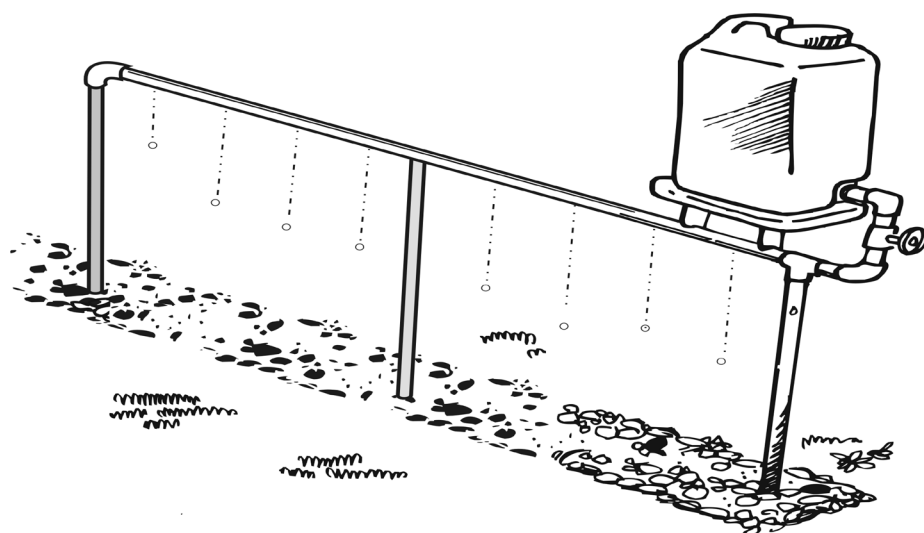


As you have learned, fostering partnerships with different stakeholders to mobilize resources for your school health programs is one of your important functions as a school head. Going through the following steps can help you fulfill your role in managing resources for your school health programs (Ventures for Fund Raising, 2010):

- **Determine your resource mobilization targets.** Based on the goals and objectives of your school health programs, come up with a realistic target for the resources that you might need.
- **Find out what existing resources you have.** Make an inventory of your current resources, both financial and in-kind by looking into the following (Collaborative for Neighborhood Transformation, 2014):
 - o **Individuals:** Examine the different people in your school community, determine their strengths and reflect on the contributions they have made in the past that are relevant to your school health program. For example, if you have a teacher in your school who already advocates for health among his or her colleagues and students, then you can ask if he or she could support you in your school health program. Maybe you also have a parent who is a community health worker and you can also tap him or her to give an orientation on school health services such as immunizations, deworming, and others that can be delivered in your school.

- o *Institutions:* These refer to groups of professionals that are structurally organized such as government agencies, private businesses, and civil society groups. These institutions can also help you implement your school health program, for example, by establishing a referral system with your local health centers or hospitals. You can also link with the school health unit of your Ministry of Education or the health promotion unit of the Ministry of Health to learn more about school health programs and policies already existing in your country.
 - o *Physical Assets:* These can be land, building, space, facilities, and funds that you could use for your school health program. For example, depending on your financial guidelines, you may have the option of using your school management funds to improve the sanitation facilities in your school. You can also use them to finance hygiene supplies such as soap for handwashing facilities.
 - o *Connections:* You can also ask your current stakeholders to look at their networks, people and other institutions that they know and ask their support to help you establish relationships that will support your school health program. For example, your village chief knows another local government official from another town or agency whom you can ask for financial donations for your school health program.
- ***Identify resource gaps or needs.*** After determining your resource requirements and assessing the resources that you currently have, you will then have an idea of the gap between these two.
 - ***Generate ideas and choose the right resource mobilization strategy.*** After getting a clearer picture of your resource needs, you can lead your different stakeholders to brainstorm best strategies for tapping and managing resources for school health programs.

The following case example on the Fit for School Approach can give you some ideas on how to mobilize resources for your school health program. One of the requirements to implement the approach is that the school should have access to water and have group handwashing activities.



The approach provides a basic model for a group handwashing facility, which already contains the needed supplies and its costs. A table of the basic model and its costs are presented on this page (GIZ Fit for School, 2014):

Material List for Basic Handwashing Facility (Based on Prices in Manila, Philippines, October 2013)				
Item	Unit	Price (Php)	Price (USD)	Cost (USD)
GI Pipe, Schedule 40, 3/4"	feet	22.10	0.38	8.44
Double nipple 3/4" x 2"	pcs	3.00	0.20	0.60
Double nipple 3/4" x 3"	pcs	2.00	0.48	0.96
Tee connection 3/4"	pcs	3.00	0.36	1.08
Ball valve 3/4"	pcs	2.00	4.20	8.40
Union Patente 3/4"	pcs	3.00	2.20	6.60
Plug 3/4"	pcs	1.00	0.18	0.18
Teflon tape	roll	3.00	0.30	0.90
Bucket (6 L)	pcs	3.00	0.96	2.87
Cement (2kg/ feet)	45 kg sack	0.13	4.40	0.57
Sand (8kg/ feet)	m ³	0.03	11.00	0.33
Water tank (5 gallons)	pcs	1.00	2.00	2.00
Water tank (2.5 gallons)	pcs	1.00	2.68	2.68
Plain washer	pc	1.00	0.06	0.06
Plastic faucet (inlet 1/2", screwed outlet 3/4")	pcs	1.00	1.20	1.20
Coupling 1/2"	pcs	1.00	0.13	0.13

Material List for Basic Handwashing Facility (Based on Prices in Manila, Philippines, October 2013)				
Item	Unit	Price (Php)	Price (USD)	Cost (USD)
Garden hose ¾"	feet	3.00	0.60	1.80
Double nipple ¾" x 2"	pcs	1.00	0.18	0.24
Reducer ¾" to ½"	pcs	2.00	0.48	0.96
Hose clamps ¾"	pcs	2.00	0.18	0.36
Total Cost		55.26	33.59	40.36

Source: Field Guide: Hardware for Group Handwashing in Schools, GIZ Fit for School, 2014, p.33

The basic structure needed for a handwashing facility costs not more than USD 41 and is good for all children in one classroom. It is the role of the school head to share this information with the school community and to encourage the parent-teacher association of the school to help out in the construction of handwashing facilities.

Fit For School has four implementing partner countries. These are Indonesia, Cambodia, Lao PDR, and the Philippines. In these partner countries, the school heads of Fit for School raise funds through various strategies allowed by their respective Ministries of Education. In Cambodia, some school heads send letters approved by the Commune Council and the District Education Office to parents asking for their support in cash or kind. Other school heads also seek the assistance of religious leaders who, in turn, ask for the support of community members. A few school heads also help organize *Bun Phka* or Flower Ceremony to seek people's cooperation.

In Lao PDR, some school heads ask the help of village chiefs to finance a portion of the construction expenses for basic handwashing facilities.

Let's Think about This



After learning about your role as a mobilizer of resources, think about your experiences in your own school.

1. What available resources in your school can you tap for your school health initiatives?

2. What resource mobilization strategies can you employ in order to create a supportive learning environment in your school? Write your answers in the space provided below.

3. What are some critical tasks that you have to undertake in leading the resource mobilization efforts of your school?

Share your answers with your co-learners and Flexible Learning Tutor.



Feedback

You may have mentioned several resources available at your school. You may have thought about your teachers and identified those who are health advocates. You may have thought of asking their help first to implement your school health programs since they have a first-hand experience on the importance of students' health in education. You may have thought about the parents of your students who helped in cleaning and repairing facilities in your school. Some of them may even be experts in health or may be connected with local health centers or hospitals. You might even have parents who are employees of the Ministry of Education of your country, or have existing networks with local government officials.

While these resources may already be available in your school, you still need to mobilize other resources. Your resource mobilization strategy will depend on this need. If you need technical assistance on existing school health policies and programs in your country, you may need to write letters to appropriate agencies of your government such as the Ministry of Education or a health promotion unit of your Ministry of Health. If you need technical advice on providing water access to your school, you may consider contacting your local government unit and find ways that would best fit the context of your school. If you need funds to improve your sanitation facilities and help keep it clean and well-maintained, then you may think of approaching your supervisors within the Ministry of Education or your local government officials to finance additional materials.

You may also have mentioned a number of critical tasks in mobilizing resources. These include deciding on your resource mobilization targets and finding out existing resources that you already have. You would also need to determine other resource needs that you have yet to acquire. Lastly, you need to lead your stakeholders in generating a resource mobilization strategy.

You might be pleasantly surprised to know that you have existing resources in your school. It is just a matter of knowing what resources you already have at your disposal, what else you need, and how to encourage others to also support the health and education of your pupils.

There are still other ways to be a champion of health in your school and one of these is through instructional leadership in health education. You will learn more about this in the next sections.

Let's Try This (Activity 2.6)



School Head Dara was conducting her daily classroom visits when she noticed first grade student Chai crying on her seat during recess. School Head Dara tried to talk to Chai but she just kept crying. Chai's classmates told the school head that she has been suffering from a toothache.

After sending the child to the local health center, School Head Dara began to wonder. She knew that the first graders just had their lesson on caring for their body parts, including their teeth. It was part of their curriculum but this does not seem to have much impact on students' behavior since she knows that most children have tooth decay and quite a number of them experience toothache nearly every day.

School Head Dara sought to address this concern and asked for teachers' ideas during their next meeting.

One of the teachers shared that she has acquired some material, a manual on how to implement daily toothbrushing activities in school. The teacher showed this to School Head Dara who studied the material later.

With the help of the manual, School Head Dara led the school community to construct group washing facilities and acquired toothbrushes and toothpastes from private sponsors. The manual was also shared with other teachers and they used it to demonstrate the proper way of brushing teeth to their students during classroom lessons.

After a few weeks, daily group toothbrushing activities started being conducted in the school after meal time. School Head Dara supervised her teachers and students in implementing the activities.

After a few months of the school health initiative, a parent approached School Head Dara. The parent said, "I am surprised and happy to see my son encouraging his younger siblings to brush their teeth after meals. I know you have organized group toothbrushing activities in your school and I've seen how my son has adopted this behavior at home."

Hearing this, School Head Dara knew that her students have indeed learned how to care for their teeth in school.

Think about School Head Dara’s experience. What do you think was her role in making learning about oral health possible?

Share your answers with your co-learners and Flexible Learning Tutor.



Feedback

You may wish to compare your answers with mine below.

Perhaps you have mentioned that School Head Dara played a number of roles to ensure that her students have learned to take care of their teeth through the practice of daily toothbrushing. You may have mentioned that she supported teaching and learning in her school by implementing a curriculum on health, provided opportunities for students to practice what they have learned in the school by instituting daily group toothbrushing activities, and acquired resources to build handwashing facilities and purchase supplies (dental care) to conduct the activity. You may have also noted that School Head Dara also promoted the use of effective learning materials and tools for school health such as the manual on how to implement daily toothbrushing activities in school. She shared this with her teachers and trained them on knowledge and skills needed to teach students to wash their hands and brush their teeth. Perhaps you have also mentioned that the school head supervised her teachers and students in implementing the school health initiative.

All in all, School Head Dara played the role of a school head who leads curriculum and instructional processes related to school health. You will learn more deeply about this by studying the next section.

Let's Study

The Role of the School Head in Implementing Instructional Leadership in Health Education



A school head has an important instructional leadership role in implementing school health initiatives. This role entails a number of tasks. The following are some of them:

1. Support teaching and learning processes on health

Health has usually been part of the school curriculum. Some education systems have it as a core subject while others teach it in relation to health and social issues and within a carrier subject such as science, civic education, or social studies. Some schools integrate health topics in all subjects while others discuss health topics through nonformal education programs in the school. These usually focus on a wide range of content areas such as nutrition, emotional and mental health, alcohol, tobacco, dangerous drugs, and reproductive and sexual health. These topics are tackled with the hope of “developing health knowledge, health-related skills, and positive attitudes toward health and well-being” in students, which would hopefully lead them to practice behaviors conducive to a healthy lifestyle (WHO, 2003).

Through the years, experts have advocated for skills-based health education. This approach focuses on “creating or maintaining healthy lifestyles and conditions through the development of knowledge, attitudes, and skills, using a variety of learning experiences, with emphasis on participatory methods” (WHO, 2003). Examples of such participatory methods include class discussions, brainstorming, demonstration, role play, games and simulations, case studies, story telling, debates, application of life skills, audio and visual activities (e.g., arts, music, theater, dance), and decision mapping or problem trees (WHO, 2003). You will learn more about implementing school health programs through skills-based health education in Module 2 of HEALTHeXCELS.

2. Promote the use of effective instructional materials on health

Part of your role as an instructional leader is to ensure that appropriate materials on health are identified and used. You can, for example, find existing materials that are effective in teaching health. A case in point is found in Lao PDR where the *Blue Box* is promoted by UNICEF. This tool

is used by teachers to teach topics on hygiene and sanitation, malaria, diarrhea, parasite control, dengue, nutrition, dental health, and waste management (Vince Whitman & Aldinger, 2009). The *Blue Box* also contains engaging and fun education materials such as games, story cards, songs, and posters. The teachers were also trained on how to use these materials effectively.

In Malaysia, schools make use of various print materials such as comic books, activity workbooks, and posters on nutrition and other topics such as cleanliness, sanitation, health exercises, and anti-bullying. As a school head and instructional leader, you have the responsibility to supervise your teachers as they facilitate students' learning about health. You can do this by observing them as they teach lessons on health or conduct health activities in your school and by providing feedback on how they could better promote health and learning in the school.

3. Supervise your teachers in promoting health in the school

As a school head and instructional leaders, you have the responsibility to supervise your teachers as they facilitate learning about health. You can do this by observing them as they teach lessons on health or conduct health activities in your school. Guide them about instruction and needs of the students. Provide feedback on how they could better promote health in the school and assistance on how they can better help students to learn.

Aside from training teachers on teaching methodologies to strengthen behaviors conducive to health among students, you as a school head, can further reinforce behavioral change through the enhancement of social norms for health in the school. Several factors can affect school norms such as the existence of policies on health, presence of role models of healthy behavior in the school, conduct of health-related activities in the school, and access to health facilities and services. As a school head, your role is to create a social norm for health in your school to ensure that behavioral change is sustained.

For example, if you want your students to learn to wash their hands with soap at *critical times*, meaning before and after eating, and after using the toilet, then certain factors have to be present in order to facilitate this change in behavior, such as those listed on the next page.

- Convenient and appropriate placement of a handwashing facility, for example, near the toilet
- Availability of soap at the handwashing facility
- Knowledge of proper way of washing the hands
- Knowledge of when one should wash the hands
- Scheduled group washing of hands for students before and after meals

Through these activities, the behavior of washing the hands at critical times is reinforced and sustained.

Such an approach to health education recognizes that knowledge is not enough. It is also important to “understand the reasons for current behavior and determine what information or other support are needed to promote improved behavior” (Favin, Naimoli, & Sherburne, 2004). You could fulfill your role in creating the social norm for health by identifying the barriers that hinder the change in behavior of your students and addressing these through school health initiatives.

4. Employ effective student assessment on learning health

Overseeing assessments of students’ learning on health is also one of your roles as an instructional leader. You and your school community most likely would want to know if your students have indeed developed the intended knowledge, skills, attitudes, and values as a result of your instructions on health. This can be done in various ways (WHO, 2003) such as:

- Paper and pencil assessments
 - o Multiple choice
 - o Matching
 - o True or false
 - o Fill-in-the-blank
 - o Scales
- Alternative methods
 - o Observation: Teachers can observe students and record student behaviors related to health in their teacher log over a period of time. This record will show whether the students actually apply what they have learned on school health.

- o Interview: Teachers can ask students reflective questions to assess their knowledge about health topics and their feelings and behavior in relation to a particular health issue. An interview questionnaire is essential for this.
- o Student self-assessment: Students can be given a self-rating scale on health topics that will enable them to reflect on their work or performance as far as health is concerned. A self-assessment can also help them identify new learning goals that they want to achieve.



Let's Think about This

1. Why do you think is it important for you to advocate participatory methods in teaching health to students? Write your thoughts in the space below.

2. What criteria can you use in choosing effective instructional materials for teaching health?

3. How will you determine students' achievement of their learning objectives on health?

4. Have you tried to influence social norms in your school in order to develop behaviors conducive to health in your students? Write your experience in the space provided below.

Share your answers with your co-learners and Flexible Learning Tutor.

Feedback

Most likely, you would have written that as a school head, you would need to advocate participatory and skills-based health education. This is because it will allow your students to share their own prior knowledge, experiences, and opinions on various health topics.



You may also have realized the importance of your role in choosing effective health education instructional materials your school and the criteria that you can use to evaluate the quality of content and presentation.

In terms of determining student achievement of learning objectives in health, you may have written about the use of quizzes, worksheets, homework, self-assessments, and interviews to determine students' level of understanding of various health topics.

Lastly, you may have also tried to influence social norms in your school in order to change the health-related behavior of your students. For example, you may have trained your teachers to teach the students to eat a well-balanced meal by asking students to create a healthy menu plan. You may have also banned junk food and soda in your school canteen and encouraged the canteen staff to serve only healthy food. Also, you may have written letters to the parents to discourage them from allowing their children to bring unhealthy snacks to school.

Do you now feel excited about leading instruction for health in your school? Before you start performing your roles in managing school health, learn one more role of a school head in promoting health in school. Read the next sections.



Let's Try This (Activity 2.7)

During the learning exchange visit to School Head Chanh's school, which implements the Fit for School Approach, one school head asked the District Education Office this question, "What made you choose this school for the learning exchange?"

The District Education official replied, "We have identified School Head Chanh's school as having the best school health program. The school's health team has effectively planned and implemented their school health programs. They also have a monitoring and evaluation plan to ensure that the school health programs are proceeding as planned.

School Head Chanh also added, "Because of monitoring and evaluation, we were able to identify our strengths and areas for improvement. For example, last year, the monitoring team observed that some pupils used hand towels to dry their hands after the handwashing activity. Since hand towels tend to be used repeatedly, they can be a source of germs and infection. Based on this observation, our teachers taught the students about the importance of drying the hands in the air. The monitoring and evaluation process actually helped us improve the implementation of the program."

Based on School Head Chanh’s experience, why is monitoring and evaluation of school-based health programs important? Write your answers below.

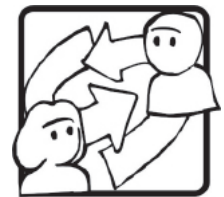
Share your answers with your co-learners and Flexible Learning Tutor.

Feedback

You may wish to compare your answers with mine below.

Based on School Head Chanh’s experience on monitoring and evaluation, it is important because findings from the process can help improve the implementation of school health programs. It also makes the program implementation more transparent especially to the different stakeholders of the school.

You will learn more about monitoring and evaluation of your school health programs in HEALTHeXCELS Module 2.



Let’s Try This (Activity 2.8)

School Head Chanh wanted to make sure that the Fit for School Approach was always implemented correctly in her school. This is one reason why during the initial planning stages for the school health initiative, she led other stakeholders in identifying measures to guarantee quality.

Imagine that you are School Head Chanh. What possible aspects of quality would you watch out for in the implementation of your school health programs?

Share your answers with your co-learners and Flexible Learning Tutor.





Feedback

You may have mentioned several things that can be considered for ensuring the quality of your school health programs. You may have pointed out a number of tangible items such as adequacy and accessibility of your washing facilities and their visual appeal. You may have also placed emphasis on the competence of your teachers to implement the program and to teach hygiene to your students. Lastly, you may have also highlighted your school health programs' sustainability as well as a process for handling concerns and solving problems encountered during implementation.

All of these deal with quality assurance in the implementation of your school health programs and activities. Read to learn more about your role in this respect.



Let's Study

The Role of the School Head in Leading the Quality Assurance of School Health Programs

Assuring the quality of your school health programs is one of your responsibilities as a school head. This involves developing standards to guarantee the quality of your school health initiatives.

In the case of the Fit for School approach, for example, the standards include a number of things:

- Availability of water in schools
 - o Adequacy
 - o Functionality
 - o Accessibility
- Group handwashing facility
- Adequate supply of soap, toothbrush and toothpaste
- Conduct of group activity on a daily basis

Provision of support to help teachers, students, and the community comply with the standards and achieve the objective of the health programs is also important. *Benchmarking* or the evaluation of the program by comparing with a standard is also facilitated by the Ministry of Education through school visits to model schools. Through the visits, potential and current implementers learn best practices for implementing activities and possible options to address concerns in their own schools.

Let's Think about This

What are the possible consequences if you do not assure the quality of implementation of your school health programs?



Feedback

You may have answered that failing to assure the quality of implementation of your school health programs may send a message to your different stakeholders that your initiatives are not really important. This may lead to poor implementation and erosion of support for the programs. Accountability might also suffer since the appropriate use of funds and other resources may be overlooked. You may also not be able to achieve the desired goals and objectives of your school-based health program as a result of poor implementation quality.



At this point, you may have noticed that you have already learned quite a number of roles that school heads like you need to fulfill as far as your school health programs are concerned. Let's now learn more about your role as a school health champion. Read on.

Let's Try This (Activity 2.9)

A few months after the learning exchange, District Education Office representatives of the Ministry of Education visited participants who attended the activity. When they visited School Head Soravong's school, they were pleasantly surprised to see that the school community has made progress in implementing school health programs. They have started implementing the Fit for School Approach.



The school community had also built separate toilets for boys and girls. They made sure that the toilets were in safe locations and provided privacy, especially for girls who have their menstruation.

During the visit, two teachers shared their appreciation of their school head with the District Education Office representatives:

- *Teacher Phong: School Head Soravong is really a health champion. He practices what he preaches. When we built our washing facility and started implementing group handwashing and toothbrushing in the school, he would often remind students to wash their hands after using the toilet. The children often see him do the same after going to the toilet. We have also observed that every lunch time, before he eats, he would go to the washing facility and wash his hands. Sometimes he would do the activity with the students and they always smile seeing him do the same activity that they are doing.*
- *Teacher Dao: School Head Soravong showed us that we can do something to prevent our students from getting sick and being absent from school through simple measures. I am proud to say that we value our students' health in their school because we know that it is important for effective learning.*

In addition to the evidence of a healthy physical environment that the District representative gathered during their school visit, the teachers' testimonies further showed that School Head Soravong has, indeed, become a true champion of health in his school.

What do you think does it mean to be a champion of health in the school?

Share your answers with your co-learners and Flexible Learning Tutor.

Feedback

You may have mentioned that a health champion is someone who takes care of his or her own health. He or she makes the right choices that would contribute to school health such as choosing to eat well-balanced meals, doing physical exercises and practicing good hygiene. Washing one's hands before meals and brushing one's teeth after meals are examples of basic and simple hygienic practices. Stakeholders can look at the school head and say that he or she is, indeed, a good role model of healthy behaviors. The school head as a health champion knows that he or she could influence others through his or her own actions.

Being a health champion, however, also involves other things. Learn more about this by reading the next sections



Let's Study

The School Head as a Health Champion

Being a health champion in school entails a change in perspective. It involves seeing that health is something that can be controlled and managed. A health champion helps people realize that they are responsible for their own health. He or she focuses on the prevention of illnesses through the promotion of healthy conditions within the school.

The health champion looks at the whole school setting and tries to create conditions that are conducive to health. The FRESH framework presented and discussed in Lesson One is of much help here. It enables the school head to determine interventions that have been proven to be cost-effective throughout the years. Conditions within the school, such as its policies, provision of water and sanitation facilities, skills-based health education, and basic health services, are considered to make the school a healthy place. The school head as a health champion aims to develop health-related behaviors in the students and teachers.

Overall, the school head champions health in the school because of a deep understanding of how it affects students' education. It is the most cost-effective intervention in preparing young children for school, in keeping them in school, and improving their educational performance.



Put together, all the roles and functions discussed in the previous sections make the school head a health champion in school. Can you recall the roles presented earlier in the module? All roles and functions may be listed down as follows:

1. Create shared goals and objectives for school health initiatives
2. Involve multiple stakeholders in school health initiatives
3. Integrate health in the existing school planning mechanisms
4. Mobilize resources to support school health initiatives
5. Provide instructional leadership in health education
6. Monitor and evaluate the effectiveness of school health initiatives
7. Lead the quality assurance of school health activities and programs



Let's Think about This

Think about your own experience in championing health in your school. Do you consider yourself a role model of health practices?

Share your answers with your co-learners and Flexible Learning Tutor.

Feedback



It is hoped that you consider yourself a good role model of health practices in school. Your teachers, school staff members and students may already have observed some of your health-related practices such as washing your hands at critical times and eating healthy meals. You may also have kept your own office clean and conducive to learning.

However, most likely, you also want to improve on some aspects of yourself in order to fully be called a health champion. You may have mentioned that you still want to enhance your capacities in mobilizing resources for your school health programs and in involving stakeholders in your school health programs. It is a good thing that the next section will help you assess your strengths and areas for improvement in championing health in schools.

Let's Try This (Activity 2.10)



After hearing the positive feedback of teachers in his school during the learning exchange, School Head Soravong revealed that he had to assess his own capacity to champion health first before he became an effective leader and manager of school health programs. By identifying his strengths and weaknesses, he was able to determine how to improve his competencies in managing school health programs and this was why he joined the previous learning exchange.

Do you think that assessing yourself first is an important step in becoming a health champion? Write your answers in the space provided below.

Share your answers with your co-learners and Flexible Learning Tutor.



Feedback

Most likely, you agree with School Head Soravong on the value he placed in assessing his capacities as a school head who champions health. You may have also realized that looking at your own health will allow you to determine your strengths and areas for improvement in managing school health programs. Perhaps you also mentioned that this process of reflection can help you determine actions to address your capacity gaps and learn more about managing school health programs.



Let's Study

Assessing Your Capacity as a School Head in Promoting Health in School

Improving your capacity to fulfill your role as a manager and leader who promotes health in the school starts with assessing your own strengths and areas for improvement. A self-assessment tool can be of use to help you in this process.

The table below reflects the different roles of a school leader and manager who champions health as discussed in the previous sections. It also contains the different tasks involved in performing them. The assessment is done by giving yourself the most applicable rating from 1 to 4 with the following descriptions:

- 1- I do not know how to do this yet.
- 2- I know a little how to accomplish this task.
- 3- I can do this task but I can still improve.
- 4- I can do this very well.

The third column of the assessment tool provides a space for you to write down your ideas or strategies on how you plan to address your competency gaps especially for tasks and roles where you rated yourself 1, 2, or 3, which indicates your need to improve in the said roles and tasks.

Role	Rating	How Can I Improve in Performing This Task?
1. Achieve shared goals and objectives for school health initiatives		
a. Identify goals and objectives for your school health program together with the school community		
b. Facilitate the process of creating goals and objectives for your school health program		
c. Communicate goals and objectives of your school health program to relevant stakeholders		
2. Involve multiple stakeholders for school health initiatives		
a. Identify stakeholders for your school health program		
b. Establish partnerships for your school health initiatives		
c. Clarify roles and responsibilities in school health programs		
d. Build capacities of your stakeholders for your school health program		
3. Integrate health in the existing school planning mechanisms		
Include health conditions in your school plan		

Role	Rating	How Can I Improve in Performing This Task?
4. Mobilize resources to support school health initiatives		
a. Determine resource mobilization targets needed for your school health program		
b. Identify existing resources for your school health program		
c. Identify resource gaps for your school health program		
d. Identify strategies to mobilize resources for your school health initiatives		
5. Provide instructional leadership in health education		
a. Support teaching and learning processes on health		
b. Promote the use of effective instructional materials on teaching health		
c. Supervise teachers on promoting health in the school		
d. Employ effective student assessment on learning health		
6. Monitor and evaluate the effectiveness of school health initiatives		
a. Determine existing monitoring and evaluation tools for your school health program		

Role	Rating	How Can I Improve in Performing This Task?
b. Identify important areas and assure reporting lines, if not yet in place, to monitor and evaluate your school health initiatives		
c. Communicate goals and objectives of your school health program to relevant stakeholders (e.g., community and relevant ministry)		
7. Lead quality assurance of your school health activities		
a. Identify measures to assure quality of your school health initiatives		

Let's Think about This

Assess your own capacities to champion health in your school by using the assessment tool above. Rate yourself from 1 to 4 based on the categories mentioned and write your thoughts on how you can improve on a particular task of implementing school health programs. Afterwards, compute for the average of your rating for each role and write the ratings in the table below:



Roles of a School Leader and Manager in Championing Health	Average Rating
1. Achieve shared goals and objectives for school health initiatives	
2. Involve multiple stakeholders for school health initiatives	

Roles of a School Leader and Manager in Championing Health	Average Rating
3. Integrate health into existing school planning mechanisms	
4. Mobilize resources to support school health initiatives	
5. Provide instructional leadership in health education	
6. Monitor and evaluate the effectiveness of school health initiatives	
7. Lead the quality assurance of your school health activities	



Feedback

Most likely, completing the assessment tool has allowed you to look at your own capacity to champion health in your school. What rating did you get for each role? If you got a rating average of 1 or 2, or 3, you may consider trying to improve on the particular role. If you received a rating of 4 in a particular role, that is great! It would really be helpful for you to maximize this strength in implementing your school health program.

So, what did you find out about yourself? For which roles did you get high marks? Which of the roles reflects your strengths? On the other hand, which roles do you need to improve on?

Hopefully, you were able to accomplish the last column and have identified ways to improve on your competency gaps. For example, if you want to improve in identifying stakeholders for your school health program, you may have mentioned that you plan to use stakeholder analysis to help you with this task. Perhaps, for some items, you have indicated that you plan to consult an expert, maybe your superior, an expert in school health, or a peer who is really good at doing the tasks. You may have also commented that you plan to study more materials to help you improve on your competencies.

If this were the case, then rest assured that Module 2 will be really useful for you as it will discuss in more detail the important aspects of health program management.

In the Module Assignment for Module 1, you will make use of the results of the self-assessment tool to reflect on ways to further enhance your performance as a leader and manager of school health programs in your school.

You have just completed Lesson Two of this module! Through your interaction with the different sections and activities provided in this module, you have accomplished the important tasks required of you in understanding your role in managing health conditions in your school and in truly becoming a champion of health. With the essential knowledge, skills, and values gained, you have taken a crucial step in leading yourself and your school stakeholders towards enhancing student health for improved educational outcomes.

Let's Remember



In this lesson, you learned about your roles as a school head in managing school health programs to ensure that learning takes place in your school. These roles and tasks are as follows:

1. Creating shared goals and objectives for your school health program
2. Involving multiple stakeholders for your school health initiatives
3. Integrating health into existing school planning mechanism
4. Mobilizing resources to support your school health initiatives
5. Providing instructional leadership in health education
6. Monitoring and evaluating school health programs
7. Leading the quality assurance of your school health activities

After knowing about these roles and functions, you were able to assess your own capacities, strengths and areas for improvement as a school leader in managing and championing health in your school.



How Much Have You Learned From This Lesson?

You may now review what you have learned in this lesson by answering the following questions. Write your answers in the spaces provided.

1. Explain why managing health conditions in your school is a part of your role as a school head.

2. How can you create shared goals and objectives for your school health program with stakeholders?

3. As a school head, how can you encourage different stakeholders to help in the implementation of your school health programs?

4. Why is it important for you to influence your school community to incorporate managing health conditions in your existing school planning mechanism?

5. What are the important steps you, as a school head, should take in mobilizing resources for your school health program?

6. What are the benefits of employing participatory teaching and learning methods for health education?

7. Explain the importance of subjecting your school health program to monitoring and evaluating processes.

8. What are the possible consequences of leading the quality assurance of your school health activities?

9. Why is being a good role model an important aspect of being a health champion in the school?



Feedback

Compare your answers with those on pages 138-140.

How did you fare in the short assessment? If you answered all the questions correctly, congratulations! You have learned and understood the content discussed in this lesson very well. You are now ready to proceed to the next module.

However, if you missed some of the answers, you are encouraged to go back to that section of the lesson and read again for a better understanding. This quick review will help you prepare for the assessment at the end of the module.

Congratulations! You are now on the last leg towards accomplishing HEALTHeXCELS Module 1.

In the next few sections, you will have the opportunity to assess what you have learned in the entire module. You will also have the chance to rate your competencies in the different areas discussed.

To conclude, this lesson has given you a general overview of how you can effectively implement school health programs.

Well, we have now come to the final stage of the module, that is, the summary of key information and the post-test.

Let's Sum Up



This module has walked you through two lessons that helped build your competencies as a champion for health management in school.

Lesson 1 analyzed the connection between health and effective learning. You learned why health is important for effective learning. You also learned about the social determinants of health and current concepts, and strategies on school health, namely, the Health-Promoting School (HPS) and the FRESH approach.

Lesson 2 discussed your role in managing school health programs. You have learned that your core role as a school head is to enable learning in your students, and create a supportive learning environment. You also have learned about your different roles and tasks as a school head champion: creating shared goals and objectives, involving multiple stakeholders, integrating health into your school planning mechanism, mobilizing resources, providing instructional leadership in health education, monitoring and evaluating health projects, and leading the quality assurance of your school health program. Lastly, you also learned how to assess your capability for championing health in schools.



How Much Have You Learned from This Module?

Let's find out how much you have learned from this module. Answer the questions below.

1. Explain how a student's health status affects his/her capacity to learn.

2. Briefly describe the social determinants of health.

3. Explain how these social determinants affect the health of students in your school.

4. What are health-promoting schools? List the essential elements of a health-promoting school.

5. What are the four core components of the FRESH (Focusing Resources on Effective School Health) approach? Briefly describe each component and why each is important.

6. Explain why it is important for the school head to manage health conditions in his or her school.

7. As a school head, how important is it for you to create shared goals or objectives for your school health initiatives among your various stakeholders?

8. What are the benefits of integrating health into your existing school improvement plan or school development plan?

9. As a school head, how can you mobilize resources to support your school health initiatives?

10. As a school head and instructional leader, how can you encourage your students to develop healthy behaviors?

11. What are possible reasons for stakeholders to hesitate about being subjected to monitoring and evaluation as they perform their roles in school health programs? How can you address the hesitation?

12. How would you explain the necessity of implementing quality assurance measures for your school health programs to your different school stakeholders?

Feedback

Compare your answers with mine in the Key to Correction on pages 141-146. Your answers may not be worded exactly like mine but that's all right. As long as the ideas are the same, give yourself a point each.



If all your answers are correct, congratulations! I am confident you have gained fresh insights on how to champion health management in your school from the module readings and activities. You are now ready to start Module 2 in order to learn how to manage school health programs.

If you have some incorrect answers, review the relevant module sections carefully one more time. Pay special attention to the topics that you missed and revise your answers.



How Do You Rate Yourself Now?

Well done! You have succeeded in accomplishing the first module of the HEALTHeXCELS Flexible Learning Course. Undoubtedly, you have gained much knowledge and insights on how to champion health management in school.

For a final review of how much you have learned from this module, go back to the Self-Rating Competency Checklist on pages 9-11 and review the extent to which you have achieved your goals and learning outcomes. Go through the list of competencies again and place another check mark (✓) in the appropriate “Post” column that best describes your level of mastery of each competency at this time.

Compare your competency level before and after studying the module and reflect on how much you have learned. You may write your reflections in the space provided below.

Good luck on your noble efforts to champion health management in your school!

Let's Apply What You've Learned

(Module 1 Assignment)



Module 1 Assignment Guidelines

1. Review the results of the Self-Assessment Tool on your role in managing school health programs found in Lesson Two.
2. Reflect on these results and answer the following questions in not more than 500 words:
 - a. What areas in managing school health programs reflect your strengths?
 - b. Which of the roles indicated in the self-assessment tool do you need to improve on?
 - c. How will you address your competency gaps? Write at least three specific steps that you can take to help improve your competencies in managing school health programs.
3. For evaluation and feedback, submit this reflection paper to your Flexible Learning Tutor.



Key To Correction

What Do You Already Know? (pages 7-8)

1. *Why is it important to keep students healthy?*

Some possible reasons:

It is important to keep students healthy because their health status also affects their educational achievement. According to research, a student's health status can affect his/her capacity to learn in three ways: (1) health affects a student's readiness to learn and enrol on time, (2) good health prevents students from being absent from school and helps reduce dropout rates, and (3) health affects school children's cognition and educational performance.

The first one describes how health is a consideration for children to be ready to learn and enrol on time. Some health conditions can affect school enrolment. For example, children with small stature due to poor nutritional status can influence parents' decision to delay their children's enrolment.

The second states that keeping children healthy can also enhance their attendance and reduce dropout rates. Ill health can cause children to miss school. Malaria, tooth decay and other infections such as acute respiratory infections, the simple cold or cough, and diarrheal diseases are some common reasons why children miss going to school.

The third is that children's health condition can affect their cognition and educational achievement. For example, several studies show that cognitive abilities are poorer among school-age children who are hungry and have malaria, worm infections, or iron deficiency.

2. *What are the social factors or determinants that affect health?*

Some possible social factors that affect health:

- Income level
- Education
- Physical environment
- Personal health practices and coping skills
- Access to health services

3. How do these determinants affect the health of students in your school?

Some possible answers:

- Income level

Income and poverty are generally recognized as the most important determinants of health in societies. Wealthy families can acquire better nutrition, education, and healthcare while working and living in healthier environments. On the other hand, poorer families have to settle with what little they can afford and what the government provides for them. Poor students are more likely to suffer from poor health or poor nutrition. The most prevalent diseases that affect children and their education are especially present in poor countries and their poorest communities.

- Education

Studies show that children of educated parents, especially educated mothers, have lower death rates. Higher educational attainment has also been linked to better health. Education not only improves health-seeking behavior, but also employment and income opportunities. Education institutions are also ideal platforms for imparting healthy life skills and habits among school-age children.

- Physical environment

Pollution and hazards in different settings, especially in the school, can influence a person's physical and psychological well-being. Exposure to infectious agents, vectors (e.g., flies and mosquitoes), and harmful chemicals in the air, water, food, and soil also affect the health of people and may cause diseases.

- Personal health practices and coping skills

People's choices of their diet, exercise, and behaviors also affect their health. Children who engage in risky behaviors such as drinking, smoking, and using illegal drugs are putting their health in danger.

- Access to health services

The access and use of health services that can prevent and treat diseases is also a determinant affecting health. Factors such as the distance people have to travel, availability of public transportation to reach healthcare services, time spent waiting to avail themselves of the services, the number and attitude of healthcare workers, and costs are some considerations taken by people in accessing these services.

4. *What are health-promoting schools? List the essential elements or qualities of health-promoting schools.*

Some possible answers:

Health promoting schools are schools that constantly strengthen their capacities as healthy settings for living, learning, and working.

The essential elements or qualities of health promoting schools are:

1. Health-related school policies
2. School's physical environment
3. School's social environment
4. Individual health skills and action competencies
5. Community links
6. Health services

5. *What are the four core components of the FRESH (Focusing Resources on Effective School Health) approach? Briefly describe each component.*

Some possible answers:

- Health-related school policies

Health-based school policies should ensure a safe and secure physical environment and a positive psychosocial environment. For example, schools should have policies aimed at addressing issues such as the abuse of students, sexual harassment, school violence, and bullying.

- Safe water and sanitation facilities

These are the first steps in creating a healthy school environment. It is important, for example, that students have adequate toilet and washing facilities.

- Skills-based health education

This approach to health, hygiene and nutrition education focuses on the development of knowledge, attitudes, values, and life skills needed to make and act on the most appropriate and positive decisions concerning health. For example, school heads can integrate in their subjects topics about healthy living, sanitation, proper diet, and first aid.

- School-based health and nutrition services

Schools can effectively deliver some health and nutritional services that are simple, safe, familiar, and that address problems that are prevalent and recognized as important in the community. For example, some schools link with other agencies and groups to provide their students with deworming pills. Others tap local food chains to sponsor feeding programs.

- Education

Studies show that children of educated parents, especially educated mothers, have lower death rates. Higher educational attainment has also been linked to better health. Education not only improves health-seeking behavior, but also employment and income opportunities. Education institutions are also ideal platforms for imparting healthy life skills and habits among school-age children.

6. *Why is it important for a school head to champion health programs in his or her school?*

Some possible answers:

It is important for a school head to champion health programs for students because health is a factor that can affect their educational achievement. Specifically, health can determine students' readiness to learn and enrol, affect their school attendance, and have positive effects on their cognition and school performance.

7. *What roles should a school head play in school health programs?*

Some roles of a school head in managing school health programs are:

- Achieve shared goals and objectives for school health initiatives
- Involve multiple stakeholders to support school health initiatives
- Integrate health in existing planning mechanisms
- Mobilize resources to support school health initiatives
- Implement instructional leadership in health education
- Monitor and evaluate the effectiveness of school health initiatives
- Lead quality assurance of your school health activities

Lesson 1 – Connecting Health and Effective Learning

How Much Have You Learned from This Lesson? (pages 66-68)

1. *How did Charles' health condition affect his learning?*

Some possible answers:

Because Charles had poor health, he was often absent from school. He received low grades in most subjects and failed two.

2. *How did the social factors affect Charles' health and education?*

Some possible answers:

Several social factors affect Charles' health and education. He comes from a very poor family and because of this, he and his family do not get to eat nutritious food. Lack of nutrition contributes to poor cognition. Charles would often take care of his baby sister upon coming home from school. This could also affect his capacity to study at home and work on school assignments.

Charles' health and education were be affected by his parents' beliefs and attitudes. Instead of preventing Charles from working in an unhealthy place, they appreciate this initiative and praised him as "street smart." His parents also prefer to go to the community healer for treatment instead of the local health center thinking that the medicines there are unaffordable.

Another social factor that affects Charles' health is his physical living environment that was not conducive to learning.

Aside from this, since Charles and his younger siblings were often looked after by their aunt who has tuberculosis, and by the fact that their house is not well-ventilated, there is a possibility that Charles and other members of his family would also be infected.

3. *What FRESH core components were implemented in School Head Tolentino's school? Describe how these were manifested.*

The four core components of the FRESH approach were all implemented in School Head Tolentino's school. The first FRESH component implemented was the construction of washing facilities.

The second FRESH core component, safe water and sanitation facilities, was made available.

The third component, skills-based health education, was manifested by how the school allotted 15 minutes of their daily school schedule for EHCP, allowing students to practice the healthy behaviors of hand-washing and toothbrushing.

School-based health and nutrition services, the fourth FRESH core component, were also provided to students through the bi-annual deworming component of EHCP.

4. *What other interventions can School Head Tolentino do to make her school a healthier place?*

Some possible answers:

School Head Tolentino can make her school a healthier place by ensuring that implementation of the four core components of the FRESH Approach is sustained. She can also focus on improving the sanitation facilities in her school, making sure that these are gender-sensitive, safe, and are regularly cleaned and maintained as part of the second component of FRESH. To ensure that health-related policies are followed, School Head Tolentino can also take a look at the standards set by their national government and determine the student-to-toilet ratio in her country,

and have separate toilet facilities for girls and boys. Aside from this, lessons on hygiene can also be discussed in class highlighting the importance of shared responsibility for keeping their toilet facilities clean and encouraging students to wash their hands after using the toilet. School Head Tolentino can make sure that water and soap will always be available for students to use so they can wash their hands at critical times, as part of the school's health service.

Lesson 2 – Your Role in Managing School Health Programs

How Much Have You Learned from This Lesson? (pages 122-124)

1. *Explain why managing health conditions in your school is a part of your role as a school head.*

Some possible answers:

Managing health conditions in the school includes keeping the school grounds clean, providing health and sanitation facilities, having school policies and a school plan that support health initiatives, and having teachers and staff that promote health practices. All these are part of your role as a school head because these health conditions contribute to the health and well-being of students. Healthy and well students are more capable of learning effectively. When students learn effectively, you have achieved the main purpose of your role as a school head.

2. *How can you create shared goals and objectives for your school health program with stakeholders?*

Some possible answers:

You can create shared goals and objectives for your school health program with stakeholders by finding out their goals for the students and communicating with them the nationally-identified outcomes. Communicating the health issues that need to be addressed in the school and agreeing on a rational approach (e.g. based on FRESH principles) to address the issues is another factor in creating shared goals.

3. *As a school head, how can you encourage different stakeholders to help in the implementation of your school-based health programs?*

Some possible answers:

You can encourage your different stakeholders to contribute to your school health programs by trying to understand their hesitations, motivations and possible reasons for participating or not participating. Afterwards, you need to address their concerns while providing motivating factors to encourage them to contribute to your school health programs.

4. *Why is it important for you to influence your school community to incorporate managing health conditions in your existing school planning mechanism?*

Some possible answers:

Influencing the school community to incorporate managing health conditions in your existing school plan will highlight the importance of health to the education of your students. It will also allow your school community to allot the needed resources and identify the persons responsible for implementing different aspects of your school health initiatives.

5. *What are the important steps you, as a school head, should take in mobilizing resources for your school health program?*

The important steps you should take in mobilizing resources for your school health program are:

1. Determine your resource mobilization targets
 2. Find out what existing resources you have
 3. Identify resource gaps
 4. Generate ideas and choose a resource mobilization strategy
6. *What are the benefits of employing participatory teaching and learning methods for health education?*

Some possible results:

Encouraging your teachers to employ participatory teaching and learning methods for health education can help draw out students' personal experiences, opinions and ideas related to health topics. It may also allow them to practice healthy behaviors. Such application can bring about a positive behavior change in them.

7. *Explain the importance of subjecting your school health program to monitoring and evaluation processes.*

The importance of subjecting your school health program to monitoring and evaluation includes:

- Monitoring and evaluation will allow you to improve your school health program implementation.
- The process encourages accountability among your different stakeholders.
- The process also makes the results of your program transparent to all stakeholders who contributed to your school health program.
- It contributes to the quality assurance of your school health programs.

8. *What are the possible consequences of leading the quality assurance of your school health activities?*

Some possible consequences:

- Your school health program will be compliant with the standards that you set.
- Quality assurance may ensure satisfaction of your student, teachers, and other stakeholders with the school health program
- It may ensure that resources invested in your school health program are spent efficiently and effectively
- It may contribute to improving the morale and motivation of your school community in implementing your school health program

9. *Why is being a good role model an important aspect of being a health champion in school?*

Some possible answers:

It is important for you to become a good role model of healthy practices to your school community because this is another way of teaching them the importance of practicing healthy behaviors. It is also an important means of sending them the message that healthy habits are valuable and doable.

How Much Have You Learned from This Module? (pages 126-129)

1. *Explain how a student's health status affects his/her capacity to learn.*

Some possible answers:

A student's health status affects his/her capacity to learn in several ways. Some health conditions have effects on one's school enrolment. Health can be a factor influencing a parent's decision to delay a child's enrolment. Aside from this, ill-health can also cause one to miss classes and in worse cases, drop out of school. Other health conditions, like illness and malnutrition in early childhood, can affect the brain's development and thus affect cognition or the physical growth of a child and affect participation in school activities.

2. *Briefly describe the social determinants of health.*

Some possible answers:

Health is created in places where people live, work, learn and play. Whether people stay healthy or become sick is influenced by many factors such as how good their education is, how much they earn, the kind of community they live in and where they work, how accessible health care services are, and their personal health habits. These factors, in turn, are shaped by how money, power, and resources are distributed at the global, national, and local levels.

3. *Explain how these social determinants affect the health of students in your school.*

Some possible explanations:

- Income level - Income and poverty are generally recognized as the most important determinants of health in societies. Wealthy families can provide better nutrition, education, and health care for their children. On the other hand, poor families usually cannot afford to give all of these to their children.

- **Education** - Parents who have inadequate education tend to have poor health behaviors while educated parents have better knowledge about health. In fact, studies show that children of educated parents have lower death rates. Education not only improves health-seeking behavior, but also employment and income opportunities that in turn, enables healthy living for parents and their children. Education institutions are also ideal platforms for imparting healthy life skills and habits among school-age children.
- **Physical Environment** - The quality of one's physical environment contributes to health. Pollution and hazards in different settings such as homes, schools, communities, and roads can influence your students' physical and psychological well-being. Exposure to infectious agents, vectors (e.g., flies and mosquitoes), and harmful chemicals in the air, water, food, and soil also affect the health of your students.
- **Personal Health Practices and Coping Skills** - Your students' choices of their diet, exercise, and behaviors such as drinking, smoking and using illegal drugs affect their health. The school can help develop healthy practices and coping skills among students through its formal and informal curriculum. This entails integrating health issues and concerns in the lesson plans of the teachers. School practices and regulations such as selling only healthy food in the school canteen, facilitating group handwashing activities before meals, and taking time for students and staff members to clean the school ground implicitly teach children to live healthy lifestyles.
- **Access to Health Services** - The access and use of health services that can prevent and treat diseases is also a determinant affecting health. Factors such as distances your students have to travel, availability of public transportation to reach services, time spent waiting to avail themselves of the services, the number and attitude of healthcare workers, and costs are some considerations taken by your students and their families in accessing of these healthcare services. Schools can also be a place where essential health care services can be made most accessible on a broader scale.

4. *What are health-promoting schools? List the essential elements of a health-promoting school.*

Some possible answers:

Health-promoting schools are schools that constantly strengthen their capacities as a healthy setting for living, learning, and working. The six essential elements of a health-promoting school are as follows:

- Health-related school policies
- School's physical environment
- School's social environment
- Individual health skills and action competencies
- Community links
- Health services

5. *What are the four core components of the FRESH (Focusing Resources on Effective School Health) approach? Briefly describe each component.*

Some possible answers:

- Health-related policies - School-based policies should ensure a safe and secure physical environment and a positive psychosocial environment. For example, schools should have policies aimed at addressing issues such as the abuse of students, sexual harassment, school violence and bullying.
- Safe water and sanitation facilities - These are the first steps in creating a healthy school environment. It is important that students have adequate toilet and washing facilities.
- Skills-based health education - This approach to health, hygiene and nutrition education focuses on the development of knowledge, attitudes, values and life skills needed to make and act on the most appropriate and positive decisions concerning health. For example, school heads can integrate in their courses topics about healthy living, sanitation, proper diet, and first aid.

- School-based health and nutrition services - Schools can effectively deliver some health and nutritional services as long as the services are simple, safe and familiar, and address problems that are prevalent and recognized as important in the community. For example, some schools link with other agencies and groups to provide their students with deworming pills. Others tap local food chains to sponsor feeding programs.

6. *Explain why it is important for the school head to manage health conditions in his or her school.*

Some possible answers:

The primary purpose of school leadership and management is to promote learning. Learning is the central mission of educational institutions and the ultimate role of the school head is to enhance learning outcomes of their students. It is important, therefore, for a school head to manage health conditions in his or her school in order to create a supportive environment where learning can take place.

7. *As a school head, how important is it for you to create shared goals or objectives for your school health initiatives among your various stakeholders?*

Some possible answers:

Creating shared goals or objectives for your school health initiatives among your various stakeholders is important as this will allow people to act purposefully. The school community needs to understand what they are doing and why they are doing the project. Creating shared goals and objectives with your school community members will also affect people's attitudes of people in implementing your school health program.

8. *What are the benefits of integrating health into your existing school improvement plan or school development plan?*

Some possible answers:

Integrating health in the school improvement plan allows the school to have a programmatic approach to addressing health conditions in the school. Health promotion and management of its determinants become part of the awareness of the school community since the process of coming up with a plan goes through a collaborative process, participated in by teachers, parents, and other members of the community.

9. *As a school head, how can you mobilize resources to support your school health initiatives?*

Some possible answers:

You can mobilize resources for your school health initiatives by developing and nurturing relationships with individuals, agencies and organizations within and outside of your school, such as your teachers, parents, community, local government officials, civil society groups, and other donors. Mobilizing resources entails learning how to connect with prospective donors in a manner and language that they understand and finding a common ground through shared values and interests.

10. *As a school head and instructional leader, how can you encourage your students to develop healthy behaviors?*

Some possible answers:

As a school head and instructional leader, you can encourage your students to develop healthy behaviors by supervising and guiding your teachers in employing skills-based health education. This allows the development of knowledge, attitudes, and skills using a variety of learning experiences, with emphasis on participatory methods. You can also take a look at other factors that could facilitate the practice of healthy behaviors such as your policies on health, your school environment, and the opportunity to provide for students to actually perform healthy behaviors.

11. *What are possible reasons for stakeholders to hesitate about being subjected to monitoring and evaluation as they perform their roles in school health programs? How can you address the hesitation?*

Some possible answers:

Your school stakeholders might be hesitant because they know that they will receive feedback on how they have performed their tasks in line with your school health program and they may not be ready for it. You can help alleviate this particular concern by advocating that monitoring and evaluation is a learning process for all of you. You can also explain to them the benefits of doing this practice such as how it can help improve program implementation and further enhance the effectiveness and efficiency of school health programs.

12. *How would you explain the necessity of implementing quality assurance measures for your school health programs to your different school stakeholders?*

Some possible explanations:

You can mention that institutionalizing quality assurance measures can help you enhance the implementation of your school health program. You can also communicate to them that it will promote accountability among the different stakeholders especially with regard to appropriate use of funds and other resources, how tasks are being accomplished, and how your desired goals and objectives are being achieved or not.

Glossary



Dengue - An infectious disease caused by the dengue viruses transmitted by mosquitoes prevalent in the tropics and subtropics including Southeast Asia. Its symptoms include fever, headache, severe muscle and joint pain, and rashes.

Dental caries - Also known as cavities or tooth decay caused by infection or bacteria which results in the breakdown of the tooth enamel. Though highly preventable, this is the most common chronic disease in children ages 6 to 11 years old and adolescents ages 12 to 19 years old worldwide.

Deworming - The provision of anthelmintic drug treatment to remove and destroy parasitic worms that are in the body of adults and children.

Diarrhea - Excessive frequency and looseness of bowel movement usually caused by gastrointestinal infection, triggered by bacterial, viral, and parasitic organisms. The symptoms can be caused by contaminated food or drinking water.

Dropout rate - Refers to the percentage of pupils who stop going to school before they have finished it.

Hand washing facilities - A facility that has functional water source where children can wash their hands with soap and water before and after eating and after using sanitation facilities.

Healthy conditions in schools - A term that refers to the whole conditions in the school that affect health such as its physical environment, social environment, enforcement of policies on health, access to water and sanitation, among others.

Healthy physical environment - Refers to the buildings, grounds, play space, and equipment in the school. This also includes availability of water, handwashing facilities, proper waste disposal, and cleanliness of the air.

Health services - Services designed to ensure access to the prevention and control of communicable diseases and other health problems, emergency care for illness or injury, optimum sanitary conditions, and educational and counseling opportunities on health to individual, family, and community health.

Health service providers - Qualified professionals such as physicians, nurses, dentists, health educators, and other allied health personnel.

Helminth infection - Worm infection.

Hygiene - The practice of keeping one's self and surroundings clean in order to prevent illness or the spread of diseases (Collins, 2003).

Iron deficiency anemia - The most common and widespread nutritional disorder worldwide which is caused by insufficient dietary intake and absorption of iron and/or bleeding which results in the loss of red blood cells more quickly than they are replaced.

Malaria - Transmitted through mosquito bites, this is an infection caused by the parasite Plasmodium. Its symptoms include fever, headache, and vomiting that usually occur between 10 to 15 days after the bite.

Malnutrition - A physical condition when the body does not get the right amount of nutrients, vitamins, and minerals that it needs.

Nutrition services - Involves the provision of a variety of nutritious and appealing meals that supply the health and nutrition needs of students.

Parent-Teacher Association - A formal organization consisting of parents and/or guardians of enrolled pupils and teachers in a given school . It is organized to ensure the general welfare of the students and facilitate the communication and involvement of parents in improving students' learning, and for continuous school improvement, in general.

Psychosocial learning environment - Covers psychological and social factors that have consequences for satisfaction, health and ability to perform at learning places (UNESCO, 2014).

Respiratory tract infections - Infections caused by viruses or bacteria that can affect the sinuses, throat, airways, or lungs.

Sanitation - refers to the provision of facilities and services for the safe disposal of human urine and feces (WHO, 2014).

Safe drinking water - Water that does not contain pathogens or germs harmful to the human body, and which does not contain iron, metal or chemical elements such as arsenic above the recommended dose. Safe water is tasteless, colorless and odorless.

School-based health and nutrition program - A comprehensive education and service package implemented in schools aimed at improving the health and nutritional status of the total school population with elementary/primary school children as the priority target group.

School community - refers to all the people living/working within the school premises including the students, the teaching and non-teaching staff, and the various individuals, groups, businesses, and institutions that are invested on the welfare and vitality of a school and its community (Great Schools Partnership, 2013).

School health policy - Any formal statement which may be a regulation, standard, or guide within a school which provides a foundation for action in response to the health needs of students, teachers, and staff.

School Improvement Plan/School Development Plan/School Plan - A document describing the overall direction, major priorities and programs of the school meant to improve the level of student achievement over a specific period of time.

School health program - A series of harmonized projects and activities in the school for the promotion of health and development of school children and the stakeholders.

Skills-based health education - An approach to creating or maintaining healthy lifestyles and conditions through the development of knowledge, attitudes, and skills using a variety of learning experiences, with emphasis on participatory methods.

Social determinants of health - Factors that are connected to individual choices, socio-economic status, and environment that can have an impact on a person's health.

Vector-borne disease - An illness caused by an infectious microbe transmitted to people by blood-sucking insects such as mosquitoes, bugs, ticks, flies, lice, etc.

Vitamin A deficiency - A condition characterized by the lack of vitamin A, which is involved in immune function, vision, and growth.

Worms - Parasites that might infect the gastro-intestinal tract in humans that can be acquired through contaminated hands or water, skin contact with infected soil, and through ingestion of uncooked or unwashed food.



Suggested Readings and Websites

Fit for School. <http://www.fitforschool.ph>

Fit for School – Field Guide: Hardware for Group Handwashing in Schools (2013). [https://philippines.humanitarianresponse.info/system/files/documents/files/Field%20Guide%20to%20Hardware%20for%20Group%20Handwashing%20in%20Schools%20\(single%20pages\).pdf](https://philippines.humanitarianresponse.info/system/files/documents/files/Field%20Guide%20to%20Hardware%20for%20Group%20Handwashing%20in%20Schools%20(single%20pages).pdf)

Focusing Resources on Effective School Health. <http://www.freshschools.org>

Focusing Resources on Effective School Health: A FRESH Approach for Achieving Education for All. <http://www.freshschools.org/Documents/FRESHandEFA-English.pdf>

Schools & Health. <http://www.schoolsandhealth.org>

WHO Information Series: Skills for Health. http://www.who.int/school_youth_health/media/en/sch_skills4health_03.pdf

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- Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH- Regional Fit for School Program (2013). **Fit for school health outcome study basic facts - Lao PDR.** Manila: Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH- Regional Fit for School Program.
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