

HEALTHeXCELS

MODULE 2

Manage School Health Programs



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



Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH

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Printed in the Philippines.

ISBN 978-971-0487-69-1

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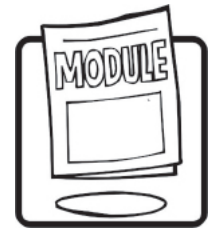
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What Is This Module about?



“Research in both developing and developed countries demonstrates that school health programs can simultaneously reduce common health problems, increase the efficiency of the education system, and advance public health, education and social and economic development in each nation.”

-WHO’s Expert Committee on Comprehensive Health Education and Promotion, 1995

The significant impact that school health programs have on individual and public health, as well as on the education system and national development is reflected in the above quotation articulated by the World Health Organization’s (WHO) Expert Committee on Comprehensive Health Education and Promotion. As you reflect on the quotation, to what extent do you think school health programs in your country in general, and your school health program in particular, are exerting this impact? To what extent are you playing the role of school manager and health champion?

Generally, many of our school-age children spend more than 1,000 hours a year in school. Children who are strong and healthy tend to have higher cognitive abilities and subsequently achieve better grades than those who are in poor health and suffering from nutrition deficits. Therefore, as a school head, you are responsible not only for ensuring a school learning environment that facilitates and promotes student learning, but also for a school environment that enables students to develop good health and nutrition habits.

In Module 1, you already had a chance to learn more about that. Your school offers a readily available infrastructure for all schoolchildren to engage in cost-effective measures that are practiced daily in school, such as daily hand washing and toothbrushing, and bi-annual deworming.

In light of this, it is also important that, as a school manager, you develop strategies for implementing school-based health programs that are aligned with national health policies and programs, which should promote health and focus on safe water and basic sanitation services, as well as improve personal hygiene among your students.

At this point, you may be feeling a little anxious as to how you can do this. You may be asking yourself the following questions:

- Enumerate health-related problems in your school
- Make your school a healthy place

- Manage limited resources
- Get financial support for school health activities
- Make the school a healthier place and improve the health of students
- Ensure that the school health program is implemented and running well

If you already have some answers to the above questions, good. Otherwise, do not worry, because a solution may be just around the corner.

As you know, this course consists of two self-instructional modules. The first module that you have studied, **Module 1: Champion Health Management in School**, has provided you with the essential knowledge and skills to champion health management in your school. Besides this, it has also discussed your role as a school manager and leader and clarified key concepts in the goal attainment of health. This module, **Module 2: Manage School Health Programs**, continues from where Module 1 ended, and discusses how you can effectively manage your school health program. At this point, are you excited to explore how you can succeed in achieving the goals you have set? Great! I wish you success as you go through the various sections of this module which incorporates ideas and guidelines on how you can accomplish your mission.



What Will You Learn?

After studying this module, you are expected to have equipped yourself with the basic knowledge and skills to effectively manage your school health program. Specifically, you should be able to:

- Assess your school conditions related to health.
- Organize a school health management committee.
- Lead your school community in implementing a school health program based on your school needs and aligned with national school health policies and programs.
- Integrate school health into existing planning mechanisms.
- Plan and organize partnerships and community collaboration for a healthy and supportive school environment.
- Monitor and evaluate the implementation of your school health program.

To help you achieve the above objectives, this module has been organized into three lessons as follows:

Lesson 1. Assessing School Conditions Related to Health

Lesson 2. Integrating School Health into Existing School Planning Mechanisms

Lesson 3. Implementing an Effective School Health Program

In *Lesson 1*, you will learn how to assess the conditions of your school related to health. With the results of your school health scorecard, you will then organize your school health management committee.

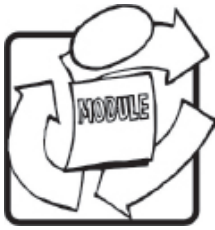
Lesson 2 discusses how you will guide and lead your school stakeholders in developing your school-based health program that is aligned with national school health policies and programs, as well as with the school context. You will also learn how to integrate school health into existing planning mechanisms.

In *Lesson 3*, you will identify different strategies to implement your school-based health program. In addition, you will learn how to establish significant partnerships and networking with the local community to garner their support in implementing mandated national and local health programs and initiatives for better health and learning. You will also learn to monitor and evaluate the implementation of your school health program.

As in Module 1, each lesson in this module can be completed in about four hours. With the three lessons, this module can therefore be completed in twelve hours if you really sit down and consistently work on it. Again it is recommended that you take short 10 to 15-minute breaks in between lessons to rest your mind and reflect on what you have learned.

The flow of Module 2 follows the same pattern that you are already familiar with: Each lesson comprises activities, short tasks and quick assessments for you to accomplish independently at your own time and pace. You may share and discuss your ideas with your co-learners and your 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.

We wish you another productive and stimulating learning experience as you discover and explore even more new knowledge and skills with respect to school health.



Flow of Instruction

Lesson	Focus	Topics
1. Assessing School Conditions Related to Health	<p>Analyze the school's current conditions related to health</p> <p>Organize a school health management committee</p>	<ul style="list-style-type: none"> Assessing the Current School Conditions Related to Health: The FRESH Framework The Importance of Assessing School Conditions Related to Health Organizing Your School Health Management Committee Using Stakeholder Analysis The School Health Management Committee: Primary Functions and Member Roles
2. Integrating School Health into Existing School Planning Mechanisms	<p>Align your school health activities with national policies and programs, and the school context</p> <p>Integrate school health into existing planning mechanisms.</p>	<ul style="list-style-type: none"> Aligning your School Health Activities with National Health Policies and Programs Aligning School Health with the School Context School Health and Nutrition Policies and Programs in Southeast Asian Schools Integrating School Health into Existing Planning Mechanisms

Lesson	Focus	Topics
3. Implementing an Effective School Health Program	<p>Apply strategies to implement your school-based health program.</p> <p>Establish partnerships and networking with the community to further better school health.</p> <p>Monitor and evaluate school health program implementation.</p>	<ul style="list-style-type: none"> • Educational and Information-Based Strategies for School Health • Prevention-based School Health Interventions • Partnering with the Community: Some Recommendations • Community Engagement in School Health • Parents' Involvement in School Health • NGOs' Engagement in School Health: Two Case Examples from the Philippines • The FRESH Approach in Monitoring and Evaluating a School Health Program: Using Thematic Areas



What Do You Already Know?

Before you begin to study the different aspects related to managing your school health program, it will be beneficial for you to assess how much you already know about the content that will be discussed in this second module. Read the questions below and write your answers in the spaces provided.

1. School heads are encouraged to assess their school conditions related to health (health risks and potential for health promotion) before implementing their school health program. What purpose(s) do these assessments serve?

2. Explain three functions of a school health management committee.

3. What criteria will you use for selecting potential members of your school health management committee? Give reasons for your choice.

4. Explain the most essential characteristics of an effective school health program. Give reasons for your answer.

5. Why is it important for you, as a school manager, to integrate school health into existing planning mechanisms?

6. Enumerate and briefly explain two strategies that you would use for implementing your school health program.

7. How do you propose to enhance parent and community engagement in your school health program?

8. Why is it important for you to monitor and evaluate the implementation of your school health program?

9. For each of the following dimensions of school health, give an example of a monitoring and evaluation indicator. Write your answers on the lines provided:

(i) School health policies

(ii) Safe learning environment

(iii) Skills-based health education

(iv) School-based health and nutrition services



Feedback

You may now check your answers with those found in the Key To Correction on pages 154-157.

How did you fare? Your answers may not be worded exactly like mine but that is alright. As long as your ideas are similar, you can grant yourself one point. If you obtained all nine correct answers, excellent! This implies that you have a good knowledge about the subject matter of this module. You may proceed to study the ideas discussed to reinforce what you already know, as well as gain new knowledge of the content presented.

If you missed some of the items, you are encouraged to spend some time re-visiting particular sections so as to recall some of the basic knowledge, skills, and competencies for managing your school health program.

Before you begin Lesson One, it is proposed that you assess your present level of competency as a school head to manage your school health program. For this purpose, you are required to complete the Self-Rating Competency 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; 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. Analyze the current school conditions related to health.								
2. Organize a school health management committee.								

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
3. Guide school stakeholders to plan school health activities and align them with national health policies and programs and the school context.								
4. Integrate school health into existing planning mechanisms.								
5. Develop strategies to implement your school-based health program.								
6. Establish partnerships and networking with the community for better 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
7. Monitor and evaluate the implementation of your school health program.								

Well, are you pleased with your accomplishment in the Self-Rating Competency Checklist? If you have successfully completed most of the competencies, congratulations! Your next step is to identify those competencies that will require more of your time and attention. Remember to pay more attention to these competencies as you study the lessons in this module.

You may now proceed to Lesson 1.

Assessing School Conditions Related to Health



What Is This Lesson about?

“If the bodies of the learners are healthy, then their minds will be more receptive to learning. By ensuring the health and education of your people, you are offering them the strongest tool of all for the eradication of poverty. The FRESH initiative is, in this respect, not only a major flagship programme in working towards education and health for all but also in fostering the role of education in building a more caring and equitable world.”

- Koïchiro Matsuura, Director General, UNESCO, 2000

As you read the above excerpt taken from the Final Report of the 2000 World Education Forum, reflect on Matsuura’s opinion about the importance of health and education in the eradication of poverty. To what extent do you agree with him? Basically, malnutrition results from marginal dietary intake compounded by infection, inadequate care, gender inequality, poor health services, and poor environment. Since malnutrition is regarded as one of the consequences of poverty, higher rates of malnutrition are said to be found in areas with chronic widespread poverty (Asian Development Bank, 2001). Sadly, childhood malnutrition contributes to an estimated 35 percent of all deaths among children under five years of age (WHO Health Statistics, 2010).

The scenario in many developing countries is much the same, where many boys and girls enter adolescence undernourished, thus making them more vulnerable to disease and early death. At the other extreme, overweight and obesity are also significantly prevalent among young people in high-income countries but also increasingly in low-and middle-income countries. This development is seen as a consequence of technological, social, economic and environmental changes. Besides the problem of malnutrition, overweight and obesity, both rural and urban children and school-going youths are also faced with the problem of inadequate sanitation facilities.

In realizing this, world leaders who adopted the Millennium Development Goals (MDGs) and their associated targets are now beginning to review their respective country's progress in reducing child deaths; improving nutrition; controlling HIV infection, tuberculosis, malaria, and other infectious diseases; and increasing access to improved drinking-water sources and sanitation.

Interestingly, the key message conveyed by many health experts is that the health and education sector must work closely together if we wish to see a significant increase in the quality and quantity of school health programs that are aligned with those at the national level. Given this, are you prepared and willing to organize students, teachers, parents and local community leaders to successfully implement school health programs? After learning about your role as a champion of school heads from Module 1, I'm sure you are now ready to manage school health programs.

As you reflect on the above issues, it is also fitting that you re-examine your competencies in the area of school health and management. The lessons in Module 1 have provided you with the basic knowledge and skills to be a school health champion. Given this strong foundation, are you confident to lead and guide different stakeholders in implementing relevant health and nutrition activities that meet the needs of your students? If your answer is a resounding "Yes," then that's great! If not, don't worry. This HEALTHeXCELS Module will help you acquire the essential knowledge and skills needed to become an excellent school manager health programs in your school. Module 2 will also help you ensure that the programs are aligned with national health policies and programs and with your school context.

Lesson 1 of this module - *Assessing School Conditions Related to Health* - will help you find answers to the following questions:

- How can I assess the current conditions of my school related to health?
- How can I organize a school health management committee?



What Will You Learn?

After studying this lesson, you should be able to:

- Assess the current health-related situation in your school.
- Organize your school health management committee.



Let's Try This (Activity 1.1)

At a regional workshop on “Promoting Healthy Schools in Southeast Asia,” the keynote speaker reminded the participants that “...a student’s academic performance correlates positively with his/her health and nutrition status. Thus, the healthier and more nutritionally advantaged a child is, the more receptive and attentive he/she is in the classroom. The reverse is also true - Poor health and malnutrition have been recognized as some of the leading causes of school absenteeism and children dropping out of school.”



At the breakout session, school head Macato, one of the workshop participants, was asked to facilitate a small group discussion based on the keynote address. He was given some guide questions to start off the discussion. Imagine you are one of the participants in the group. Write your answers in the space provided on the next page.

1. Given that student health and education are intrinsically linked, where can you, as a school head, start in addressing the health situation of your school?

2. Why is it important for you to perform this task?

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

Feedback

You may wish to compare your answers with mine below.

For question 1, your answer would have included doing an analysis of the current situation with regard to health and healthy learning environment in your school. For this, you will need to collect information about the following: school health and nutrition policies of the Ministry of Education that are currently in place; existing national health programs and local health concerns as advised by your health personnel; your school's physical and social environment; type and delivery of school health and nutrition services; and partnerships and networking with the local community on school health promotion initiatives.

For question 2, you probably answered that by doing a situation analysis in your school with regard to school health, you and your school health management committee (if you already have one), school staff, health personnel, community-based health staff, such as clinic nurses and doctors, and school health program development coordinators may have a better understanding of how to turn your school into a healthy learning environment that enables healthy behavior and good learning among your



students. Besides this, the findings will also enhance the evidence needed for planning health and nutrition activities at the school level. In addition, it might also involve a review of existing school health and nutrition services, and activities for your school community.

Well, now that you are aware of the importance of conducting an assessment in your school as regards school health, perhaps you are interested to find out how you can go about this. Proceed to the next section.



Let's Read

Assessing the Current School Conditions Related to Health: The FRESH Framework

There are various frameworks that can be used by school heads to assess the current situation of school health in their school. In Module 1, you have already studied these two most important ones: (1) Health-Promoting Schools (HPS) framework and (2) the FRESH framework.

The FRESH framework is a good starting point for developing an effective school health and nutrition program with the support of intersectoral partnerships within its four components: (1) Health-related school policies in schools; (2) Provision of safe water and sanitation to provide a healthy learning environment; (3) Skills-based approach to health, hygiene, and nutrition education; and (4) School-based health and nutrition services.

These core components depend upon supporting strategies that include: (1) Effective partnerships between teachers and health workers, and between the education and health sectors; (2) Effective community partnerships; and (3) Pupil awareness and participation.

In the context of this module, the FRESH framework will be adopted as the underlying foundation for school health programs that are aligned with national school health policies and programs. For a start, let me invite you to do a quick recap of the four components of the FRESH framework that you learned in Module 1:

Component 1 – Health-related school policies

Component 2 – Provision of safe water and sanitation

Component 3 – Skills-based health education

Component 4 – School-based health and nutrition services

Based on the four FRESH components, an Assessment Tool for School Health composed of 27 items has been developed. You will see this on pages 19-28. But before using the tool, the table below presents the four FRESH components and the letters that will be used to represent each item in the assessment tool.

The first column in the table below represents the four FRESH components, the second column provides the indicators for each component, while the last column presents the number of items in the questionnaire symbolizing each component as you will see on pages 19-28.

FRESH Component	Indicators	Items
1: Health-related School Policies	<ul style="list-style-type: none"> • Health-related policies in school address the health concerns of students. • There are monitoring mechanisms to ensure that implementation of school health policies is taken seriously and reporting lines are established. • Students, parents and community members are aware of these policies and contribute to their enforcement. 	HP1, HP2, HP3, HP4, HP5, HP6
2: Provision of Water	<ul style="list-style-type: none"> • School has access to water. • School water system is maintained. • School has access to safe drinking water. • Water is enough for school's needs. 	WS1, WS2, WS3, WS4, WS5

FRESH Component	Indicators	Items
Sanitation Facilities:	<ul style="list-style-type: none"> • There is regular solid waste management • There are functioning toilet facilities • There are functioning handwashing facilities • There is maintenance of facilities 	WS6, WS7, WS8, WS9, WS10
3: Skills-based Health Education	<ul style="list-style-type: none"> • Health is included in the curriculum. • Skills-based approach is used in teaching about health. • Teachers are equipped to teach about health and conduct activities accordingly. 	HE1, HE2, HE3
4. School-based Health and Nutrition Services	<ul style="list-style-type: none"> • School meets minimum health package set by national government. • Different stakeholders are involved in the provision of services. 	HS1, HS2, HS3



Let's Try This (Activity 1.2)

Review the Assessment Tool for School Heads based on the FRESH Framework given in Table 1 below. This assessment tool was adapted from the Monitoring and Evaluation Guidance for School Health Programs (UNESCO, 2013). It consists of close- and open-ended items. The open-ended items provide additional information to some of the close-ended questions. Collectively, these items will help you to determine your school's overall current health status, as well as for individual FRESH components.

Proceed to accomplish it by following two simple steps as explained below.

Step 1:

For each of the close-ended items, place a check mark [√] in the box for the answer of your choice. For each of the open-ended items, write down your answers on the lines provided.

Table 1: Assessment Tool for School Heads Based on the FRESH Framework

HP1.	Is health included in your school policies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<p>a. If “Yes,” what health concerns are covered in your school policies?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Hygiene (handwashing, toothbrushing) <input type="checkbox"/> Nutrition (feeding program) <input type="checkbox"/> Health service provision (deworming, dental treatment, delousing) <input type="checkbox"/> Health examinations (annual check up) <input type="checkbox"/> Solid waste management <input type="checkbox"/> Daily cleaning of school ground <input type="checkbox"/> Elimination of mosquito breeding places <input type="checkbox"/> Others (please specify) _____ <p>b. If “No,” write your reasons below.</p> <p>_____</p> <p>_____</p> <p>_____</p>	
HP2.	Do your health-related school policies address the health concerns of your students?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<p>a. If “Yes,” what student health concerns do your school policies address? (Check all that apply.)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Hygiene (handwashing, toothbrushing) <input type="checkbox"/> Nutrition (feeding program) <input type="checkbox"/> Health service provision (deworming, dental treatment, delousing) <input type="checkbox"/> Health examinations <input type="checkbox"/> Solid waste management <input type="checkbox"/> Daily cleaning of school ground <input type="checkbox"/> Elimination of mosquito breeding places <input type="checkbox"/> Others (please specify) _____ 	

	b. If "No," write your reasons below. _____ _____ _____	
HP3.	Does your school have procedures to monitor and enforce your school health policies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<p>a. How does your school ensure that your school health policies are implemented? (Check all that apply.)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Involve teachers and students in policy implementation <input type="checkbox"/> Hold regular update meetings with teachers and students <input type="checkbox"/> Encourage teachers to monitor each other's implementation of policies <input type="checkbox"/> Others (please specify) _____ <p>b. If your answer to HP3 is "Yes," what procedures does your school have in place to monitor the implementation of these policies? (Check all that apply.) How often do you conduct these procedures (i.e., monthly, quarterly, bi-annually, or yearly)? Write your answer on the lines provided.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Observation: _____ <input type="checkbox"/> Interview: _____ <input type="checkbox"/> Survey: _____ <input type="checkbox"/> FGD: _____ <input type="checkbox"/> Others: _____ <p>c. How does your school make use of the information that was gathered through the monitoring procedure?</p> _____ _____ _____	
	<p>d. If your answer to HP3 is "No," write your reasons below.</p> _____ _____ _____	

HP4.	Do teachers contribute to health-related policies in your school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<p>a. If "Yes," in what way do they contribute to your school's health-related policies? (Check all that apply.)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Advocating local health priorities <input type="checkbox"/> Policy formulation <input type="checkbox"/> Strategy development and planning <input type="checkbox"/> Implementation <input type="checkbox"/> Monitoring and evaluation <input type="checkbox"/> Enforcement <input type="checkbox"/> Mobilizing resources <input type="checkbox"/> Mobilizing other stakeholders <input type="checkbox"/> Others (please specify) _____ <p>b. If "No," write your reasons below.</p> <p>_____</p> <p>_____</p> <p>_____</p>	
HP5.	Do students contribute to health-related policies in your school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<p>a. If "Yes," in what way do they contribute to your school's health-related policies? (Check all that apply.)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Advocating local health priorities <input type="checkbox"/> Policy formulation <input type="checkbox"/> Strategy development and planning <input type="checkbox"/> Implementation <input type="checkbox"/> Monitoring and evaluation <input type="checkbox"/> Enforcement <input type="checkbox"/> Mobilizing resources <input type="checkbox"/> Mobilizing other stakeholders <input type="checkbox"/> Others (please specify) _____ <p>b. If "No," write your reasons below.</p> <p>_____</p> <p>_____</p> <p>_____</p>	

HP6.	Are parents and community members involved as co-implementers of health-related policies in your school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<p>a. If "Yes," in what way do they contribute to the school's health-related policies? (Check all that apply.)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Advocating local health priorities <input type="checkbox"/> Policy formulation <input type="checkbox"/> Strategy development and planning <input type="checkbox"/> Implementation <input type="checkbox"/> Monitoring and evaluation <input type="checkbox"/> Enforcement <input type="checkbox"/> Mobilizing resources <input type="checkbox"/> Mobilizing other stakeholders <input type="checkbox"/> Others (please specify) <p>_____</p> <p>b. If "No," write your reasons below.</p> <p>_____</p> <p>_____</p> <p>_____</p>	
WS1.	Does your school have access to water?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<p>a. If "No," write your reasons below.</p> <p>_____</p> <p>_____</p> <p>_____</p>	
WS2.	Is your water source safe for drinking?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<p>a. If "No," write your reasons below.</p> <p>_____</p> <p>_____</p> <p>_____</p>	

WS3.	Is the water supply enough for the needs of your school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	a. If "No," what is/are the reason/s why your water supply is not enough? (Check all that apply.) <ul style="list-style-type: none"> <input type="checkbox"/> Poor operation and/or maintenance practices <input type="checkbox"/> Lack of spare parts <input type="checkbox"/> Poor design of the system <input type="checkbox"/> Age of system <input type="checkbox"/> Unpaid water bills <input type="checkbox"/> Interrupted water supply <input type="checkbox"/> Others (please specify) _____ 	
WS4.	Are your school's water facilities maintained and repaired when needed?	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No
	a. If "Partially" or "No," write your reasons below. _____ _____ _____	
WS5.	Does your school have a system in place in case your water facilities need repair and maintenance (e.g., report the problem to a designated authority, make use of budget for repair and maintenance, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No
WS6.	How often is solid waste disposed of or collected? (Check only one.) <ul style="list-style-type: none"> <input type="checkbox"/> At least once a day <input type="checkbox"/> Once every 2 days or once a week <input type="checkbox"/> Less frequently than once a week <input type="checkbox"/> Others (please specify) _____ 	
	How is solid waste (garbage, rubbish) disposed of at the school? (Check all that apply.) <ul style="list-style-type: none"> <input type="checkbox"/> Thrown on a garbage dump within or near the school grounds <input type="checkbox"/> Buried within or near the school grounds <input type="checkbox"/> Burned within or near the school grounds <input type="checkbox"/> Collected and taken away by a waste disposal service <input type="checkbox"/> Others (please specify) _____ 	

WS7.	Does your school have group handwashing facilities for daily group handwashing practice/activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<p>a. If "Yes," is there soap available for people to use?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. If "No," write your reasons below.</p> <p>_____</p> <p>_____</p> <p>_____</p>	
WS8.	Does your school have functioning toilets?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<p>a. If "Yes," does your school have toilets that are separate for males and females?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. If "No," write your reasons below.</p> <p>_____</p> <p>_____</p> <p>_____</p>	
WS9.	<p>How often are toilet facilities cleaned?</p> <p><input type="checkbox"/> At least once a day</p> <p><input type="checkbox"/> Once a week</p> <p><input type="checkbox"/> Once a month</p> <p><input type="checkbox"/> Others (please specify)</p> <p>_____</p> <p>Who is responsible for cleaning the toilet facilities in your school?</p> <p><input type="checkbox"/> Custodian/Cleaning staff</p> <p><input type="checkbox"/> Teachers</p> <p><input type="checkbox"/> Students</p> <p><input type="checkbox"/> Parents</p> <p><input type="checkbox"/> Others (please specify)</p> <p>_____</p>	
WS10.	Are your school's sanitation facilities maintained and repaired when needed?	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No
HE1.	Are health topics included in your school curricula?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<p>a. If "No," write your reasons below.</p> <p>_____</p> <p>_____</p> <p>_____</p>	

HE2.	Does your school encourage the students to perform any health-related practices on a regular basis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	a. If “Yes,” what are some examples of these health practices? (Check all that apply.) <ul style="list-style-type: none"> <input type="checkbox"/> Water and sanitation facilities improvement and maintenance <input type="checkbox"/> Hygiene (handwashing, toothbrushing) <input type="checkbox"/> Nutrition (feeding program) <input type="checkbox"/> Solid waste management <input type="checkbox"/> Daily cleaning of school ground <input type="checkbox"/> Elimination of mosquito breeding places <input type="checkbox"/> Others (please specify) <p style="text-align: center;">_____</p>	
	b. If “No,” write your reasons below. <p>_____</p> <p>_____</p> <p>_____</p>	
HE3.	Do your teachers have the appropriate training, knowledge, and necessary tools to implement skills-based health education in your school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	a. How do you train teachers to implement skills-based education in your school? (Check all that apply.) <ul style="list-style-type: none"> <input type="checkbox"/> On-the-job-training (OJT) <input type="checkbox"/> Orientation for teachers on school level <input type="checkbox"/> Teachers/school community implementation manual <input type="checkbox"/> Coaching <input type="checkbox"/> Workshops and seminars <input type="checkbox"/> Others (please specify) <p style="text-align: center;">_____</p>	
HS1.	Does your school provide school-based health and nutrition services ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	a. If “Yes,” what health and nutrition services are provided in your school? Who implements these health and nutrition services (e.g., local health worker, provincial government, nongovernment organization, etc.)? (Check all that apply.) <ul style="list-style-type: none"> <input type="checkbox"/> Deworming Implementers: <p style="text-align: center;">_____</p>	

	<input type="checkbox"/> Feeding Implementers: _____	
	<input type="checkbox"/> First-Aid Implementers: _____	
	<input type="checkbox"/> Access to a local network of health services Implementers: _____	
	<input type="checkbox"/> Routine basic health checks (growth, vision, etc.) Implementers: _____	
	<input type="checkbox"/> Other (please specify): Implementers _____	
	b. If "No," write your reasons below. _____ _____ _____	
HS2.	Are there any stakeholders involved in the provision of your school-based health and nutrition services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Who is involved in the provision of these school-based health and nutrition services? (Check all that apply.) What role do they play in the provision of these services? <input type="checkbox"/> Teachers: _____ <input type="checkbox"/> Students: _____ <input type="checkbox"/> Parents: _____ <input type="checkbox"/> Community members: _____ <input type="checkbox"/> Health personnel: _____ <input type="checkbox"/> Others: _____	
HS3.	Does your school have an existing collaboration with the local health center?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	a. If "No," write your reasons below. _____ _____ _____	

You may now proceed to the second step.

Step 2:

Each of your answers to the given close-ended items corresponds to a point.

Use the scoring key below for scoring your answers.

Type of item	Points awarded
Yes or No Questions:	
(i) Yes	1
(ii) No	0
Multiple Answer Questions:	
(i) Yes/At least once a day	2
(ii) Partially/ Once every 2 days or once a week/ Once a week	1
(iii) No/Less frequently than once a week/Once a month	0

Write your school's scores on the Answer Sheet below. But first add up the corresponding scores of the items indicated in Column 1 and write the sum in Column 2. Next, add up your scores under Column 2 and write your total score on the last row. Interpret your school's score using the scoring key that you will find in the next section.

Answer Sheet

Assessment Tool for School Heads Based on the FRESH Framework

FRESH Component	Your score for FRESH Component (Add up score obtained for respective items)	Highest possible score for each Component
Component 1: School - based health policies HP1+HP2+HP3+HP4+HP5+HP6		6
Component 2: Provision of safe water and sanitation <u>Water supply and facilities:</u> WS1+WS2+WS3+WS4+WS5 <u>Sanitation:</u> WS6+WS7+WS8+WS9+WS10		5 5
Component 3: Skills-based health education HE1+HE2+HE3		3

Component 4: School-based health and nutrition services HS1+HS2+HS3		3
Your total score:		27



Feedback

Refer to the Scoring Key below. This will help you analyze and interpret your school's total score based on the FRESH Framework.

Scoring Key:

Overall Checklist Score

0 - 6	:	Weak
7 - 13	:	Fair
14-20	:	Moderate
21 -27	:	Good

Immediately after the ceremony, school head Macato approached the awardee to congratulate him and his school for their success. He then asked Principal Phou how he was able to do so much when there are so many other tasks and responsibilities to shoulder in the school. Principal Phou answered in one simple sentence, "This is not a one-man show; I could not have done it alone."

What do you understand by Principal Phou's statement, "This is not a one-man show; I could not have done it alone"? Write your answer on the lines provided.

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

Well, how did your school fare with the close-ended items contained in the Assessment Tool for School Health?

Your school's overall score will give you a general idea of its current status as a health-promoting school. What was your school's category? Congratulations, if your school is in the "Good" category. This indicates that your school health program is closely aligned with the FRESH framework which aims to make schools healthier for students to learn and to be healthy. You are effectively using your school as a platform for delivering school health and nutrition programs for your students.

Very likely, your school-based interventions are safe, simple, and effective, and address the most common health and nutrition conditions that affect your students. For example, you probably implement deworming for worm infection, handwashing for bacterial infections, toothbrushing for dental caries, eye glasses for refractive error, physical exercise and healthy diet for weight concerns, micronutrients supplementation for micronutrient deficiency, and food for hunger.

Well, if your school health status is in the "Moderate" and "Fair" categories, you should not feel too disappointed. Actually, you have already made a good start and are on the right track in ensuring that your school environment is healthy for, effective with, and protective of children, specifically your students. Perhaps you are facing challenges in trying to optimize some of your existing health and nutrition interventions. It is possible that modifying some existing initiatives may address new school priorities and student needs. Reviewing the section in Module 1 on how to operationalize the FRESH approach will be useful. You may also need to review the items where you had checked "No," and the reasons you gave for the negative answers. Consider specific corrective actions that you can perhaps take to change each "No" into a "Yes" in the near future.

Most importantly, do not be unduly upset if your school is in the "Weak" category. Review your existing school health programs. Most likely, you are implementing some kind of health initiatives in your school, which unfortunately, are not aligned with the FRESH components. Try to keep in mind that when your school health program is organized and implemented across the four components of the FRESH framework, there is a reinforcing effect that ensures that efforts in one area are not undermined by lack of attention in other areas. In this way, your school health program is effective and provides a strong foundation on which to build a health-promoting school.

In view of this, it is recommended that you revisit all the items that you had checked “No” and consider the possibility of developing school health policies that protect and promote the health and safety of your staff and students. Check out your school supply of water and sanitation facilities for your students; empower your teachers and students to protect and improve their own and others’ health, safety and well-being through skills-based health education; and finally, improve on your school-based health and nutrition services in order to address common health problems that prevent your students from attending and participating in school. For a concrete practical example, please study the third Required Readings document.



Let's Study

The Importance of Assessing School Conditions Related to Health

You have just assessed the current situation of health conditions in your school in the context of the FRESH framework. Have you asked yourself why it is important for you to do this? Well, assessing the current situation on school health aspects of your school is important for the following reasons:

- It creates a good understanding of school health grounded in the FRESH framework;
- It serves as a way to confirm the value of existing healthy school policies and practices;
- It scans the physical environment of your school;
- It assists school managers, like you, to identify and prioritize areas for improvement as they relate to the four FRESH components;
- It stimulates and provides a platform for discussions about school health, related issues among and within the school system; and
- It provides a premise for the school to design a school health action plan for creating positive change and improvement.

All in all, the use of school health assessment tools, such as the Assessment for School Health based on the FRESH Framework, is not intended as an external evaluation. Rather, it is useful for school heads and the active school community members to identify the areas to focus on, as it will not be possible to do all at the same time. It is very important for you to be aware that you cannot embark on the task of implementing your school health

program alone. In order to achieve of success, you need the involvement and participation of a committee. Are you curious to learn how you can organize your school health management committee? If so, read on.

Let's Try This (Activity 1.3)

One of the highlights of the regional workshop on “Promoting Healthy Schools in Southeast Asia” was the Southeast Asian School Health Awards. This award is given to schools in the region, which have found creative ways to implement school health programs and promote student health and learning. The organizers awarded a school from Southern Vientiane the grand prize of USD 2,500, a banner, and a certificate of recognition for winning the award.



Immediately after the ceremony, School Head Macato approached the school principal to congratulate him and his school for their success. He then asked School Head Phou how he was able to do so much when there are so many other tasks and responsibilities to shoulder in the school. School Head Phou answered in one simple sentence, “This is not a one-man show; I could not have done it alone.”

What do you understand by School Head Phou’s statement, “This is not a one-man show; I could not have done it alone.” Write your answer on the lines provided.

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



Feedback

You may now compare your answers with mine below.

You probably answered that given the heavy tasks and responsibilities that a school head has to shoulder in school, he/she has to establish a school health management committee or, even better, utilize an existing general school committee that will work collaboratively on school-based health and nutrition issues. The members of this committee may be composed of the following: teachers, school staff, students, parents and other caregivers, as well as community representatives who will support the implementation of the identified school health-related activities.

Additionally, by means of a school health management committee, the school head will also be able to establish acceptance and ownership of the school health program, as well as seek the support and assistance of different people in the school community in its implementation.

Perhaps you may have already established your own school health management committee or you already have a very active school committee. If so, that’s great! However, you are encouraged to read the following section to learn more about how to improve the effectiveness and efficiency of your existing committee. On the other hand, if you are now thinking of organizing one in your school, surely the discussion below will provide you with some useful and practical ideas as you embark on this task.

Let's Read

Benefits of Organizing Your School Health Management Committee



There is evidence from research findings that a functional school committee (SC) is the most effective vehicle for interacting and working with the local community on school health issues. This simply means that through your SC, you will be able to achieve an enduring focus on health promotion among school stakeholders. If SC is non-existent or difficult to activate, then you may consider organizing a School Health Management Committee (SHMC) to improve health and educational outcomes of students. The SC/SHMC serves as a school health 'watchdog' to ensure that your school system implements an effective school health program that is adapted to your school context and that responds to your students' needs and the unique values of your school community.

Some of the primary tasks of the SHMC are the following:

- To assess the current school environment and health policies and programs that are currently in place;
- To identify activities that strengthen the existing school health environment, help implement health policies and programs, and integrate these aspects into the school plan, thus improving students' health; and
- To implement a school-based health program based on the current situation and resources in your school.

If you can think of other tasks undertaken by an SHMC, write your ideas on the lines below.



Feedback

Well, your ideas may have included some of the following tasks:

1. Ensure the allocation of sufficient resources, both technical and financial, for school health;
2. Provide linkage opportunities between the school and various segments of the community;
3. Assist in determining how much funding is required to conduct school health programs, integrate various funding sources for school health, and help raise funds for local health programs.



Let's Try This (Activity 1.4)

At this point, it is recommended that you think about how you will organize your school health management committee, if you do not yet have one in your school. What are some important steps that you need to follow? If you already have an existing committee, recall the steps that you adopted in organizing it. Jot down your ideas on the lines below.

Compare your answer with the discussion in the next section on the technique, Stakeholder Analysis, which you might find useful as you set out to establish your school health management committee.



Let's Read

Organizing a School Health Management Committee Using Stakeholder Analysis

As you surely recall, in Module 1, you have already learned that the role of a school head includes involving multiple stakeholders in the school, communicating with them and orienting them on the goals and objectives of his/her school activities. Likewise, School Head Phou emphasized that the implementation of his school health program was not a one-man show.

What he meant was that he had a committee to assist him in carrying out the various health-related activities in his school. How was he able to set up this committee? How did he go about identifying the right people to form this committee? How did he manage to get the support of these people and to motivate them to become active?

One possible technique that School Head Phou may have used was stakeholder analysis. Are you familiar with this term? Stakeholder analysis is a technique used for identifying all persons, groups and institutions who may have an interest in a project, and then taking steps to manage their interests and expectations so that the project runs as smoothly as possible.

Similarly, in the context of school health, stakeholder analysis is all about scanning your school environment in order to identify your stakeholders. Your stakeholders are the people or organizations in your surroundings who have a vested interest in your school health program and are willing to contribute their time and energy to its implementation. With the qualitative information gathered from observation and interviews, you will then be able to determine whose interests should be taken into account when inviting individuals to form your school health management committee (SHMC).



The following are the benefits gained by using stakeholder analysis in organizing your SHMC:

- Stakeholders' opinions are useful in shaping your school health program at its early stage. Thus, you will be assured not only of their support, but also of their input for improving the quality of the program;
- Stakeholders' support not only creates a better chance of winning more resources, but also ensures the successful implementation of the program;
- Early and frequent communication with stakeholders will foster both their understanding of the program, as well as their awareness of its benefits;
- Anticipation of stakeholder's reactions to the program can be obtained, thus enabling appropriate actions to be planned for negative reactions;
- Knowledge of stakeholders' identity, interests, positions, alliances, and their importance related to the program allows for more effective interaction, as well as better support for the given program; and
- Potential misunderstanding of and/or opposition to the program can be prevented before its implementation.



Let's Think about This

Are there any other benefits of using stakeholder analysis as an input in organizing your school health management committee? Write your answers on the lines provided.

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

Now that you are aware of the benefits of organizing your SHMC, surely you will be interested to learn about the steps involved in carrying out a Stakeholder Analysis. If so, proceed to the next section.

Let's Study



Carrying Out a Stakeholder Analysis: Step 1-Identify Your Stakeholders

When using the stakeholder analysis technique to organize your school health management committee, you are required to follow three simple steps, namely: Identify your stakeholders; prioritize your stakeholders; and understand your key stakeholders. Let us now examine how you will undertake the first step in the stakeholder analysis technique.

Step 1: Identify your stakeholders

In this first step, you are required to sit down and start to think of all the people who will be affected by your school health program, those who have influence or power over it, and those who have an interest in its successful or unsuccessful implementation. You need to identify the correct stakeholders whom you can invite to be member of your SHMC. How will you accomplish this task?

Let's Think about This



On the lines below, write down some of the people whom you might consider as stakeholders who can be member of your SHMC. You may add in additional lines, if necessary.

Stakeholders Who Are Potential School Health Management Committee Members

1. _____
2. _____
3. _____
4. _____
5. _____

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



Feedback

You may have included people with professions such as those in the list below:

Stakeholders Who Are Potential School Health Management Committee Members

1. local health professionals
2. School Board members
3. counseling or mental health professionals
4. school nurse
5. provincial government/ district government
6. community professionals
7. community service leaders
8. Parent-Teacher Association members
9. nongovernment organizations

You may now have identified quite a number of people who can contribute to the success of your SHMC. The size of your committee will depend on the tasks involved in managing your school health program, the number of people who are available and equipped with the skills needed to accomplish the tasks. Studies, however, note that five to six people is the ideal number needed for such committees to run effectively and efficiently (Century Consulting Group, 2014). Hence, there is a need to prioritize your stakeholders.

You may now proceed to the second step of the process.

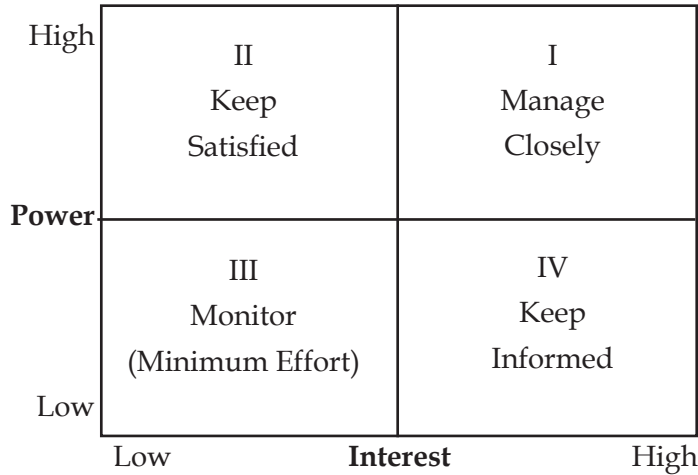


Let's Study

Step 2 - Prioritize Your Stakeholders

Based on the above activity, it is possible that you may now have identified and generated a long list of people and organizations among your stakeholders who are your potential members of your school health management committee. As you go through your list, you will observe that some of them may have the power either to support, advance or block your school health program. Similarly, there will be some who may be interested in your school health promoting activities, while others may show disinterest. What will you need to do to have a committee that is composed of members who are influential and committed? One possible

recommendation is to map out your stakeholders on a Power/Interest Grid as shown in the figure below. Using this grid, you will be able to classify each of your identified stakeholders by their power over and by their interest in your school health program.



Power/Interest Grid For Stakeholder Prioritization

[Source: Stakeholder Analysis: Winning Support for your Projects, Mind Tools]

Read the guidelines below to help you understand how you make use of the Power/Interest Grid to prioritize your stakeholders:

- **“Manage Closely” Quadrant:** These are stakeholders who have high power and show great interest in your school health program. They are the people you must fully engage and make the greatest effort to satisfy. For example: The School Board Members, Teachers, Parent-Teacher Association.
- **“Keep Satisfied” Quadrant:** These are stakeholders who have high power, but low interest in your school health program. Therefore, you will need to put in enough effort to keep them satisfied, but not so much that they become bored with your health message. For example: Local political leaders.
- **“Keep Informed” Quadrant:** These stakeholders have low power, but are highly interested in your school health program. Hence, you need to keep them informed and talk to them often to ensure that no major issues arise. They can often be very helpful in the implementation of your school health program. For example: Your students.

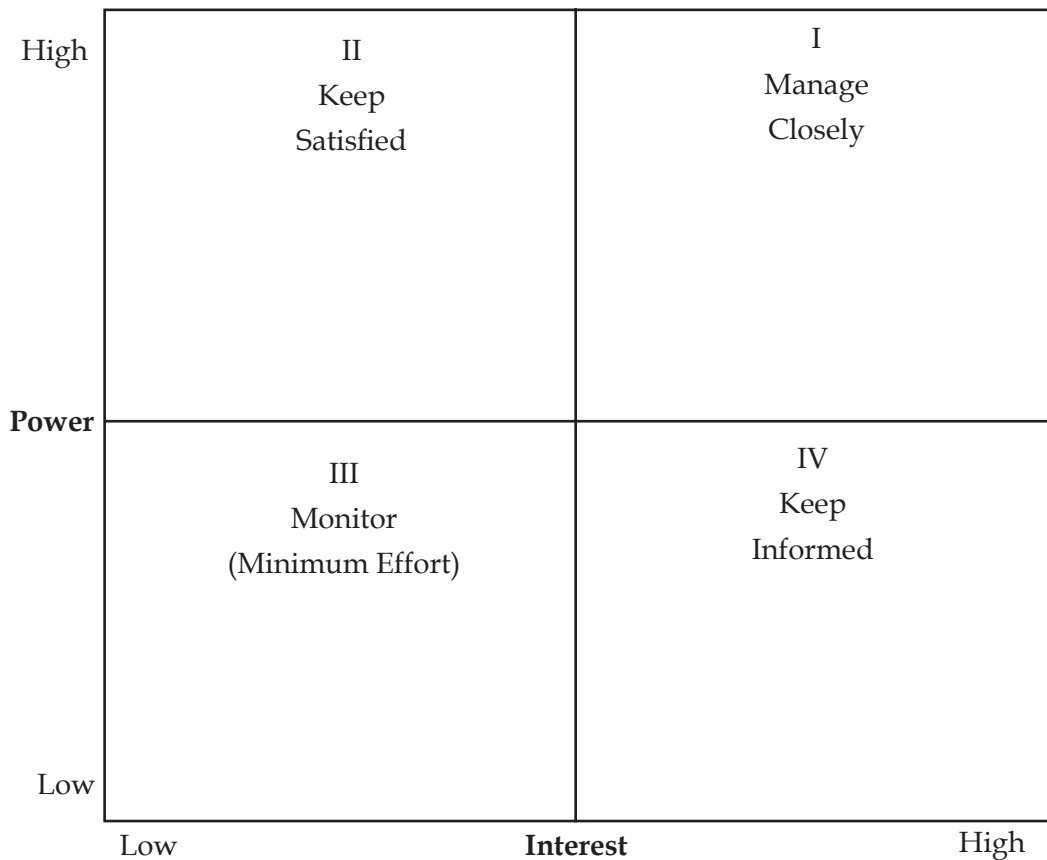
- **“Monitor” (Minimum Effort) Quadrant:** These are stakeholders who have low power and low interest. Although you need to spend time monitoring them, it is important that you do not bore them with excessive communication. For example: partner nongovernment organizations not involved in health.

Based on the above explanation, it is clear that a stakeholder’s position in the Power/Interest Grid indicates what actions you have to take.



Let’s Think about This

Are you interested to learn how to prioritize your stakeholders? Revisit the list of stakeholders you identified on page 37-38. Write their names in the respective quadrants in the figure below according to their Power/Interest characteristics.



Power/Interest Grid For Stakeholder Prioritization

Share your Power/Interest Grid with your co-learners and Flexible Learning Tutor.

Let's Study

Step 3 - Understand Your Key Stakeholders



At this point, you have already accomplished the first two steps in the Stakeholder Analysis technique to organize your school health management committee. The third and final step requires you to understand your key stakeholders. How do you propose to achieve this?

First of all, you need to get to know them better. Possibly, you will have to find out how they feel about your school health program and what their reactions are toward it. Additionally, you will also need to know how best to engage them in your school-based health activities, and how best to communicate with them. To help you achieve this, the following questions may be used as your guide:

1. What is the stakeholder's financial or emotional interest in the outcome of your school health program? Is it positive or negative? If negative, how will you attempt to change it to positive?
2. What motivates them most of all?
3. What kind of information do they require from you? How will you deliver it to them?
4. How do they perceive your school health-promoting activities? Are their perceptions evidence-based?
5. Generally, who influences their opinions? Who influences their opinion of you?
6. Do some of these influencers become important stakeholders in their own right?
7. Do these stakeholders exert positive influence? If "No," how do you propose to win them over to your side? If you are unsuccessful, how do you propose to manage their opposition?

In order to obtain honest and frank answers to the above questions, it is recommended that you talk directly to your stakeholders. By doing this, you are already taking the first step in rapport-building that will, hopefully, lead to the establishment of a good relationship with them.



Let's Think about This

Would you like to conduct an informal interview with one or two stakeholders whom you have identified and prioritized earlier? To accomplish this, use the questions in the previous page to guide you in phrasing your questions. Write your stakeholders' answers on the lines provided.

Stakeholder A:

Stakeholder B:

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



Let's Read

Developing a Stakeholder Map: A Sample

As a follow-up to the informal interviews that you have conducted with your stakeholders, you are surely interested to learn how you can utilize the data you have collected. Well, the next step to help you understand your key stakeholders is to classify them into three categories: **advocates and supporters, blockers and critics, and neutral towards your school health program.** For this purpose, it is recommended that you use codes, that is, AS to indicate advocates and supporters, BC for blockers and critics, and N for those who are neutral.

Advocates and supporters (AS) are stakeholders who are willing to fully support you in your school health programs. They may either be high in power and high in interest (**Quadrant I**) or low in power but high in interest (**Quadrant IV**). AS's are the most ideal partners. If you have stakeholders like them, congratulations! All you have to do is keep them involved in your program by giving them an active role that they would like to perform and by constantly acknowledging their efforts and contributions. Keeping them informed on the progress of the programs can keep their motivation high as they will know that all their efforts are paying off.

Blockers and critics (BC) are stakeholders who are not willing to support your school health programs because they think that those programs will not be effective and will only be a waste of resources, or that those programs are not relevant. They express their criticisms of your programs openly or secretly and share these with smaller groups. They can even act to block your efforts. BC's may either be high in power and low in interest (**Quadrant II**) or low in power and low in interest (**Quadrant III**). How do you handle BC's? You will be able to get along fine with Quadrant II BC's by keeping them satisfied. You can do that by providing them important but easy to understand information on the importance of your project and the expected outcomes. Like with the AS's, constantly updating them on the progress of the project will make them see that the project is worth their while. An important key to getting them more involved is by helping them see how your school health programs can benefit them and people who are important to them.

For Quadrant III BC's, a minimum effort is required on your part since they have low power and low interest after all. The most you can do is to monitor the progress of their interest in your programs as they might just later on start developing a stronger interest and thus transition to Quadrant IV (Low power, high interest). When this happens, they are reclassified as advocates and supporters or AS's as discussed above.

Neutral (N) stakeholders are neither supportive nor critical of your school health programs. Like BC's, they are either high in power and low in interest (Quadrant II) or low in power and low in interest (Quadrant III). What makes them neutral is either their lack of interest or knowledge of the program. For this reason, N's need to be kept satisfied and informed.

An example of a stakeholder map is illustrated below. Review it and take note of the position of the blockers and critics, advocates and supporters, and those who are neutral in the map.

Power	High	<p>II Blockers and Critics Neutral Keep Satisfied</p>	<p>I Advocates and supporters Keep Informed</p>
	Low	<p>III Blockers and Critics Neutral Keep Informed</p>	<p>IV Advocates and supporters Keep Informed</p>
		Low	High

Interest



Let's Think about This

Developing Your Stakeholder Map

You may wish to develop your own **stakeholder map** by inserting the proper names of your stakeholders in the Power/Interest Grid provided below using different codes (AS, BC or N).

Power	High	<p>II Keep Satisfied</p>	<p>I Manage Closely</p>
	Low	<p>III Monitor (Minimum Effort)</p>	<p>IV Keep Informed</p>
		Low	High

Interest

Share your accomplished Stakeholder Map with your co-learners and Flexible Learning Tutor.

In sum, the stakeholder analysis technique involves a process of:

1. identifying individuals or groups who are likely to affect, or be affected by your proposed action;
2. inviting them to be members of this committee and become key players in the implementation of your school's health program; and
3. sorting them according to their impact on the action, as well as the impact the action will have on them.

As you may be aware, a stakeholder analysis has the goal of developing cooperation between you and your school health management committee and, ultimately, ensuring successful outcomes for your school health program.

Besides using the stakeholder map for identifying potential members of your school health management committee, it also serves as a useful source of reference for identifying stakeholders, either individuals or organizations, among parents, the local community, voluntary or non-government organizations (NGOs) to be involved in the implementation of school health programs that are anchored on the four FRESH components. In Lesson Three, you will learn how you can mobilize resources in the form of parents, community and NGO's engagement in the implementation of your school health program.

Are you interested to learn about some of the functions of a school health management committee, in general, and the roles and responsibilities of some of the members, in particular? If yes, then you are invited to continue to the next section.

Let's Study

The School Health Management Committee: Primary Functions and Roles of Members



As mentioned earlier, utilizing an existing school committee or school health management committee (SHMC) is regarded as an effective way for your school to achieve an enduring focus on promoting good health practices among the school stakeholders. Besides, this committee also serves as a school health 'watchdog' to ensure that your school implements a school health program that responds to your context and is in line with national health policies and programs.

In the earlier section, you learned how to use the stakeholder analysis technique to identify and invite stakeholders to form your SHMC. You will definitely be interested now to examine some of the roles and responsibilities of an SHMC.

Typically, your SHMC is primarily tasked to assess the school environment, school health policies and programs that are currently in place in your school. It is also tasked to identify ways to strengthen the program to improve the health of the school stakeholders. The SHMC also has the responsibility to implement school health-related initiatives that address the most common health problems of students in your school. In some cases, stakeholders of an SHMC may even be invited by other schools in the district to provide advice and share their experiences about some of their best school health practices.

Generally, some of the roles and functions assumed by an SHMC may include the following:

- **School health program planning and implementation**
The SHMC members share essential health knowledge and skills, tackle school health issues and concerns, and plan and implement school health activities. They also discuss how to improve the school and how to create a healthy and enabling learning environment. The SHMC also supports teachers with the delivery of health education messages as part of the regular curriculum.
- **Advocacy**
The SHMC members ensure visibility and transparency for school health within the school system and community. This ensures the allocation of sufficient resources to school health and facilitate an understanding between the school and community with regard to priority areas in the school health program. They also engage representatives from the community, local media, and medical sector to raise awareness and mobilize support for school health initiatives.
- **Fiscal planning of school health programs**
The SHMC members assist in determining the amount of funding required to conduct school health programs. They integrate the various funding sources for school health and also raise funds from the community.

- **Liaison with district and state agencies**

The SHMC members collaborate with relevant district personnel (e.g., from the Ministry of Education and the Ministry of Health) in the areas of curriculum integration and development of school health and nutrition services.

- **Direct intervention**

The SHMC members implement school health policies related to healthy habits and practices such as the sale of nutritious foods in the school canteen. They organize school-wide activities like daily health practices and health promotion campaigns (e.g., celebration of Global Handwashing Day).

- **Monitoring and evaluation**

The SHMC members ensure that funds allocated for school health are spent appropriately, school feeding programs offer healthy menus, vendors on the school ground sell clean and healthy snacks and that health-related activities are conducted. Furthermore, members of the SHMC join program monitoring. This includes the use of a simple monitoring tool that helps examine existing school health and nutrition services, assess the physical and social environment of the school, and determine the availability of supplies (e.g., soap, toothpaste, toothbrushes) essential for health.

Let's Think about This

Review the assigned functions of your SHMC. Are they similar to the functions enumerated above? To what extent is your SHMC executing these prescribed functions and roles?

If you will establish your SHMC yet, what will be some of its functions in the context of school health?

Write your comments on the lines provided below.

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





Let's Study

Roles and Responsibilities of School Health Management Committee Members

As you may recall, in the earlier section you successfully accomplished a stakeholder map presenting members from your school and local community to form your school health management committee.

Besides the factors of power and interest, most importantly, SMHC members should be recruited on the basis of their commitment to support your school health program implementation. Other criteria that are equally important include:

- A keen interest in making the school a healthy and enabling learning environment that supports and enables children to practice healthy habits.
- Awareness of the health needs of the community and simple preventive measures like hygienic behavior to prevent diseases.
- Willingness to devote time and energy on a voluntary basis.
- Willingness to participate in the work of the SMHC.

As a school head, you may have to consider seriously the selection criteria outlined above. This will ensure the sustainability of the membership in your school health management committee.

At the initial meeting, it is recommended that you clarify the roles and responsibilities of your SHMC members. The table below outlines some of the roles and responsibilities that need to be assumed by different members in accordance with the functions of your SHMC.

Roles and Responsibilities of School Health Management Committee Members (SHMC)

SHMC Member	Role and Responsibility
School Head/Principal	<ul style="list-style-type: none">• Leads in the management and implementation of the school health program• Provides orientation and guidance on program implementation for teachers, parents, school community, SHMC members, and students

SHMC Member	Role and Responsibility
School Head/Principal	<ul style="list-style-type: none"> • Ensures that all staff and students in the school comply with the implementation guidelines and implement the program activities on a daily basis • Allocates and/or mobilizes funds (e.g., school operating budget, community resources) • Coordinates the annual program monitoring process
School Board Members	<ul style="list-style-type: none"> • Assume responsibility and leadership for overall school health policies and clearly define the needed budget, necessary facilities, and personnel
School Nurse (where available)	<ul style="list-style-type: none"> • Acts as an advocate for health promotion and prevention • Delivers health services to students • Provides orientation for parents and training for teachers so that the teachers can safely distribute the deworming pills
Teacher Responsible for Health Topics	<ul style="list-style-type: none"> • Develops skills-based health education messages that will be used in the lessons in order to implement the health-related curriculum • Provides access to a variety of health information such as healthy eating habits and guidelines, good personal hygiene practices, and healthy lifestyle • Supports daily practice of theoretical knowledge through daily handwashing and toothbrushing in school, for example
Physical Education Teachers	<ul style="list-style-type: none"> • Coordinate physical health education program with the overall school health program in school • Implement daily physical activities events into the daily class schedule, such as 5-minute exercise break in a lesson • Motivate children to play outside during break/recess time

SHMC Member	Role and Responsibility
Music, Art, Drama, Language Teachers	<ul style="list-style-type: none"> • Supervise students to implement daily group activities like handwashing and toothbrushing • Implement the school health program according to the implementation guidelines (school community manual) • Deliver health messages in all lessons using a variety of strategies, for example: songs, stories, jingles
Guidance and Counseling Teachers/Counselors (where available)	<ul style="list-style-type: none"> • Provide individual and group opportunities to promote emotional and social health, personal growth and self-understanding, as well as problem-solving and decision-making skills • Cooperate with staff to identify students who demonstrate emotional and/or behavior disturbances and assist students and their families who seek help through school and community resources
Community Professionals / Parents / Community Leaders	<ul style="list-style-type: none"> • Support health-related initiatives organized by the school • Provide human and material resources within the community for the implementation of the school health program • Support the program implementation and continue to make the school a healthy and enabling learning environment • Support the monitoring process

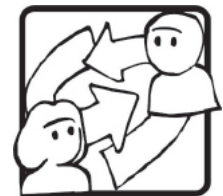
For a more concrete example, you may wish to take a look at the Roles and Responsibilities for the Essential Health Care Program (EHCP) included in the HEALTHeXCELS Required Readings compilation.

Let's Think about This



Revisit the previous table outlining the roles and responsibilities assumed by some of the members of an SHMC. How are the roles and responsibilities assumed by the different members similar to or different from one another? Use the lines provided to write your responses.

Feedback



You may have answered that the specific roles and responsibilities of the different SHMC members differ from one another, although generally, they are all responsible for the implementation of the school health program.

To elaborate, it can be observed from the table given that the school head is usually tasked with the responsibility of leading the implementation of the school health program and ensuring compliance with national school health policies.

In comparison, the School Board members have the responsibility to look into resources, both physical and human that are important for program implementation. On the other hand, teachers are responsible for supervising students to practice daily hygiene habits as a group activity, keep the school ground, toilets and washing facilities clean, and integrate skills-based health education into the school curricula/lessons.

Meanwhile, school nurses, where available, see to the students' physical health and nutrition needs, and guide teachers to conduct deworming activities. School counselors/guidance and counseling teachers, where available, are responsible for the students' psychosocial and mental health.

Finally, members from the local community assume the responsibility of providing human and technical resources, besides being involved in the school health program implementation.

You have just accomplished several essential tasks in managing your school health program:

1. analyzing the current status of your school with regard to school health based on the FRESH framework
2. using the stakeholder analysis technique to activate the existing committee structure or identify and invite stakeholders to form your school health management committee
3. identifying the functions, roles, and responsibilities of a school health management committee, as well as selection criteria for its members

Congratulations! You have just completed Lesson One. Revisit the quote by Koïchiro Matsuura, Director General of UNESCO, at the beginning of this lesson. It is hoped that the contents and activities have equipped you with some essential knowledge and skills about the importance of anchoring your school health program on the FRESH framework. By doing this, you have set a good foundation for enhancing the good health of your students. When this happens, you can proudly claim that you have made a significant contribution to school health, in general, and improved student health and educational outcomes, in particular.



Let's Remember

In this lesson, you have learned how to analyze the current conditions of your school as regards health by using the Assessment Tool for Schools based on the FRESH framework that focuses on four components and three supporting strategies. You also learned about the stakeholder analysis technique in identifying stakeholders to form your school health management team using three simple steps, namely:

- Identify your stakeholders;
- Prioritize your stakeholders; and
- Understand your key stakeholders.

Finally, you examined some of the functions of a school health management committee and the selection criteria for its members.

How Much Have You Learned from This Lesson?



Let us now examine what you have learned after completing Lesson One.

1. School Head Sophia is very enthusiastic about her role as school manager and health champion. What might be the possible consequences if she fails to undertake an assessment of the current conditions of her school with regard to health before designing and implementing her school health program?

2. School Head Lopez was told by other school heads that he can use the stakeholder analysis technique to identify potential stakeholders for his school health management committee. If you were School Head Lopez, how would you use the said technique?

3. Besides using the stakeholder analysis technique to identify potential members for his school health management committee, what other function does it serve for School Head Lopez? How can he make maximum use of the tool? What are the possible limitations, though?

4. School Head Puvan has identified some blockers and critics among his key stakeholders based on his stakeholder map. He is keen to change them to become advocates and supporters of his school health program. How can he accomplish this? If this proves impossible, what could be an alternative strategy?

5. School Head Nguyen is convening the first meeting of his newly-formed school management committee. What are some important topics that need to be included in the agenda of this meeting?



Feedback

You may now compare your answers with mine in the Key To Correction on pages 157-160.

How did you fare in the short assessment at the end of this lesson? Congratulations if you answered all the questions correctly! You have certainly understood the content discussed in this lesson. You are now ready to proceed to Lesson Two.

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

Now that you already have a clearer picture of the current conditions of your school as regards health, as well as some essential knowledge about how to organize your school health management committee, you will probably be interested to learn more about how to manage your school health program. Lesson Two will focus on three important aspects that include aligning school health with national school health policies and programs; aligning school health with the school context; and integrating school health into existing school planning mechanisms. If you are ready, you may begin right away.

LESSON**2**

Integrating School Health into Existing School Planning Mechanisms



What Is This Lesson about?

“Schools must have adequate hygiene and sanitation facilities, needed health and nutrition services, and school policies which guarantee physical and mental health, safety, and security...And above all, children must end up learning what they are meant to, and need to learn.”

~Carol Bellamy, former Executive Director, UNICEF, 2000

As you read the above quote articulated by Bellamy, what comes to your mind? Yes, you are right. She is reiterating the effectiveness of school health programs on student educational outcomes when it is built on the FRESH framework. If you recall, in Lesson 1 of this module, you learned how to do an analysis of the current conditions of your school with regard to health using an assessment tool for school heads that is based on the FRESH framework. You also learned how to use the stakeholder analysis technique to identify relevant stakeholders for your school health management committee. Lesson 2 will take you one step further in managing your school health program. The focus is on the first pillar of the FRESH framework, *Health-related school policies*. You will also try to answer the following questions:

- To what extent are the existing school health program and policies in my school aligned with national school health policies and programs?
- To what extent are the existing health-related policies aligned with the school needs and setting?

In addition, you will need to answer another essential question: How can I integrate school health into existing school planning mechanisms?

What Will You Learn?



After studying this lesson, you should be able to:

- Guide your teachers in implementing your school health program that is aligned with national school health policies and programs, and with the school context.
- Integrate school health into existing annual planning mechanisms.

Let's Try This (Activity 2.1)



At one group breakout session of the regional workshop on “Promoting Healthy Schools in Southeast Asia,” the participants were asked to present an initiative related to school health. Read the following story shared by School Head Ngoc.

During class break, Nguyen Thi Huyen and her classmates at An Think 1 Primary School crowd the small open area outside their new latrine and washing facilities. They wash their hands vigorously as instructed by the teacher.

At An Think, Huyen and her fellow students take part in regular hygiene-promotion classes and take turns each week cleaning the toilets and water taps. Parents pitch in each month to cover the costs of soap and other maintenance needs.

“The classes are very useful because we know now we should not throw our garbage into the river and we should always wash our hands with soap to keep clean and prevent disease,” said Huyen.

[Source: Adapted from http://www.unicef.org/infobycountry/vietnam_38064.html]

During the question-and-answer session, School Head Macato posed this question to School Head Ngoc, “Why are hygiene-promoting activities given priority at An Think 1 Primary School?”

Imagine you are School Head Ngoc. Write your answer to School Head Macato's question on the lines below.

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



Feedback

If your answer is that hygiene-promoting activities are given priority in An Thinh 1 Primary School's school health program because they will effectively promote the good health of students, you are right. In addition to that, the regular hygiene promoting classes is the school's way of aligning with the mandated national school health program.

Are you interested to learn how school heads in some of the countries in the Southeast Asia align their school health programs with national school policies and programs? If so, read the next section to find out more.



Let's Study

Aligning Your School Health Activities with National School Health Policies and Programs

As you have already learned, a school health program with the FRESH framework as the underlying basis will have health-related school policies in place, provision of safe water and sanitation, delivery of skills-based health education to students, and provision of school-based health and nutrition services. Such a program is said to better achieve the education and health-related Millennium Development Goals (MDGs), Education for All (EFA) policy, as well the national and local school health policies.

An effective school health program is considered most effective when supported by a national-level policy framework. What does this mean? For example, the national school health policy may recommend the following: that all schools have safe and separate water and sanitation facilities for girls and boys; that all children are dewormed at least once a year;

that daily group hygiene activities are practiced in school; and that child health clubs are set up in every school to improve child participation in school health.

Therefore, in accordance with these recommendations in the national school health policy, national school health programs related to the provision of separate toilet facilities for girls and boys, annual deworming for all students, the daily group practice of hygiene behavior (e.g., handwashing, toothbrushing) and the establishment of child health clubs in schools will very likely be mandated.

At the school level, you, as school manager, will need to develop a strategy to make sure that these national policies and programs are contextualized to the local circumstances and implemented properly. This can be done through a school health program that focuses on the provision of safe and clean water and sanitation facilities for girls and boys; deworming for students bi-annually or once annually; the introduction of daily group handwashing and toothbrushing as part of the daily school routine; and the establishment of student health clubs. In this way, you are precisely aligning your school health policies and programs with national health policies and programs.

Perhaps at this juncture you might ask, “Why do I need to align school health with national school health policies and programs?” Well, the main reason for doing this is that by aligning with national school health policies and programs, your school will be contributing directly to meeting national health and education goals. In other words, your efforts will more likely address the most relevant school health issues in the country. Besides, your school will also have better access to local government funds and strengthen the collaboration with other stakeholders in the community. In addition, you will have a better chance to network with co-implementers and share your experiences and best practices. Above all, your school will be in a better position to be recognized for its efforts. You can find examples of national policy frameworks on water, sanitation and hygiene in Southeast Asian countries in the Required Readings compilation.



Let's Think about This

Browse the website of your Ministry of Education and/or some local education websites, or contact your provincial or district education office to seek the advice of your superior regarding some of the national school health policies and programs that have been enacted in the last decade in your country. How do you propose to align your school health policies with these national school health policies and programs? Write your answers on the lines below.

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



Let's Study

Aligning Your School Health Activities with the School Context

Besides aligning your school-level health policies with national school health policies, it is also important that you align them with your school context. In other words, you need to ensure that they respond to the local priorities and needs of all your students, inclusive of special populations within your school. Furthermore, you should consider the resource situation in your school (e.g., available funds for school health or potential fund sources). How will you do this?

As a school manager, you are aware that your stakeholders will benefit if you identify the most prevalent health concerns of students in your school and community. It could be worm infections, dental caries, malnutrition, or others. As a good starting point, you could talk to your school health personnel or local health workers at the local health center to find the most pressing health concerns of your students. You can then compare these with the identified health issues based on the FRESH assessment tool that you accomplished in Lesson 1.

In the context of this module, aligning school health with local needs means that you will need to consider the following:

1. Health conditions present in the community besides those listed under national priorities. For example, common diseases such as malaria, dengue fever, or environmental health concerns such as high arsenic content in the groundwater;
2. Availability of local resources such as running water, electricity, school budget and school space for school gardens;
3. Socio-cultural norms that prevail in the community such as religious restrictions and local beliefs pertaining to gender roles in school health activities; and
4. Engaging the services of local institutions such as a nearby health care center or temple.

Generally, in most schools you will find students who belong to the poor and marginalized category. Their numbers depend on the location of the school and the socio-economic status of their families. You may even have a small percentage of children with special needs, such as those suffering from attention-deficit hyperactive disorder (ADHD). In such cases, it is recommended that you include a clause in your school health policy about adult supervision by a teacher, teacher assistant or support staff during the daily group toothbrushing activity. Or it could be that you may have a fairly big percentage of students who are overweight or obese. If that is the case, it is necessary for you to develop a school nutrition policy that responds to the needs of these students, such as banning the sale of unhealthy snacks from the school canteen, providing water coolers in the school grounds to replace carbonated soft drinks sold in vending machines, and so on.

Let's Think about This

Reflect on some specific needs of the students in your school. How do you propose to align your school health program with the most common or pressing health concerns of your students, as determined by your school health personnel, or local health worker, or the FRESH assessment tool accomplished in Lesson 1? Write your answers on the lines below.





Feedback

You may have given the example of a small group of students who are physically handicapped. In this case, you might include in your school health policy a provision of special hand rails in the toilets, ramps leading to the school toilet area, and so on. Another example can be the provision of several handwashing and sanitation facilities that are located closer to classrooms and on the ground floor for easy access.

If you recall, earlier you read about the case of An Think 1 Primary School in Vietnam, where Huyen and her fellow students participate in regular hygiene-promotion classes, as well as take turns to clean the school toilets regularly. This school health program is very much in line with the school health policy in accordance with the national school health policy related to water, sanitation and hygiene. Incidentally, this program coincides with FRESH Framework Pillar 2: Safe water and sanitation.



Let's Try This (Activity 2.2)

After School Head Ngoc had presented his country initiative related to school health, it was School Head Gurnawan's turn. Proudly, he stood up and began to share with the workshop participants the national WISE program, one of the many Water, Sanitation and Hygiene in Schools (WASH) program.

WISE, or 'Water, sanitation and hygiene In support of School Empowerment' is aimed at improving current hygiene education activities in 450 schools in the Indonesian provinces of Nusa Tenggara Timor, Papua, West Papua and South Sulawesi.

Launched by Dubai Cares in partnership with the Government of Indonesia, UNICEF, Care International, and Save the Children, this program hopes to benefit a total of 90,000 schoolchildren in Indonesia with the construction of new sanitation, handwashing and water facilities, help reduce a child's risk of disease and death, and support community-led initiatives to better manage water and sanitation activities in the selected areas.

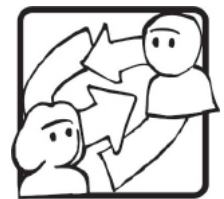
Besides this, training of teachers and community representatives on delivering effective hygiene education will also be conducted. School committees will be supported to better manage available budgets to include water, sanitation and hygiene components, while the national Healthy Schools Program (UKS) will also be revitalized (Dubai Cares, 2011).

After School Head Gurnawan had finished speaking, School Head Ngoc posed the following question, “How do you propose to align your school health program with the national WISE program?” Imagine you are school head Gurnawan. How will you respond to School Head Ngoc’s question? Write your answers on the lines below.

Feedback

Your answer may have included that in line with the national WISE program that supports the national WASH school health policy, you will also try to implement WISE at your school-level. You, as the school head, can also conduct orientation sessions and guide your teachers to implement hygiene activities such as daily group handwashing in school using your newly-installed facilities through the WISE program.

Let us now proceed to identify some of the policies or legal frameworks that support school health and nutrition (SHN) programs, particularly in primary or elementary schools in Southeast Asian countries.





Let's Study

School Health and Nutrition Policies and Programs in Southeast Asia

In Southeast Asia, the Ministries of Education (MoEs) of the various countries regard school health and nutrition as important elements to improve health of students as well as quality and access to education at the same time. In fact, many of the MoEs have established partnerships with international, governmental and nongovernmental organizations in order to promote expanded health and nutrition (SHN) interventions in schools.

In accordance with national school health policies in the respective countries, some of the corresponding interventions are executed through national programs, such as safe water, sanitation and hygiene, deworming, micronutrient supplementation, malaria control, and vision and hearing screening. Other MoEs, however, implement health-related initiatives that promote a healthy lifestyle and behavior through skills-based education.

At this point, you may be keen to read in greater detail about some of the SHN programs in several Southeast Asian countries. As you read each of the case examples in the next sections, spend some time to think about how they can be aligned with your school health program if you were a school head in the given country.



Let's Read

Brunei Darussalam: New Guidelines on Toilets for Schools

The Ministry of Education (MoE) through its Health Promotion Unit has strengthened its stance on the importance of cleanliness and hygiene levels in all school toilets by introducing the first edition of “Guidelines on School Toilet Usage 2011” (Remember this from Module 1, Lesson 2). A total of 5,000 copies were distributed in all schools across the nation, including religious schools during the 2011 “Cleanliness, Awareness, Comfort & Safety School, and College Toilet Program” award ceremony in Rimba II Primary School. The guidelines contain information on maintaining cleanliness at all times in the school toilet, what to do before going in the toilet, for example, recitation of the *doa* (prayers), as well as proper toilet etiquette that includes flushing and washing the hands after use.

School heads and principals are expected to ingrain the values of ownership, responsibility, and accountability in ensuring that their school is kept clean. Parents' collaboration with the school is vital in maintaining that their children understand the importance of toilet cleanliness. The MoE's target is to have the cleanliness and hygiene levels in all school toilets throughout the country rated at zero filth by 2015.

Let's Think about This

Reflect on the distribution of "Guidelines on School Toilet Usage 2011" by the Brunei MoE to all schools nationwide. If you were a school head in Brunei, how will you ensure that your students will use these guidelines consistently? Write your answers on the lines provided.



Feedback

To ensure that your students will follow the guidelines consistently, it will be important to include in the student orientation discussions on the correct use of the school toilets. They should be taught how to keep the toilets clean and functioning well. More importantly, your students should understand that using the toilet properly and hygienically is important in preventing illnesses. Knowing the immediate benefits of following the guidelines will motivate students to consistently practice them and even transfer the behavior to their own homes.





Let's Read

Indonesia: Usaha Kesehatan Sekolah, UKS (School Health Program)

The Ministry of Health statistics reveal that only up to 12% of children aged between 5 and 14 years old wash their hands with soap after defecating, 14% wash their hands with soap before eating, and 35% wash their hands with soap after eating. The MDG Report for Indonesia (2008) showed the following: The proportion of pupils starting grade one who complete primary school is 74.1%; the proportion of people using an improved drinking water source is 57.2%; and the proportion of people using an improved sanitation facility (urban and rural) is 69.3%.

In light of this, the Ministry of Education is the lead agency in the implementation of the School Health Program (UKS) to include Sanitation in Schools. The purpose of UKS is “improving the quality of education and student learning achievement by increasing healthy life skills of students and learners through creating a healthy school environment, improving knowledge, changing students’ attitudes, and maintaining health through preventing and curing diseases” reflected in the three program pillars:

Health Education	Health Services At School	Healthy School Environment
<ul style="list-style-type: none"> • Integrated into curriculum • Training of UKS teachers 	<ul style="list-style-type: none"> • Health check • Height and weight measurement • UKS room • Healthy Canteen 	<ul style="list-style-type: none"> • Handwashing facilities • ‘Greening’ of schools • Improving school toilets
<ul style="list-style-type: none"> • Little Doctors • Handwashing campaign 	<ul style="list-style-type: none"> • Referral to <i>Puskesmas</i> or Hospital • Immunization • Deworming • Iron tablets for girls 	

[Source: Enabling Policy Environment for WASH in Schools, WASH in Schools (2014)]

Let's Think about This

Based on what you have just read about the UKS program in Indonesia, in what way do you think have these guidelines promoted good hygiene habits among pupils? Write your answers on the lines below.

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



Let's Read

Myanmar: The "4 Cleans" Campaign

The Environmental Health Program under the National Health Plan covers community water supply, sanitation and air/water pollution controls. The Ministry of Health has been organizing community engagement events for several decades in collaboration with UNICEF, such as the "4 Cleans" campaign (clean food, clean water, clean toilet and clean hands) and annual sanitation week, which promotes good sanitation practices throughout the country. The Department of Development Affairs (DDA) under the Ministry for Progress of Border Areas and National Races and Development Affairs has been responsible for the construction of infrastructure including drinking water supply.

The Ministry of Education plays a key role in WASH community education programs including WASH in Schools and Global Handwashing Day in collaboration with UNICEF.





Let's Think about This

Health-promoting campaigns have often been considered as short-term activities that may not sustain good hygiene habits in students. If you were a school head in Myanmar, how would you use the “4 Cleans” campaign to achieve more sustainable outcomes? Use the lines below to write your ideas.



Feedback

In addition to launching the “4 Cleans” as a campaign, this important message of clean food, clean water, clean toilet, and clean hands can perhaps be integrated into the school curriculum for all subjects taught in both the primary/elementary or secondary/high school level. Another possibility is to institutionalize “4 Cleans” as a 5-minute slot in the school curriculum where group handwashing is conducted on a daily basis. You may also consider ensuring that facilities, such as sanitation and handwashing facilities, and supplies, such as water and soap, are available in your school to enable and encourage students to apply what they have learned. You may consider coming up with a sanitation and maintenance plan to guarantee that these facilities are kept clean and are well-maintained.



Let's Read

Singapore: Holistic Health Framework

In Singapore, the Ministry of Education promotes and implements the Holistic Health Framework (HHF) aimed at enabling schools to bring together programs and processes that develop the physical, mental and social health of their students (Ministry of Education, Singapore, 2014).

HHF is guided by three principles:

- Total Well-Being: All students should be physically, mentally, and socially healthy
- Inclusion: All students should have access to education on how to live healthily
- Quality Delivery: Teachers and para-educators should be trained on how to teach holistic health effectively

The HHF was introduced to broaden health promotion of schools beyond obesity and fitness by embracing the total well-being of students and developing their intrinsic motivation to live a healthy life.

HHF aims to offer programmes that will assist overweight and underweight students to have their ideal weight to keep fit and healthy physically, mentally, and socially. Schools adopting the HHF demonstrate three key components:

- Supportive school culture and organization
- Comprehensive and relevant formal and non-formal curricula
- Synergistic collaborations and partnerships

Let's Think about This

If you were a school head in Singapore or Brunei, how would you implement a program aligned with the national policies on school health but scaled down to your school population? Write a brief description on the lines provided.

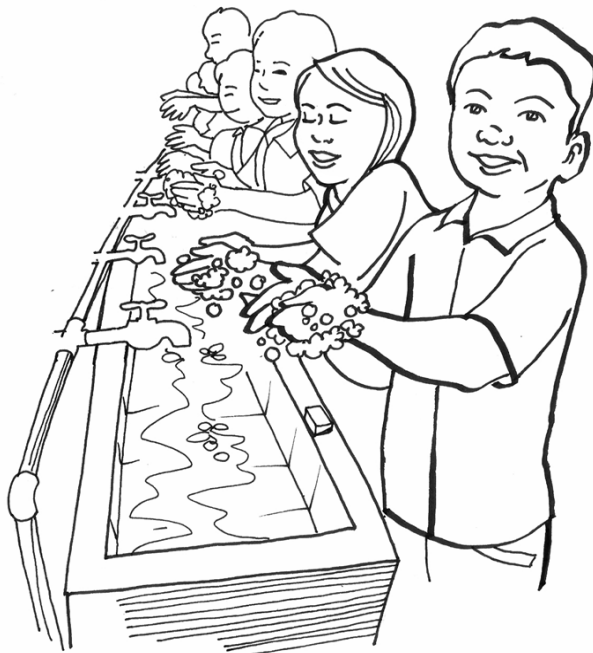




Let's Read

The Essential Health Care Program in Schools: The Philippine Example

The Essential Health Care Program (EHP) of the Department of Education (DepEd), Philippines, is currently reaching more than two million public elementary school children in many provinces nationwide. With support from the Department of Health, the German Agency for International Cooperation (GIZ), Fit for School, Inc., UNICEF, the private sectors and nongovernment organizations and stakeholders, this program aims to reduce the number of children suffering from preventable diseases like intestinal worms, diarrhea, and tooth decay by focusing on three interventions: (1) Daily handwashing with soap; (2) Daily toothbrushing; and (3) Bi-annual deworming.



You can read about the guidelines for each of these three interventions in the Manual for Teachers for the Implementation of the Essential Health Care Program in Schools at the following URL: www.fitforschool.ph/resources/info-materials/cat_view/87-info-materials.html.

You will also gain further insights by reading the answers to Frequently Asked Questions about Handwashing, Toothbrushing and Deworming presented in the manual.

Read about the implementation of this program in Guimaras Island, Philippines as presented below.

Schoolchildren in this small, hilly province in central Philippines may just have a new favorite 'subject' – handwashing and toothbrushing – which is now included in their daily curriculum.

At 10:30 a.m., students at Piña Elementary School file towards recently built group washing facilities outside their classrooms. They stand up to 10 abreast and chant to the songs 'Ten little children' and 'Happy birthday' to pace their toothbrushing and handwashing. The children smile and giggle.

Let us read about the experiences shared by two teachers, two students and a parent regarding the EHCP for Filipino children as given:

Handwashing:

Jem Narisso, Grade III Teacher

"Honestly speaking, in the beginning I was hesitant about washing hands with the kids every day because I feared it would interfere with all my other duties as a teacher. But it turned out to be easy because children like to take the lead for common activities and to develop their leadership skills. I enjoy that the children are so much cleaner."

Toothbrushing:

May Figueroa, Grade I Teacher

"I enjoy the Essential Health Care Program because my pupils are so much cleaner, they smell better and they have no bad breath anymore. I like watching them and see how much they enjoy the common activity. It is not an additional burden on my shoulders because the children got used to the daily exercise after a few days and now do everything themselves. I enjoy participating in the process along with my pupils."

Lara, Grade V Student

"I am Lara and I am a Grade V pupil. I am the president of the fluoride patrol of our school. My role in the fluoride patrol is to spread dental information to our classmates, to facilitate the formation of my classmates' lines during toothbrushing, to campaign for NO candies, to avoid dental caries and to report any of my classmates' dental or medical-related prob-

lems to the teacher or the nurse. I like being in the fluoride patrol because it gives me the opportunity to serve my classmates and also develop my sense of responsibility.”

Deworming:

Boy Morales, Grade III Student

“Our teacher told us how worms live and grow in the body of children and why we can get infected. I had often seen worms in my feces and always wondered how they entered my body. Our teacher told us that the eggs of worms are on the ground where we are playing. Ants and beetles carry the eggs of worms from the feces of people who have worms and distribute them all over. The eggs are very small and tiny. We cannot see them, but they are on our hands and under our fingernails. Now I always wash my hands before I eat because I do not want to swallow the eggs of the worms. In our school we wash our hands all together prior to recess because this is a school policy.”

Maria Gonzales, Mother, Bukidnon

“I was afraid to let my child be dewormed because I was told by my mother that deworming will make the worms come out of the mouth, the ears and the eyes, and the child may be blind or deaf after the deworming. I was too shy to ask about this, but the nurse in the school told us that this is not true and just old wives’ tale. I am well informed now and happy because after the deworming, my child gained weight and is happily playing around.”



Let’s Think about This

What are some of your initial reactions to the experiences of the stakeholders participating in the EHCP in the Philippines? Write your answers on the lines below.

If the EHCP activities mentioned above are currently not being implemented in your school, how can you adopt or adapt daily handwashing, toothbrushing, and bi-annual deworming in your school? Use the lines provided below to write your proposed ideas.

If your school is already involved in activities similar to those of the EHCP program, to what extent are the three interventions positively affecting the improved health and hygiene of your students? Write your answers on the lines provided.

Feedback

You must have been impressed by the commitment of DepEd, Philippines, in bringing about explicit health improvements to children and the concerted efforts undertaken by the various governmental, nongovernmental and private sectors.



It is hoped that by writing down how you intend to adopt or adapt any one of the three interventions, you are now ready to propose your ideas to your school health management committee for implementation in your school at an appropriate time in the near future, hopefully in the new academic term/semester.

If your school is already involved in EHCP, you most probably have a few success stories showcasing the positive impact of the three interventions on the health and hygiene of the students.

Most likely, after reading about the reflections of the students, teachers and parents, you are fully convinced as to the effectiveness of EHCP in the Philippines. This program has such a positive impact on school health

in general, and the health of schoolchildren in particular, that it is also being implemented in Cambodia, Lao PDR and Indonesia as the “Fit for School Program.” Proceed to the next section to read about deworming for schoolchildren in Cambodia.



Let's Read

Cambodia: Deworming for Schoolchildren

Like other countries in Southeast Asia, Cambodia is also committed to the delivery of simple and safe health and nutrition services to school-age children. When delivered through the existing network of schools, deworming or micronutrient supplements programs are better able to address health issues that are prevalent among the target population.



Intersectoral collaboration from the Ministry of Health and the Ministry of Education, Youth and Sport (MoEYS) has resulted in the implementation of a school-based deworming program for primary schoolchildren in all the provinces. This program is aimed at promoting sustainable control of soil-transmitted helminths (STH) to ensure that high-risk children with limited access to safe and effective treatment grow up free of intestinal worms. In order to achieve this, bi-annual deworming takes place in targeted provinces.

In an effort to further strengthen program implementation, the MoEYS has also prioritized education on worm infection control in the school health curriculum and enhanced the support for school teachers to carry out and monitor educational activities against worm infection. At the invitation of the MoEYS, local NGO's and international organizations such as UNICEF and WHO are also involved in this national deworming program.

Let's Think about This

If you are a school head in Cambodia, how do you propose to further enhance Soil-Transmitted Helminth (STH) prevention among your school students? Write your suggestions on the lines provided.



Feedback

Perhaps one way to increase the knowledge and awareness of the causes of intestinal worms in schoolchildren is by using appropriate information, education and communication materials, combined with drug treatment campaigns. Another strategy can be through increasing parent and community awareness about STH infection in children between 2 and 5 years of age.



Let's Read

National School Meals Program in Laos

The National School Meals Program (NSMP) in Laos is implemented by the Ministry of Education and Sports and is supported by the Education for All-Fast Track Initiative Catalytic Fund from the Global Partnership for Education. The World Bank is the supervising entity of this program.

This program provides free nutritious school lunches to primary school children in remote areas to encourage school enrollment. This is in recogni-



tion of the fact that good health and proper nutrition are vital for improving student performance, increasing enrollment, and reducing absenteeism.

Other significant benefits of this program include the following:

- **Promotion of good hygiene.** Students are instructed to wash their hands properly before and after meals and after using the toilet.
- **Provision of proper nutrition.** Volunteer cooks from the Lao Women's Union are taught about the nutritional value of different types of food and how to prepare nutritious, clean, and varied meals.
- **Good food security.** The schools and communities cultivate vegetables and fruits, and raise animals. Hence, a steady supply of fresh food is assured for school meals, besides helping to boost local agriculture and support local farmers.
- **Community empowerment and ownership.** Volunteers are from the areas where the schools are located. Many villagers donate products from their own vegetable gardens.



The vignette below describes the implementation of this national program in one of the provinces. It also provides some evidence of the effectiveness of this program.

For many children in Oudomxay, a province in northwest Laos, going to school means a long, two-hour walk through a hilly terrain. While some carry packed lunches, many go to school empty-handed because their parents have to leave for the fields very early in the morning and cannot cook for them. They usually go to school hungry. To avoid this, some parents choose to pull their children out of school and take them to the fields where they could- at the very least -be fed. Unfortunately, this practice contributes to poor school attendance in Laos, a country where only seven out of ten children complete primary school. The government launched the National School Meals Program (NSMP) as part of efforts to address this challenge. Supported by the World Bank, it was rolled out in February 2012.

This is one villager’s assessment of the NSMP:

“Everyone in our community is happy because children do not only get a good education. They are also able to eat food that makes them healthy. This contributes to their improved performance in school.”

A high-ranking officer at the Ministry of Education and Sports gave this comment:

“The school feeding program is effective but it is still at its infancy stage. We are working closely with communities to make it sustainable and are also hoping to expand it so more students can benefit.”

Let’s Think about This



Based on what you learned about how schools in some countries in the region are aligning school health activities with mandated national school health policies and programs, briefly explain why it is important for you to do the same in your school. Use the lines below for your answers.

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



Feedback

As mentioned earlier, you, as a school head and school manager are expected to align your school health program with mandated national school health policies and programs. You will probably realize that national school health policies are constantly being evaluated and continuously improved to tailor-fit the current health needs and critical health-related issues of the school population. Therefore, when your school health programs are aligned with national school health policies, you will be able to better meet the health needs of your students. In other words, you are on the right track towards promoting health-enhancing behaviors and better health in your school community.

If you want to know other examples of school health and nutrition policies in Southeast Asian countries, explore the following website: www.schoolsandhealth.org/Pages/CountryProgrammes.aspx

Now that you have learned how to align school health with national health policies and programs, as well as the school context, you may wish to find out how you can integrate school health into existing planning mechanisms. If so, read on.



Let's Try This (Activity 2.3)

At the final session of the regional workshop on “Promoting Healthy Schools in Southeast Asia,” the participants were invited to showcase how their schools integrate school health into existing planning mechanisms such as their school improvement plan. Read about a case example from school head Somchai.

“Upon assuming my new appointment as school head early this year, I discovered to my dismay that toilet maintenance has always been a problem in my school. Not long after, I decided to resolve this health problem. I began by reviewing feedback obtained from an informal student interview. These were some of my students’ comments:

Student A: *“I don’t like using the toilet because it’s dirty.”*

Student B: *“I don’t drink at school so I would not have to use the toilet.”*

Student C: *“I try to hold my pee and wait until I go home just to avoid using the toilet at school.”*

At the end-of-year school planning, I presented this problem to the School Planning Committee members, comprising representatives from the School Board of Governors, members of the Parent-Teacher Association, parents, student leaders, and representatives of the local government unit. We then came up with an Action Plan to resolve this problem.”

After the presentation, the other participating school heads were eager to obtain more information about this initiative. School Head Ngoc posed this question to School Head Somchai, “How did you manage to integrate the issue of toilet cleaning and maintenance into existing planning mechanisms?”

Imagine you are School Head Somchai. Write your answers on the lines given below.

Feedback

You may have answered that when the school head has identified a major educational issue or challenge that is negatively affecting the learning outcomes of the entire student population, it is pertinent that he/she thinks of measures to address the particular issue or challenge through their existing planning mechanisms like the school improvement plan. In the case of School Head Somchai, after she had identified the problem of poor toilet maintenance in her school, she enlisted the assistance of her School Planning Committee to come up with an Action Plan to keep the school toilets clean. In addition, during the planning activity, the committee allocated funds for cleaning materials in the annual budget planning. After receiving the annual amount from the MoES, she allocated funds for cleaning materials as well as soap for students. Since these funds were not sufficient, she asked parents and the community to contribute some cleaning materials in addition to what they have collected.



Would you like to read more about how you can also integrate school health into existing planning mechanisms? Then, proceed to the next section.



Let's Read

Developing an Action Plan to Integrate School Health into Existing Planning Mechanisms

If you recall, School Head Somchai mentioned an action plan that she developed with her School Planning Committee to resolve the poor toilet maintenance in her school. Before taking this step, it is also important for the committee members to identify the root causes of dirty toilets and why children are hesitant to use the school toilet. In the case of School Head Somchai, all the committee members present at the meeting collectively identified the following reasons for dirty school toilets:

1. Many students do not know how to use the toilet properly
2. Readings on the proper use of the toilets are not readily available
3. The school toilets were only cleaned once a month/ no regular cleaning activities
4. Cleaning materials were not available all the time
5. The cleaning staff assigned to cleaning the school toilets were not doing the job effectively
6. Poor maintenance and repair of school toilets
7. Monitoring the condition of school toilets was not done on a regular basis

Having identified the reasons, the next step is to propose recommendations to resolve the identified school health problems. In school head Somchai's case, her School Planning Committee finally agreed on the following to keep their toilets clean:

a. Hiring a staff who will clean and maintain the toilets

The committee agreed to raise funds that will be used to pay a toilet cleaner.

b. Proper Use of Toilet Facilities

Posters will be displayed in classrooms and near the toilet facilities to make students aware of the proper way to use toilets. They will also be reminded to use the facility properly and to wash their hands after using the toilet.

c. Maintenance of Toilets

Each class will be assigned a toilet to keep clean and maintain; where the student will not be tasked to clean the toilets, they will be made responsible in keeping them clean. The students will also serve as monitors of toilet cleanliness. The class teacher will draw up a monitoring schedule, where girls will monitor the cleanliness of toilets for girls, and boys for their own toilets.

For the first three months of its implementation, the teachers, especially the class teacher, will train the students on how to conduct a monitoring of toilet cleanliness, as well as report on repair and maintenance needs of the toilet. Posters on keeping the the toilet clean will also be displayed near the toilets.

Students will report to their teachers about the functionality of the toilets. The respective teacher will also check if the toilet is functioning and report to the school head if he/she has identified any problems with the toilet flushing system or handwashing taps. The school head, on the other hand, will coordinate with the local government unit to repair the toilet facilities as needed.

The committee also decided that regular and scheduled de-sludging of the school septic tank will be done during school holidays. A professional de-sludging service will be identified to do the job. The expenses will be borne by the school.

Where the students will serve as monitors for toilet cleanliness, overall project monitoring will be the responsibility of the teachers and the school head to ensure the sustainability of the clean toilet project.

d. Stocks and Supply Management

The clean toilets project requires cleaning materials such as water, floor detergents, brushes, brooms, mops, soap, and toilet paper. For this, the school has to allocate a budget. The school also has to ensure uninterrupted water supply for flushing the toilets and handwashing. Thus, the school water bill has to be always settled on time. Each class, however, will have to maintain their own cleaning materials and parents will be requested to make contributions in cash or in kind for the cleaning materials. Teachers will be assigned to monitor the availability of these materials.

e. Resource mobilization and financial planning

The funds needed to finance supplies of water, soap, and others shall be borne by the school community. The water bill will be taken care of by the local government. The school will allocate funds for soap and toilet paper. This budget will be considered during the annual planning of the school. Parents, on the other hand, shall shoulder cleaning material costs.

Finally, an appropriate Action Plan was drawn up as follows:

Maintaining Clean School Toilets

Objectives:				
1. To provide clean school toilets for the school population				
2. To ensure the participation of the school community in maintaining clean school toilets				
Commencement date: First month of the new school academic year				
Duration: 12 months				
Target group: Year 1 – 6				
Activities	Human Resources Needed	Financial Resources Needed	Material and Other Resources Needed	Success Indicators
Awareness Campaign for Students on the Proper Use of Toilets	Teachers	Cash for the purchase of poster materials in case none are available from MOEs and other organization	Posters on proper use of toilets (available from MoEs or other organizations active in WASH in schools)	80 percent of students asked can explain proper use of toilets

Activities	Human Resources Needed	Financial Resources Needed	Material and Other Resources Needed	Success Indicators
Cleaning of Toilets	Janitor (if available)	Salary for Janitor (if available)	Continual water supply	Cleanliness of toilets
Students take turns to clean assigned class toilet if no janitor is available	Students (include both boys and girls) Class teachers	Budget allocation for each class to buy required cleaning materials	Cleaning materials e.g., floor detergents, brushes, brooms, mops, soap, toilet paper Cleaning schedule	
Stocks and Supply Management	School Head	Budget allocation to pay water bill and procure cleaning materials for use outside of classrooms	Initial supply of cleaning materials Individual class to maintain their own cleaning materials Contribution from parents according to their affordability	Continual water supply Continual supply of cleaning materials Clean toilets
Regular and scheduled de-sludging of school septic tanks	Professional de-sludging service	De-sludging service expenses	To be provided by de-sludging service	Functional toilets

Activities	Human Resources Needed	Financial Resources Needed	Material and Other Resources Needed	Success Indicators
Maintenance of Toilets	<p>Students to report on class toilet functionality</p> <p>Class teacher to check on toilet functionality</p> <p>School head to take the necessary action for toilet flushing system problems or handwashing facilities</p>	Toilet maintenance expenses	<p>Toilet brushes</p> <p>Toilet bowl cleaner or household bleach</p> <p>Disinfectant spray</p>	Functional toilets
Maintenance of Toilets	Community Volunteers community or local government to repair toilet facilities, as needed			
Resource mobilization and financial planning	<p>School community</p> <p>Local government</p>	<p>Allocation of funds for cleaning materials, soap (borne by school and parents)</p> <p>Water bill expenses (borne by local government)</p>	<p>Cleaning materials such as soap, brushes</p> <p>Water supply</p>	Clean and functional toilets

Activities	Human Resources Needed	Financial Resources Needed	Material and Other Resources Needed	Success Indicators
Monitoring	School head Teachers Students	No budget allocation required	Monitoring schedule Monitoring forms	Good maintenance of school toilets

In addition, school heads have the option of preparing a schedule of specific tasks related to the identified school health activity as shown in the template on the next page.

Cleaning of Class Toilets

Task	Who is responsible for completing the task?	When?	How?	Who is responsible for monitoring?
Cleaning of school toilet if there is no school janitor	Girls to clean toilet for girls Boys to clean toilet for boys	Based on cleaning schedule prepared by class teacher	Students to apply the correct way to clean toilets as taught by the class teachers	Class teacher



Let's Try This (Activity 2.4)

Identify a school health issue related to water, sanitation, or hygiene that you can integrate into your existing school planning mechanism. Use the two templates given in the earlier section to prepare your action plan.

School Health Activity: _____

Objectives:				
1.				
2.				
3.				
Commencement date:				
Duration:				
Target group:				
Activities	Human Resources Needed	Financial Resources Needed	Material and Other Resources Needed	Success Indicators

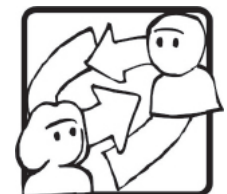
Specific Task: _____

Task	Who is responsible for completing the task?	When	How	Who is responsible for monitoring?

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

Feedback

Were you able to prepare your action plan using the two templates? If yes, congratulations! If not, it is highly recommended that you do as it is an important step in aligning school health with national school health policies and programs, and your school context. Integrating school health into existing school planning mechanisms ensures that you will be able to effectively manage your school health programs.



Let's Remember

In this lesson, you learned how to integrate school health into existing school planning mechanisms. In the process, you were provided with case examples from several countries in Southeast Asia that provided guidelines on how to align school health with national school policies and programs, as well as the school context. This sound theoretical knowledge enabled you to integrate school health into existing planning mechanisms.





How Much Have You Learned from This Lesson?

Let us now examine what you have learned after completing Lesson 2.

Questions 1 - 2

Read the following excerpt on the “Dokter Kecil” program volunteers who were mobilized to promote environmental hygiene in Indonesia (WASH in South Asia, 2001).

Jum’at Bersih

Dokter Kecil volunteers are also the driving force of the weekly “Jum’at Bersih” (Clean Friday Movement), drawing villagers’ attention to the importance of environmental hygiene, gradually expanding its clean-up areas to a village mosque, drains, and the school herb garden!

Under the Dokter Kecil program, life-skills training is provided, including skills in communication, creativity, problem-solving, negotiation and analytical thinking. All members of the Dokter Kecil Program are very expressive and proud of their work. One student said, “I can help the community and friends. I can change the community. I am very happy to contribute in making a healthy environment.”

When mothers were asked if they ever learned anything new from their children, they answered positively. One mother explained: “We started to pay more attention to health.” Children also said they talk about health messages they learnt at school with their families and friends.

The schools have established a very close working relationship with the sub-district health centres. A doctor visits the schools to organise weekly community health check-ups for villagers and school children; orientations for students, teachers and villagers on a healthy and clean life; and distribution of free medicines at school. The Dokter Kecil volunteers are invited to the health clinic for monthly trainings on various health messages.

Based on the excerpt, answer the following questions.

1. How does the school-based health program, Jum'at Bersih, align with the national school health policy of the particular country?

2. If you were a school head in Indonesia, how would you implement a similar national school health program at the school level?

3. Review your current school health program. How will your school community benefit if your school health program is better aligned with national school health programs?

4. Identify one school health concern that affects the health of your students. How do you propose to resolve this concern in the context of your school plan? Why is it important for you to do this?

5. With reference to the identified health issue, draft an action plan for its integration into your school plan. Take into consideration the existing time frame, human and financial resources. You may use the template provided below in order to list and outline your ideas.

School Health Activity: _____

Objectives:				
1.				
2.				
3.				
Commencement date:				
Duration:				
Target group:				
Activities	Human Resources Needed	Financial Resources Needed	Material and Other Resources Needed	Success Indicators

Specific Task: _____

Task	Who is responsible for completing the task?	When	How	Who is responsible for monitoring?

Feedback

You may now compare your answers with mine in the Key to Correction on pages 160-164.



How did you fare in the short assessment at the end of this lesson? Congratulations if you obtained a maximum score of five! You have certainly mastered the content discussed in this lesson. You are now ready to proceed to the next lesson.

However, if you missed the answer to one or two questions, all you need to do is to go back to that section of the lesson and read again to improve your understanding.

Now, you already have a clear idea of how to align school health with national school health policies and programs as well as the school context, besides integrating it into existing school planning mechanisms. Your next task is to learn how you can implement an effective school health program based on the FRESH Framework and supported by community involvement using effective community mobilization strategies and strong partnerships among relevant stakeholders. Are you ready for this? If so, proceed to Lesson 3 right away!

Implementing an Effective School Health Program

LESSON

3

What Is This Lesson about?

“... without proper education, health suffers. And without proper health, good education is not possible. ...An effective school health programme, consisting of four core components – health-related policies, water and sanitation, skills-based health education, and school health services – can be one of the most cost-effective investments a nation can make to simultaneously improve education and health.”



- Gro Harlem Brundtland, Director-General, World Health Organization (2000)

What comes to your mind when you read the above quote by Brundtland? Yes, you are right: Brundtland is placing a strong emphasis on the four FRESH components as the underlying basis of an effective school health program. You have learned so much about this in Lessons 1 and 2. To recapitulate, in Lesson 1 of this module, you learned that the FRESH Framework is recognized in many countries as the starting point for developing an effective school health and nutrition program and transforming the school into a healthy and enabling learning environment. In view of this, you used the assessment tool for school heads based on the FRESH Framework to assess the current health status of your school.

In Lesson 2, you learned how to align your school health activities in your school with existing national school health policies. You were given country examples to show how the recommendations in Component 1 of the FRESH Framework, that is, Health-Related School Policies, can be used to accomplish this. Based on several WASH in Schools programs, you learned how Component 2 of the FRESH Framework, that is, Provision of Safe Water and Sanitation, was aligned with national school health programs, and the school context. In addition, you also learned how to integrate school health into existing school planning mechanisms.

With the essential knowledge acquired, this lesson will walk you through the process of implementing an effective school program grounded on Components 3 and 4 of the FRESH Framework, namely: Skills-based Health Education, and School-based Health and Nutrition Services. Besides this, you will also learn how to effectively support the implementation of your school health program through community participation and ownership using effective community mobilization strategies and strong partnerships between relevant stakeholders.

Specifically, this lesson will help you obtain answers to the following questions:

- How will I lead my teachers to implement my school-based health program?
- How will I establish partnerships and networking with the local community for better school health?
- How will I monitor and evaluate the implementation of my school health plan?



What Will You Learn?

After studying this lesson, you should be able to:

- Identify different strategies to implement your school-based health program.
- Establish networking and support from the local community in implementing your school health program.
- Monitor and evaluate the implementation of your school health program.



Let's Try This (Activity 3.1)

Sichan was browsing through the internet to see how other school heads implement their respective school health programs when he came across this case example:

Child Club

Sichan, who is fourteen and lives in a small village, is a member of her school's child club. She relates the following story: "One evening my cousin Chhay visited us. I was delighted since we used to play together during our childhood. That night Chhay asked the way to the toilet, but unfortunately I

could not show it, as there was no toilet built at our house. I decided to take him to the open field as it was the only alternative that was available. Chhay felt ashamed about defecating there in the open field and told me that he would leave our house early in the morning of the next day. I had extremely unpleasant feelings from then on, and felt that my family was unfortunate for not having a latrine.

When I talked to my teacher and friends about my experience, they advised me to convince my family members to build a latrine soon. My classmates also requested me to become a member of the Sanitation Child Club so that we could collectively convince my parents and the other members in the community. I joined the club with a strong zeal to be a role model. Some time later, my family built a latrine. I am now also interested to motivate other community members to build a latrine, so they do not have to feel ashamed as I did."

[Source: Adapted from http://www.unicef.org/wash/index_schools.html]

As School Head Macato read the above case example, he wondered: "How was Sichan's School Sanitation Child Club able to engage her community to replace open defecation with improved sanitation facilities?"

How will you answer school head Macato's question? Write your reasons on the lines provided.

Feedback

Your answers may be similar to mine below.

Like other Child Clubs established in schools to improve environmental sanitation problems faced by poor communities, Sichan's School Sanitation Child Club may have also used the same approach, that is, mobilizing the club members to stimulate changes in traditional behavior in the community.



In the above example, child-to-child and child-to-parent pressure, specifically in relation to open defecation, eventually led to a greater awareness on hygiene issues related to the traditional practice of open defecation in the community. In other words, the children in that community became key agents of change who disseminated basic hygiene practices learned during their training sessions in school extra-curricular activities to their families and community.

To illustrate, this is what one young club member reports, “We were mobilized to go around in the communities and monitor who would build the latrines first. Gradually, latrines started coming up in the community. As a result, this kind of campaign has greatly improved the environmental sanitation of our community.”

Now, are you convinced that encouraging children to be health models who promote basic health and hygiene practices is one useful strategy for implementing your school health program? Are you keen to learn about other strategies? If so, read on.



Let's Study

Implementing Your School Health Program Using Skills-Based Education

Undeniably, schools have an important role to play in equipping children with the knowledge, attitudes, and skills they need to promote their health. Education for health, which constitutes Component 3 of the FRESH framework, is an important and essential component of an effective school health program, and it is likely to be most effective when complemented by health-related policies, healthy school environments, and school-based health and nutrition services. Besides, it is also regarded as a good starting point for hygiene behavior modification as teachers can reinforce health and hygiene messages inside and outside the classroom. They can also act as role models by setting a good example for their students, who can then be advocates for improved hygiene at home and in their communities.

In the context of this lesson, skills-based health education is concerned with the knowledge, attitudes, skills, and support that schoolchildren need to act in healthy ways, develop healthy relationships, seek services, and create healthy environments. For example, lectures are relevant for helping

students acquire accurate knowledge, while discussions are suitable for influencing attitudes, and role plays are appropriate for developing skills. Therefore you should encourage your teachers to employ a wide range of teaching and learning strategies that combine participatory learning with lectures. Participatory learning allows students to share their experiences, opinions, and knowledge; provides opportunities for exploration and development of ideas; and enables students to practice using a particular skill.

Among the commonly used participatory teaching strategies for developing skills and influencing attitudes include the following according to Barbados (2001):

- **Class discussions.** The class examines a problem or topic of interest with the goal of better understanding an issue or skill, reaching the best solution, or developing new ideas and directions for the group. One suitable format is brainstorming where students generate a broad variety of ideas about a particular topic or question in a given, often brief period of time. For example: Effects of good personal hygiene habits on health.
- **Daily practice.** Daily practice of health and hygiene behavior, like handwashing with soap or toothbrushing, can be part of the daily school route and implemented as group activities.
- **Role play.** Role play is an informal dramatization in which people act out a suggested situation.
- **Case studies.** Case studies are real-life stories that describe in detail what happened to a community, family, school, or individual. For example, students can write these based on their experiences and present them for discussion in class.
- **Story-telling.** The teacher or students tell or read a story to a group. Pictures, comics and photonovels, filmstrips, and slides can be used as supplement to convey health messages to your students, such as keeping their hands clean by washing with soap and water before and after eating and using the toilet. Students are encouraged to think about and discuss important health-related points or methods raised by the story after it is told. Story-telling and story-writing can significantly help to enhance student knowledge and attitude about health and hygiene, besides stimulating their interest, and improving their language and life skills.

- **Debates.** In a debate, a particular health problem or issue is presented to the class, and students must take a position on resolving the problem or issue. The class can debate as a whole or in small groups.
- **Audio and visual activities.** For example: Arts, music, theater, dance, and drama. Drama, for example, not only enhances your students' creativity as they take on specific roles, it also reinforces the importance of leading healthy lives.

In the following section, you will read about some of the participatory teaching strategies mentioned above in detail.



Let's Read

Participatory Teaching Strategy 1: Use of Puppets

Puppets can be used to teach your students, particularly preschoolers, about the nice feelings associated with proper hygiene, such as pride in having clean hands, or sparkling white teeth, and nicely brushed hair. You may consider organizing workshops where your teachers can learn to make finger or sock puppets to use in their classrooms to disseminate messages about health and nutrition.

Read the case example below where students in a school in Indonesia engage in puppet activities that advocate good hygiene practices.

Puppets and Peers Teach Indonesian Children the Importance of Handwashing

... the students in Beteng Elementary School are taught why it is so important for them to wash their hands with soap. The students then spread the message through songs and puppet shows to their classmates.

"Washing your hands with soap stops you from getting sick and stops you from making someone else sick," DwiWinarsih, 12, tells her friends. "If you don't do that, you could get really sick with worms, diarrhea or even worse, bird flu!"

This may be a simple children's play but the facts are that almost 2 million children die every year from diseases spread by hands.

Let's Think about This



You may have a similar school experience in which your teachers also used puppets to inculcate good hygiene practices among their students. Describe your experience on the lines provided.

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

Let's Read



Participatory Teaching Strategy 2: Stories

There is a list of stories focusing on health issues, such as hygiene, sanitation, and disease prevention, as well as other important school issues like violence, discrimination and disaster preparedness available at the following website: www.child-to-child.org/resources/stories.htm. These stories have been written for UNESCO in support of its commitment to the FRESH initiative.

Read one of the stories taken from the website "Wally the Worm" as presented below.

Wally the Worm And Why We Should All Give Him The Red Card

WALLY SAYS

Admire me.

I am Wally, the Worm, the well-known poet

"My mother says, "You wriggle."

My brothers say, "You squirm."

My sisters say, "You're greedy."

WHY NOT, I'M A WORM

The DOCTOR SAYS

Don't listen to Wally.

Wally is bad. He likes to hurt people and make them tired and sick. He can even kill people if we let him.

Wally is a thief. He steals your food and stops you from growing.

Wally is a coward. He likes to hurt old people, weak people and babies.

You need to get rid of Wally and all his family.

Go to the health post. Get worm medicine.

Give WALLY the RED CARD.

WALLY SAYS

I hate you.

..when you keep clean and wash your hands after using the toilet and before eating.

..when you keep your house and food clean.

..when you look after baby and protect her from me.

..when you tell other children about me.

..when you tell your parents and the health worker that you have seen me.

WALLY SAYS

Hear my story.

I started life as a tiny egg

..too small for you to see me, but I grew fast and I have hundreds of friends, millions of friends, squirmy squillions of friends. I come from a big family. My uncles and aunts do not all look like me. Some are bigger, some are smaller, some are fat, some thin. But we are all always hungry, we all love dirt and we all like to live inside people and animals where it is warm and dark and cozy.

WALLY SAYS

Look after me.

I like to live inside you with my many friends and relations and their families. We grow, grow, grow. We grow bigger and fatter and hungrier. More and more of us are born. We eat the food you eat. You feel weak and sick and tired. We feel happy and hungry. You ache. We laugh.

WALLY SAYS

I love you.

..when you don't wash your hands,

..when you don't clean your nails.

..when you eat dirty food,

..when you walk in dirty places with no shoes.

Let's Think about This



After reading the story about “Wally the Worm,” how do you propose to encourage your teachers to use stories to foster good personal hygiene among your students? Write your answers on the lines below.

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

Let's Read



Participatory Teaching Strategy 3: Drama

Read how schoolchildren in an elementary school in Indonesia started the “Dokter Kecil” (Little Doctor) activity through the school theater group.

Little Doctors in Indonesia

Banjar Sari Elementary School in Banjar Sari Village, East Lombok, Indonesia, started an activity called “Dokter Kecil” (Little Doctor) with 30 volunteer students from grades 4 to 6, involving them in health promotion in the school and community through creative and innovative initiatives, such as the school/community theater. Children in the Dokter Kecil program have been performing role plays (about 15 minutes) on personal hygiene issues for the school and community: washing hands before eating and after using the toilet; boiling water; defecating in a toilet, not in the river; and proper garbage disposal. A teacher who supervises the Dokter Kecil activity said: “People love drama, especially parents love seeing their children in the play. It is more effective than directly telling people to change the way they do things.”

[Source: Adapted from Wash in Asia, Izumi (2001)]



Let's Think about This

Now that you are aware of the benefits gained by the school and community from the Dokter Kecil activity, to what extent can you adopt it in the implementation of your school health program? Write your ideas on the lines below.

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

Surely you have acquired useful knowledge with regard to the different examples of participatory teaching strategies used for delivering skills-based education. However, keep in mind that the strategies you have just learned constitute only some of the many in a list generally used by teachers inside their classrooms. Since the list is far from being exhaustive, you may add other activities from time to time, as you gather more information from other sources.

Besides participatory teaching strategies, you might like to read about the preventive category of strategies commonly used to promote the healthy development of schoolchildren and to have a positive impact on important health risk behaviors.



Let's Try This (Activity 3.2)

As School Head Macato continued browsing the internet for examples of school health programs, he chanced upon this posting by the Ministry of Education in Brunei:

Schools Combat Smoking through Fun Activities

Schools in Brunei are becoming more and more proactive in promoting health education, as well as life lessons and motivation, where now the emphasis is "education starts in school, but continues on in life."

One such program was the Anti-Smoking Campaign organized by Cluster 1 schools and the Narcotics Control Bureau. It was a two-day campaign with seminars, games, performances, and activities not only for students but also for teachers.

The program, designed with values and games to help teens learn while having fun, has been, so far, successful in getting the message across. Hence, the anti-smoking program has been combined with awareness talks not only about the dangers of drugs and smoking but also on HIV, AIDS and STD's.

Competitions such as essays, drawings and drama performances based on the theme, "Stop Smoking (Adang tah Bersigup)," has been effective in raising the awareness of students about the dangers of smoking.

Meanwhile the drawings and essays as well as other creative work done by the students during the program were exhibited in their own respective schools when the program was completed.

[Source: Adapted from The Social Reporter, 2010]

When school head Macato shared this school health program with his school health management committee, Teacher Maya stood up and asked, "Sir, what is the value-added element that the author of the article is referring to with regard to this anti-smoking campaign?"

Imagine you are school head Macato. How will you respond to Ms. Maya's question? Write your ideas on the lines provided.



Feedback

You may have included the following in your answer.

The anti-smoking campaign carried out in Brunei Darussalam schools is often regarded by many school heads as a proactive measure in getting the message across to the students about the ill-effects of smoking, its negative consequences on the body particularly the brain, muscles, organs and fertility, and so on. More importantly, it is anticipated that such messages contribute to positive behavioral change in those students who have started with smoking, and also to deter students from starting. In other words, the value-added element of anti-smoking campaigns is behavioral change as a key outcome of the health messages.

If you wish to get more ideas about other strategies for the prevention of health problems as a part of your school health implementation, read the following section.



Let's Read

Preventive Strategies for School Health Program Implementation

Typically, **preventive strategies** are measures taken to promote health and to keep away the onset of a targeted condition. In the context of school health, these strategies refer to proactive actions taken to promote healthy behavior and to stop students from engaging in risky behaviors such as substance use (cigarette and marijuana use, alcohol drinking).

An example of preventive strategies is the health screening conducted by doctors and nurses from the School Health Service (SHS) in Singapore to detect health conditions common among the school population. As early as Primary 1, students undergo several health screening activities such as vision screening (eyesight test), 3D vision screening, growth & development assessment, and hearing screening (Health Promotion Board, 2012).

Like anti-smoking campaigns carried out in Brunei Darussalam schools, health screenings do have positive effects on the school community. However, health screening requires that some intervention is available and resources for treatment are allocated once a condition is detected. Sadly, very often, countries have very limited resources, such that even if the

screening procedure is simple, treatment is unaffordable or unavailable. In light of this, the current trend seems to be a tendency to opt for preventive cost-effective measures that are sustainable over a period of time in order to change the knowledge, attitudes, and behaviors of the intended audiences, especially the students.

To this end, many school heads are increasingly looking out for a do-able, low cost, and realistic strategy that utilizes the school structure for its implementation, and the involvement of students. Are you included in this category of school heads? If so, then 'Fit for School' may be the answer. Read more about this program in the following section.

Let's Read

The Philippines' "Fit for School" Approach

Intestinal worms, malnutrition, and tooth decay are the most prevalent diseases among the public school population in the Philippines. The Fit for School approach is a school-based health program, which aims to prevent and control these diseases through relatively simple and cost-effective interventions: daily handwashing with soap, bi-annual deworming, and daily toothbrushing. Regular handwashing with soap is the most cost-effective way to stop the spread of diseases. Research shows that it can reduce the rate of diarrhea by nearly half, and respiratory illnesses, such as flu and pneumonia, by one third. Statistics show that brushing the teeth regularly is the most effective way to prevent tooth decay, reducing the number of new cavities by 50%. Schools and day care centers are the best places to perform mass deworming, because it takes only half an hour to deworm a class of 40 students. Schools are also excellent venues to educate parents and teachers about the benefits of mass deworming.

Functional group washing facilities are essential for conducting these activities in schools. A simple washing facility, accommodating several students at once can be made from basic materials. The local community and students' parents are responsible for constructing these washing facilities and improving the school's water supply. Schoolchildren are encouraged to lead the group activities while the teachers provide supervision.



In the Philippines, the Fit for School approach is implemented as the Department of Education’s Essential Health Care Program, where providing a single student with soap, toothbrush, and toothpaste costs 60 US cents per child each year. This makes the program affordable for governments. Having governments, and not donors, fund the program ensures its sustainability.

Following an innovative approach of using existing school structures, the Essential Health Care Program targets over 2.5 million school children. One year of implementation resulted in 20% less malnutrition, 30% less absenteeism, 40% less tooth and mouth infections, and 50% less heavy worm infections compared to schools employing traditional health education. Further research on the long-term impact of the program is currently being done.

The experience in the Philippines shows that these important but simple interventions can be implemented within the school system. The Ministries of Education in Lao PDR, Cambodia and Indonesia started to implement the program in model schools in their countries. SEAMEO INNOTECH and GIZ support these efforts under the regional Fit for School program.



Let’s Think about This

Based on the case example from the Philippines, what makes the Fit for School approach a cost-effective preventive strategy for health? Write your response on the lines provided.

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

Let us now read about the Fit case example from Lao PDR. It illustrates the problems and challenges faced by a school head as she embarks on implementing Fit in her school.

Let's Read

Fit Case Example: Lao PDR



In 2011, the Regional Fit For School program started its implementation in 22 model schools in Lao PDR. One of them is Dansang, a rural school in the Saythany District in Lao PDR, with a total enrollment of 220 students in the school year 2011-2012. The school head, Ms. Sompala Suerpha, and the local community were oriented about the program by the school health task force composed of Ministry of Education and Sports (MoES) district team and Ministry of Health representatives. The orientation was led by the Ministry of Education and Sports (MoES) district team. After that, the Village Education Development Committee (VEDC) had a special meeting to discuss the implementation plan.

The school community had to raise funds to build the hand washing facility of the school. For starters, the members agreed to collect 5,000 LAK (about 0.60 USD) from each family. The community was tasked with raising funds and buying materials needed for the project, while the school was responsible for the construction of the hand washing facility. Raising funds and organizing the necessary labor for the project was no easy task as Ms. Suerpha shares:

The 5,000 LAK from each family for buying materials was not enough. Upon the vice village chief's recommendation, I approached the people in Donetew village, a neighboring town where some of our students come from and with whom our town has a good relationship. I requested one million kip from them, but they were able to raise only 900,000 kip. All of our teachers agreed to donate some money. At the same time, I went to our Monk to discuss our problem. He then asked people who come to the temple if they would like to support the school with their washing facility construction. One lady volunteered to contribute one truck of sand and one truck of gravel, while the Monk himself pledged to provide half a ton of cement.

Through Ms. Suerpha's perseverance and commitment to the program, the school now has its own washing facility, and students conduct their regular handwashing and toothbrushing group activities at ten o'clock every morning.

On looking back at her experience, Ms. Suerpha attributes several contributing factors to the success of the project:

“We did not let any problem stop us. We had to consult with the community to find the solution. If we decide to do something, we should really go in detail and coordinate with all stakeholders. If we think we do not have the resources, then we cannot do anything. We should start first and other people will support us later on. In the end, everyone is happy. We believe it will improve students’ health, quality of life and their education performance.”



Let's Think about This

1. Put yourself in School Head Suerpha’s place. If you had to lead in the construction of a handwashing facility for your school will you also use similar strategies that she employed in mobilizing resources? Explain your answer.

2. What other ways can you think of to raise funds for construction materials? Write your answers on the lines below.

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

Preventive Strategies	<ul style="list-style-type: none"> (i) Daily checking and elimination of mosquito breeding places (ii) Daily handwashing and daily toothbrushing in school as preventive measures (iii) Healthy snacks campaign to create awareness in schoolchildren on snacks that are healthy and those that cause illnesses.
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You have just accomplished reading about two different kinds of strategies for implementing your school health program. To reiterate, skills-based health education is an important and essential component of an effective school health program. When complemented by health-related school policies, safe water supply and good sanitation, and good health and nutrition services, its effectiveness is increased further.

To conclude, it is important for you to realize that the implementation strategy used for your school health program is largely determined by the national school health policies and programs, as we learned earlier in Lesson 2 of this module. Some of these are clearly geared towards skills-based health education, while others are clearly preventive measures.

Do you remember that there is another important element that contributes significantly to an effective school health program implementation? Yes, you will also need to consider establishing partnerships and networking with the local community, which is a cross-cutting theme of the FRESH framework. You already came across this idea when you read about the experiences of Ms Suerpha, the school head from Lao PDR, who involved the community to implement the Fit for School program. Read the section below to obtain further information about community involvement.

Let's Try This (Activity 3.4)



School Head Macato had convened a meeting with his school health management committee to brainstorm for ideas on how to strengthen community involvement in his school health program. Ms. Cruz shared the story of a community that had no running water:

When an electric water pump was installed in the school, toilets and washing facilities became functional and hygienic.

Seeing the benefits of having an electric water pump, the community willingly donated money to the school for the pump's upkeep. Each student's family paid a nominal two pesos per month for its maintenance.

"For the sustainability of the project, the parents and the students must have a sense of ownership," said an official at the local Municipal Planning Office. "Because if they did not own the project, they would not love it."

School Head Macato was impressed with Ms. Cruz's story and was very eager to form partnerships with parents and other members of the local community. However, he was troubled by one question: "How can we increase parents' engagement in our school health activities?"

Imagine you are one of the school health management committee members present at the meeting. How would you answer School Head Macato's question? Write your answers on the lines below.

Feedback

You can now compare your answers with mine below.

Your answers may have included the following: Reassure parents that health is essential in promoting the child's learning; Emphasize that parents act as role models for their children through good hygiene and health-promoting practices at home; Create an online parent portal or avenue that serves as a platform to disseminate information about school health activities in the school and invite parents to join in; Ensure that school health activities are



visible and inclusive for the whole community; Recognize and maximize the expertise of parents and other members of the community in the school health program.

If you managed to include all these in your answers, well and good! However, you may be eager to find out more on how you can establish networking with the local community in the context of your school health program. You are now invited to proceed to the next section and learn about ways to partner with your community.



Let's Read

Partnering with the Community: Some Recommendations

If you remember, the FRESH Framework places great emphasis on supportive strategies, like intersectoral collaboration between the education and health sectors, between teachers and health workers, as well as effective community partnerships with parents, local administration, NGOs, social welfare, private agencies, and media.

In initiating effective community partnerships to support your school health program, you will have to bring all interested parties together. This positive relationship between your school and the community cuts across and reinforces children's health and learning in different settings: at home, in school, in out-of-school programs, and in the community.



Let's Think about This

Reflect on the extent to which your school is connected with the community and enumerate different segments of the community that are currently involved in your school health activities. Write your ideas on the lines below.

Let's Study

Community Engagement in School Health



In Lesson 1, you analyzed in detail potential partners in your local community using stakeholder analysis for your school health programs. In this section, you will be able to identify other organizations that you can connect with in pursuit of your school health programs.

These partners include the following:

- **International partners.** Many United Nations (UN) agencies and supranational agencies support national governments in the implementation of school health programs to improve health and education outcomes. Some of these agencies which can also provide technical or financial resources include the following: FRESH, a joint initiative from WHO, UNESCO, UNICEF, the World Bank; Education Development Center; Food and Agriculture Organization of the United Nations (FAO); World Food Programme; and the German Agency for International Cooperation (GIZ).
- **Civil society and local NGOs.** Members of non-governmental institutions and other organizations include program staff and consultants of national and international health, education, and development agencies interested in promoting health through schools. They have an important role to play in influencing individual student behavior, and the behavior of organizations and institutions involved in schools. In addition, they can also provide useful resources and act as a key community influencer (especially parents and families) in supporting healthy school policies.
- **Local health professionals.** They play an important role as resource persons for delivering health services and health messages and as support for school health activities. They also serve as the entry point into the health system, providing health services as needed. Being the group that is most aware of the importance of good health, they are usually very dedicated in supporting school-based health programs. An example would be the medical workers who provide support to the annual or biannual deworming program in schools.

- **Community leaders and other community members** include local residents, religious leaders, media representatives, health care providers, social workers, mental health counselors, development assistants, and members of organized groups such as youth groups and women’s groups interested in improving health, education, and well-being in schools and communities.
- **Local government units** such as those in the provinces, districts, municipalities, cities, towns, and villages where the direct and personal involvement of top leaders can bring about enormous and lasting effects on mobilizing financial, material and human support for health education programs in schools. Their participation is equally important for the systematic implementation and sustainability of school health programs.
- **Parents.** They play a significant role in supporting their children’s health and learning, guiding their children towards successfully completing their education. They want their children to spend their days in a healthy and enabling learning environment and they will most likely support your initiative to turn the school into a healthier place.
- **Parents and Teachers Association.** The members are very important stakeholders in school-based health programs. They have a direct influence on decision-making in the school and can be strong advocates for your school health program within the wider community.
- **Students.** Students are the target group but at the same time a main stakeholder in the implementation of school health activities. They can also provide peer leadership which can be enhanced through the establishment of student clubs. It is important to include students from the beginning and to encourage them to actively participate in school health activities. This will be easiest if activities are child-friendly and students enjoy them.

Let's Think about This



1. What might happen if your potential community partners are not aware of or involved in your school health programs? Write your ideas on the lines below.

2. What are some ways for you, as a school head, to encourage greater community involvement in school health activities? Use the lines given below to write your suggestions.

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

Feedback



You may now compare your answers with mine below.

For question 1, and as you have read on pages 111 and 114, parents and community members play important roles in keeping the school clean, safe and healthy, and encouraging the students to adopt improved health and hygienic behavior. If the parents and potential community partners are not informed or involved in your school health programs, you will not get their support. The absence of support will prevent your programs from being successful and sustainable.

For question 2, you may have suggested the following: seminars, workshops, orientation and information on health topics; electronic communication via websites and social networks, email messages, and text messaging; non-electronic communication via school newsletter and flyers; and verbal face-to-face methods such as phone calls, parent-teacher meetings, and school events.

In the next section you will learn more about the roles of your community partners in your school health programs.



Let's Study

The Role of Community Partners in Your School Health Programs

In the context of the your school health programs, the roles for parents and the local committee may include the following:

- **Resource provider and implementor.** Parents and community members are often invited to provide local construction materials and even unskilled labor to build school health facilities. The community is also consulted in making decisions and arrangements, for example, on community use of the school water tank or toilets during emergencies in the vicinity.
- **Financial controllers and fund holders.** For example: if parental contribution is required for maintenance, cleaning staff, and supplies of soap and cleaning material, the parent-teacher association can oversee the flow of funds in the form of cash or goods.
- **Community-based monitors.** By involving the community in monitoring the program including the functionality of facilities, needed repairs of washing and sanitation facilities can be immediately done.
- **Advocate for transfer of learning.** When parents and the local community are involved, what children learn in school tends to be transferred or applied at home, too. This is especially so in the case of younger children who may not be in a position to change hygienic behavior in their homes without their parents' commitment. Your role then is to educate all family members on the adoption of appropriate hygiene skills and to invite the local community to also be involved in programs for hygiene, sanitation and water in schools.

Let's Think about This

Think about your community partners. What roles do they play in support of school health programs?



Let's Read

Parents' Involvement in School Health

You may or may not be aware of this, but research findings show that parent involvement in school health programs has certain benefits for the parties concerned. Among these benefits are strong school community partnerships and application of school-based management principles; awareness about the importance of a health environment in order to enable healthy behavior; enhanced communication between parents and their children; reinforcement of health-promoting messages; and better health and education outcomes of children.



However, since not all parents have the time or resources to be fully involved in school health activities, there are three options that parents can get involved in, namely:

1. **Individual parent involvement in school health programs.** For example: receiving information on the goals of the school's health programs and relevant community health services; supporting the health curriculum and classroom instruction by encouraging children to apply health and hygiene practices at home.
2. **Volunteer work.** For example: fund raising for materials to build group washing facilities or buy hygiene materials like soap and toothpaste; organizing a workshop for parents; participating in clean-up drives in the school; donating materials or labor time to support improvement of school environment.

3. **Membership or holding a leadership position in the SHMC.** For example: reviewing and approving the school health program as a member or as an elected officer of the School Health Management Committee (SHMC) or the school board; advocating for the school health program in the community; and linking up program activities with other services provided in the community/district.

It is commonly accepted that parents become involved in school activities and programs when they believe their actions will improve their children’s health and learning. In the context of school health, it is, therefore the responsibility of both the school head and the staff to show parents how their children’s health and education can be enhanced by their engagement in school health activities. A review of related literature reveals that parents tend to become more involved if they perceive that the staff and students want, expect, and appreciate their involvement.

Are you interested to learn more about how parents can be more engaged in school health? Read about the Connect-Engage-Sustain Model in the next section.



Let’s Study

The Connect-Engage-Sustain Model: Step 1 - Connect

Researchers in the field of school health have proposed that parents’ engagement in a school health program should follow a three-step process, that is: *Connect*, *Engage* and *Sustain*, as shown in the figure below.



[Source:Adapted from Parent Engagement: Strategies for Involving Parents in School Health. CDC (2012)]

If you decide to adopt this model for engaging parents in your school health program, the first step requires you to make a positive connection with them. Read the guidelines below that explain how you can achieve this:

- Ensure that your school has a clear vision and mission, as well as school health policies and procedures that reflect the importance of parent engagement in school health activities and services.
- Provide a friendly and welcoming school environment for parents to participate in and contribute to the school health program.
- Ensure that your school staff members have the ability to connect with, support, and continually improve parent engagement in your school health program.
- Seek parents' opinions and ideas regarding the health needs and interests of their children and how they would like to be involved in the school's health program. Examples are important health topics for their children; specific information about the school's health program; and improvement of the physical and social school environment.

Let's Think about This

As you reflect on the guidelines that you have just read, to what extent do you propose to adopt them in encouraging and enhancing parents engagement in your school health program? Use the lines provided for your answers.



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



Let's Study

The Connect-Engage-Sustain Model: Step 2 – Engage

The next step to take after successfully establishing a relationship with parents and making them feel welcome is for you to offer a variety of opportunities to engage parents in your school health program. Read some strategies discussed below that schools can use to engage parents:

1. Provide support through seminars, workshops, orientation, and information on your school health program and its implementation.
2. Communicate with parents about your school health program and possible opportunities for parents to get involved using a variety of communication methods, both electronic (for example: websites, email messages, text messaging) and non-electronic (for example: flyers, newsletters, progress reports); and verbal and face-to-face communication methods (for example: phone calls, parent-teacher conferences, meetings, school events).
3. Provide parents with a variety of opportunities to volunteer such as in the improvement of the school environment, and through serving as mentors and role models wherever possible. For example, a parent who is a personal trainer might be willing to volunteer at a health fair, or one who is a carpenter might help in the construction of group washing facilities, or a gardener might start a school garden.

To illustrate, read how a school in Thailand invited parents to oversee a school program on improved hygiene and sanitation education.

“At the Baan Klonggum School in Thailand’s Krabi province, hygiene is no less important than lessons or games. Students scrub and shine the floors of the latrine block – their work overseen by parents recruited into the effort to create a cleaner, safer school environment.”

[UNICEF Thailand. Retrieved from: http://www.unicef.org/infobycountry/Thailand_52273.html on July 13, 2014]

4. Promote learning at home by teaching students how to apply their knowledge on health and hygiene at home. Train students on how to encourage parents and siblings to also join in and apply healthy behaviors. For example: handwashing and toothbrushing, shopping for healthy foods, and supporting healthy behaviors at home.

5. Invite parents to be part of the following collaborative activities: decision-making in school, developing and implementing school health programs, improving the school environment; helping conceptualize health and safety messages; creating health-related curricula; quality-assuring food and beverages sold in the school canteen; and providing feedback on the school meal program.

Let's Think about This



1. To what extent have you adopted the five strategies for parental engagement as explained in the earlier section? Share your experiences below:

- a. Provision of support through seminars, workshops, orientation and information on health topics

- b. Communicating with parents using a variety of communication methods

- c. Provision of opportunities for volunteer work

d. Home learning support and encouragement of healthy and hygienic behavior at home

e. Invitation for parents to join in collaborative activities

2. What are some of the challenges that you, as a school head, have faced in mobilizing and maintaining parent involvement in school health activities?

3. How were you able to overcome or address these challenges?

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

Let's Study

The Connect-Engage-Sustain Model: Step 3 – Sustain



Generally, many school heads face the challenge of sustaining parents' engagement in school health activities, especially when their children grow up and move to middle and senior high school. To ensure the continuing involvement and support of parents, one important strategy is for you to identify those challenges that prevent parents from being continuously connected and engaged in your school health program, and then work with parents to address those.

Read about some of the challenges the parents may face and suggestions to address each of them.

Challenge 1: Parents are unable to attend school health meetings or activities because of schedule conflicts with work, family, and religious and community activities.

Suggestion: Schedule meetings and activities to match varying parent schedules, provide alternative ways for parents to access information and communicate with school staff aside from attending face-to-face meetings and activities on the school grounds. Plan major activities for parent involvement during a time of the year when participation is more likely and convenient (e.g., not during harvesting season etc.)

Challenge 2: Parents cannot attend school health meetings and activities due to lack of transportation.

Suggestion: Provide transportation, hold meetings off-site or online.

Challenge 3: Parents do not fully comprehend information on school health program provided due to unfamiliarity with terms used.

Suggestion: Make sure you use only terms that are easy to understand and examples that parents can relate to when you explain your school health program. As much as possible, avoid using technical language. Try to create a friendly and trustful atmosphere for the meeting and encourage parents to ask questions and to engage in the discussion.



Let's Think about This

To what extent are you facing the enumerated challenges in sustaining parent engagement in your school health program? Are there other challenges that differ from those you have just read? If so, how do you propose to address them? Write your response on the lines provided.



Feedback

Well, perhaps you may have identified a challenge where your school staff are inexperienced in working with parents. Given this challenge, it is recommended that you provide advice and guide your teachers to strengthen their capacities on parent engagement, hold discussions with your school staff about their concerns, provide on-the-job advice and coaching to school staff on how to interact positively with parents, and so on.

It may also help you to remember that parent engagement in a school health program is not a linear process. In other words, there is no distinct delineation between strategies for connecting with parents, engaging them in school health activities, and sustaining their engagement. In view of this, strategies used for connecting with parents might overlap with those used to sustain their involvement.

Besides connecting, engaging, and sustaining parent engagement in your school health program, let us now proceed to discuss how you can involve nongovernmental organizations in your school health program.

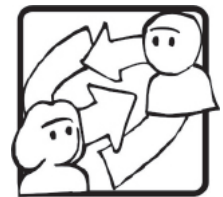
Let's Try This (Activity 3.5)



Besides brainstorming for ideas for community involvement in his school health program, another agenda of School Head Macato's meeting with his school health management committee included brainstorming for ideas for nongovernmental organizations' (NGO's) engagement in his school health program. Just as the brainstorming session was about to begin, Mr Miguel raised his hand and posed this question, "Sir, why do we need to engage NGOs in our school health activities?"

Imagine you are School Head Macato. Write your response to Mr Miguel's question on why there is a need to engage NGO's in your school health activities.

Feedback



Compare your answers with mine below.

In many countries, while the Ministry of Education is the lead implementing agency for school health programs that aim at improving student educational achievement, it also shares this responsibility with the Ministry of Health. However, it is becoming apparent that the success and effectiveness of school health programs also depend on the effective participation of numerous other stakeholders, including nongovernmental organizations (NGO's) besides the local community. Hence, it is important for schools to work more closely with such organizations to develop intervention strategies, which are consistent with the needs of the school community.

Given this, you might be interested to obtain further information about examples of NGO engagement in school health programs.



Let's Read

NGO's Engagement in School Health: Case Examples in Southeast Asian Schools

After School Head Macato learned about the importance of engaging community partners in his school health programs, he thought about the many possible projects under which his school could partner with nongovernment and foreign agencies. Where did he get the idea from? He browsed the internet and came across Save the Children's magazine which describes its partnership with several Southeast Asian countries. Below is a part of the magazine that caught his attention and inspired him (Save the Children, School Health and Nutrition: Program Update: Supporting school-age children to be healthy to learn and to learn to be healthy, Issue 9, Year 2012-2013):

Save the Children

Indonesia

In partnership with The Wrigley Company Foundation and Dubai Cares, Save the Children cooperated with important stakeholders to provide comprehensive health and hygiene education (including oral health), to foster supportive environments and policy changes for WASH in schools and to scale-up school health and nutrition services in Indonesia. Save the Children has implemented the WASH in School Empowerment (WISE) project in three provinces in Eastern Indonesia. To date, it has reached 225 schools with nearly 40,000 students.

Other WISE achievements include distributing toothpaste and toothbrushes to 19,106 students, training 3,443 community members in oral health and good practices, conducting 219 school visits by dentists and nurses, and incorporating SHN into the primary school curriculum in two districts.

Save the Children and The Wrigley Company Foundation, through the WISE program, have also:

- Provided more than 30,000 school children in 57 schools with improved access to water and sanitation facilities
- Trained 439 teachers from 180 schools in hygiene promotion
- Created a program that trained 653 students as "little doctors" for hygiene promotion
- Hosted 6,385 adults (mainly parents) in hygiene education sessions in the community in an effort to support children in the area with good hygiene behavior

Philippines

Save the Children, with support from The Wrigley Company Foundation, implemented the Kids SHINE (School Health Involvement and Empowerment) and Kids SHINE MORE (Mainstreaming Oral Health in Education) projects for the past two years. These projects support the sponsorship-funded program by ensuring the delivery of health, nutrition, and hygiene services; improving water and sanitation facilities; and encouraging children's active participation in School Health and Nutrition. Save the Children in the Philippines supports continued advocacy for the implementation of national policies and programs with a focus on health and nutrition. It aims to create sustainable application of the SHN Program through the support of local partners as well as the meaningful participation of school children. Going forward, focus areas include oral health education, systemization and sustainability of SHN activities in schools, and scaling-up the Child Health Promoter program.

Some of the key achievements, with Wrigley's support in the Philippines, consist of:

- Constructing, rehabilitating, and maintaining water supply systems, sanitary toilets, and hand washing facilities in 110 schools
- Training 3,171 Child Health Promoters (CHPs) who reached approximately 130,539 school children through Child-to-Child activities, including lessons on how to brush the teeth
- Building strong working partnerships with the Department of Education, local government units, parents, and communities around SHN and oral health
- Developing a CHP Activity Logbook, SHN Score Card, and WASH Observation Checklist, all of which facilitated recording, reporting and monitoring of SHN-related activities and projects

Vietnam

The Vietnam program has made significant strides to incorporate School Health and Nutrition in 30 schools throughout three program areas of Hanoi, Hai Phong, and Ho Chi Minh City. In 2012, we reached 27,039 students with activities that promote oral health and health education. In addition, Save the Children developed a 170-page health education manual with lesson plans on oral health, nutrition, adolescent development, personal hygiene, and drug abuse prevention education. In addition to these interventions, Save the Children also:

- Educated 20 master trainers, 300 teachers, and 30 school health officers on extracurricular activities and SHN
- Improved hygiene systems in the 30 project schools including toilets and/or hand washing stations
- Implemented 1,433 interactive extracurricular health sessions and 35 interactive, experiential activities that benefited roughly 27,000 school-aged children (6-14 years)
- Reached about 700 teachers and parents in 14 communities and parent associations through dialogues and workshops

In the upcoming year, Save the Children will continue to improve children's knowledge on, attitudes about, and practice of oral health and hygiene, nutrition, and hand washing through health education and policy improvements at schools. It will further emphasize the importance of improving school lunches and will expand its focus on the health and life skill needs of adolescents through training school administrators, creating child-to-child clubs, and concentrating on menstrual hygiene management.

School Head Macato also remembered hearing about GIZ, a German state agency that implements the Fit for School Programme in Cambodia, Indonesia, Lao PDR, and the Philippines. He searched for it through the web and read two articles (GIZ Cambodia, 2013) that made him more interested to get connected with it. Here are the articles:

Article 1:

Cambodia hosts Indonesian delegates to exchange on Regional Fit for School Programme

Kompong Chhnang, Kompot, Kompong Thom, Phnom Penh and Takeo Provinces, Cambodia - Diseases related to lack of hygiene, such as diarrhea and respiratory infections, are still the leading cause of death for children living in Cambodia. By the time children enter school, more than half are diagnosed with intestinal worms and a vast majority has dental caries, virtually all untreated. Students suffering from pain and disease are frequently absent from school, sleep less, and demonstrate an overall lower academic performance, compared to healthy pupils: Health status and school performance are closely related.

GIZ's Regional Fit for School Programme in Cambodia aims to prevent infectious diseases among public primary school students to improve

school attendance through three simple and low-cost interventions: 1) daily hand washing with soap; 2) daily tooth brushing with fluoride toothpaste; and 3) bi-annual deworming.

The programme has been supporting the School Health Department of the Ministry of Education Youth and Sport (MoEYS) of Cambodia with the program implementation since December 2011. Regional programme partners include SEAMEO INNOTECH, a regional center of the South-East Asian Ministers of Education Organization. Since its inception in Cambodia, the programme has benefitted nearly 8,000 students in ten public primary schools in Phnom Penh and other four provinces: Kompot; Takeo; Kompong Thom; and Kompong Chhnang. This regional programme is also being implemented in three other countries: Lao PDR, Indonesia and the Philippines.

Article 2:

Philippines

The Department of Education's national school health programme in the Philippines currently reaches more than 2.5 of the 12 million primary school children. Since 2008, it has used the Fit for School approach and has been backed by the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH, a German state agency. A long-term study showed that after only one year, 20% fewer children were underweight, serious worm disorders had halved and the number of cases of new caries had fallen by 40%. The number of school days missed due to illness dropped by 30% (Monse, 2014).

In 2010, Fit for School Inc., together with partners, came up with an efficient and low-cost design prototype group handwashing facility. This is in recognition of elementary grade students' need for a group washing facility for practicing handwashing and toothbrushing daily. The facility, which can accommodate 20 pupils, costs less than PHP 1,800 (about USD 40). It is made up of widely available materials such as wood, GI sheets and PVC piping. Aside from this, the design ensures that water will be used economically. For example, 20 students need only to consume 2 liters of water for handwashing and another 2 liters for their group toothbrushing activity. It is also important that the facility can still be used even without access to piped water or water pressure.

A household name as one of the implementers of the Regional Fit for School program in the Philippines and the Basic Education Assistance to Muslim Mindanao (BEAM ARMM) Program, GIZ, also has other experiences in other fields, such as the following:

- Providing technical assistance that can enrich the discussion on how NGOs can be engaged in school health;
- Designing efficient and low-cost handwashing facilities
- Providing standardised packages for school health programs such as bottled toothpaste;
- Involving academic institutions in research in advocacy.



Let's Think about This

Taking into account the various school health programs that School Head Macato learned about, which of the programs do you think could work best in the context of your school setting? Give reasons for your choice. Write your answers on the lines below.

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

Let's Try This (Activity 3.6)



You have just read about school and community partnership in the implementation of school health programs. Accomplish the checklist below to assess the extent that your school engages the parents and the local community in your school health activities.

Instructions: Place a check mark (✓) beside the item that best describes your school practice in the context of community involvement in school health.

Community Involvement in School Health Checklist

My school has a clear vision for community engagement in school health activities.		
	1.	My school mission reflects the importance of community engagement in school health activities.
	2.	My school has a well-planned health program for community engagement.
	3.	Policies and procedures are in place to maximize community engagement in the school's health program.
	4.	My school has a warm and friendly environment for the community.
	5.	My school welcomes the community's participation in and contribution to the school's health programs.
My school staff members have the ability to connect with the local community and support their engagement in our school health program.		
	6.	My school has a dedicated school health management committee composed of teachers, administrators, and parents who help in planning, implementing, evaluating, and continually improving school community partnership activities.
	7.	My school organizes school health activities that address the interests of the community, such as healthy eating seminars.
	8.	Members of my school staff are provided with opportunities to learn how to increase community engagement in school, particularly in health activities.

My school staff asks the community about their needs and interest regarding the health of students.		
	9.	Health topics that are important to the community and school children are the focus of the health programs.
	10.	Information related to school health requested by the community are provided.
	11.	Information related to specific types of school health-related activities and services requested by the community are provided.
	12.	Simple changes or modifications are implemented to make the school's physical environment more pleasant, accessible, and safe for community members.
	13.	Community members who have children suffering from identified health risks such as food allergies, diabetes, or asthma are asked how they would like to work with the school to better manage the children's health condition.
	14.	Community members are asked what skills and talents they have that might match with the health-related needs of the school.

[Adapted from: Parent Engagement: Strategies for Involving Parents in School Health, CDC (2012)]



Feedback

Well, how did you fare in the Community Involvement in School Health Checklist? The more check marks you have, the more involved your community will be in your school health activities. Congratulations! You are giving a voice and decision-making power to your stakeholders in collaborating with your school in the implementation of your school health programs. This practice is in line with the supporting components of the FRESH approach which is the underlying framework of your school health program.

However, if you obtained a score of less than five check marks, it is recommended that you review your current practice of the FRESH approach to school health. You will need to think of ways to involve the community in the implementation of your school health program. In the earlier section, you have already learned how important it is for schools,

parents and communities to work together to create an environment that facilitates the healthy development of children and adolescents and improved educational outcomes.

So far, in this lesson you have learned various strategies that can be used to establish partnerships and networking with parents and the community in the implementation of your school health programs. The last and most important step in the implementation of your school health program is monitoring and evaluation. With your experience in other program implementation activities, you probably have some idea on how to go about it. However, it will be good for you to read on to reinforce your knowledge and adopt specific tools for evaluating and monitoring your school health programs.

Let's Try This (Activity 3.7)



For the last two months, School Head Macato had been convening regular meetings with his school health management committee to review their existing school health program. Today, they are finalizing the final draft copy before officially launching the program during the first school assembly of the new academic year in two weeks' time. Mr. Kanakan raises his hand and asks, "How do we carry out monitoring and evaluation of our proposed school health program to ensure proper program implementation?"

Imagine that you are School Head Macato. How will you address Mr. Kanakan's concern? Write your answer on the lines below.



Feedback

You may now compare your answers with mine.

As you have already learned, school health policies (FRESH Framework Component 1) mandating provision of safe water and sanitation in the school environment (FRESH Framework Component 2), providing opportunities for skills-based health education (FRESH Framework Component 3), and regulating the provision of health and nutrition services (FRESH Framework Component 4), are evidently the blueprints for action necessary to harness the potential of student health for better health and education outcomes.

Once a national school health program is in place, it must be effectively monitored. In many countries, a monitoring and evaluation committee is usually identified and appointed by the Ministry of Education (MoE) for this task, and monitoring is conducted on a scheduled basis. The detailed findings are usually kept by the MoE and used for program management and steering on the national and provincial level. However, selected and relevant results should be distributed to the school level in order to improve program implementation.

Thus, as a school manager, you must ensure that you adhere to the implementation of the monitoring and evaluation process set by your MoE. If there is none, then you can adapt existing monitoring tools to your school program needs. There is a proposal that school heads conduct monitoring and evaluation on their school health program using a Self-Report Monitoring Form. The findings from this kind of internal self-monitoring by the school head can be used to validate findings obtained from monitoring by an external panel outside the school. How can you achieve this?

You may use the FRESH Monitoring and Evaluation (M&E) Guidance Manual as a reference guide for developing a monitoring and evaluation form of the health activities that are being implemented in your school. This manual provides a menu with a rich collection of school health-related indicators arranged by health topic or thematic area.

Are you eager to learn how you can develop your own customized monitoring and evaluation form for the different health activities implemented in your school based on the FRESH Monitoring and Evaluation (M&E) Guidance Manual? If you are, then proceed to read the next section.

Let's Study

Monitoring and Evaluating Your School Health Program Based on Thematic Areas



You have already learned about some useful strategies to implement your school health program, as well as how to establish partnerships with the community for better school health. You are now almost at the last lap of the process involved in the implementation of an effective school health program, that is, monitoring and evaluation. At this point, you will need to answer the question, “How will we make sure that our school health program is properly implemented?”

Monitoring and evaluation (M&E) is a systematic process that you and your school health management committee need to undertake for the following reasons:

- **To assess the quality of school health program implementation.** For example: Do the daily group toothbrushing activities follow the implementation schedule? Is the manner of implementation as planned?
- **To identify possibilities for improvement in the implementation of your school health program.** For example: What constraining factors prevent us from fully implementing our daily group toothbrushing activity? Does the number of available materials (e.g., soap and toothbrushes) match the number of children? Are toilets clean and functional? Are we able to make appropriate corrective actions? If not, where can we seek assistance from?
- **To measure the effectiveness and efficiency of school health program outcomes.** While these health and education impact assessments are usually conducted in collaboration with the MoE, MoH and specific academic institutions, and require so much resources and scientific knowledge, you can assess the effectiveness of your school health program by having baseline data before program implementation and comparing these with data after a month or more of implementation. For example: Of the students identified as coming from poor families

and frequent absentees, how many are now more often present in school during the feeding program period? What were their scores and grades in learning assessments before, during, and after the program? Comparing the results will provide you with insights on whether your program is producing results or not.

- **To assist in future implementation and decision-making processes**
For example: How can we make use of the M&E findings to improve program implementation of daily group toothbrushing in the coming school years? Are we going to implement daily group toothbrushing activities differently?

At this stage, you may refer to Required Reading 4 again in order to reconsider examples on monitoring.



Let's Think about This

In the context of the WASH in your school's program that you read about earlier, what is the purpose of monitoring and evaluating a water, sanitation, or hygiene-related activity? Use the lines below to share your ideas.



Feedback

You may wish to compare your answers with mine below.

As you already know, monitoring is an ongoing activity in WASH in Schools programs. Besides collecting information to "see how things are going," monitoring and evaluation serve multiple purposes such as the following:

- Tracking the efficiency and effectiveness of specific WASH-related activities and projects, assessing whether they are implemented according to schedule;

- Allowing for a periodic, objective look at the overall program or project progress and results, analyzing the reasons for success and failure, and making recommendations for future development;
- Learning to move forward, to capture and share the considerable experience and contributions of all stakeholders in WASH in Schools over time and geographical region;
- Diagnosing and directing interventions through strategic planning and financial resource allocation. Monitoring results guide decision-makers and planners in the government, donor organizations and civil society to decide how best to focus investments, technical and financial assistance, and other interventions within WASH in Schools.

How did you fare? Are you happy with your answers? Now that you have some knowledge about the importance of monitoring and evaluation in school health program implementation, you are probably also interested to learn about useful mechanisms that you can use in the context of your school health program.

Let's Study

The FRESH Approach to Monitoring and Evaluating School Health Programs: Using Thematic Areas



With reference to the Monitoring and Evaluation Guidance for School Health Programs Thematic Indicators Supporting FRESH (Focusing Resources on Effective School Health), there is a menu of 15 thematic indicators as indicated below:

Thematic Indicators	Thematic Areas (Health Topics)
1	Water, Sanitation and Hygiene (WASH)
2	Worms
3	Food and Nutrition
4	Physical Activity
5	Malaria
6	Oral Health
7	Eye Health
8	Ear and Hearing
9	Immunization
10	Injury Prevention
11	HIV and AIDS

Thematic Indicators	Thematic Areas (Health Topics)
12	Sexual and Reproductive Health
13	Substance Abuse
14	Violence in Schools
15	Disaster Risk Reduction

You may obtain a copy of the Monitoring and Evaluation Guidance for School Health Programs Thematic Indicators Supporting FRESH (Focusing Resources on Effective School Health) by visiting the following website:

www.unesco.org/new/fileadmin/MULTIMEDIA/HQ/HIV-AIDS/pdf/FRESHThematicIndicators-webVERSION3-06-26-13.pdf

For each of the above thematic areas, there is a list of indicators organized according to the following aspects:

1. Four FRESH components: equitable school health policies, safe water and sanitation, skills-based health education, and school-based health and nutrition services), and
2. Outcomes: learning, behavioral, and impact

A sample monitoring and evaluation form using Thematic Indicator 1: Water, Sanitation and Hygiene is given below.

Thematic Indicator 1: Water, Sanitation and Hygiene

FRESH COMPONENTS		
Component 1: Equitable School Health Policies		
	1	Minimum standards for education on WASH in schools are defined at the school level.
	2	School meets its national standards for WASH.
	3	School promotes positive hygiene behaviors, including mandatory correct use and maintenance of facilities that are systematically promoted among staff and students.
	4	School has facilities and resources that enable staff and students to practice behaviors that control disease transmission in an easy and timely way.

Component 2: Safe Learning Environment		
	1	School has a functional water source at, or near the school that provides a sufficient quantity of water for the needs of the school and is safe for drinking and is also accessible to children with disabilities.
	2	School has functional toilets and urinals for girls, boys and teachers that meet national standards and are also accessible to children with disabilities.
	3	School has functional handwashing facilities and soap (or ash) available for girls and boys in the school and where hygiene is taught.
	4	Solid waste and sludge is regularly disposed.
Component 3: Skills-Based Health Education		
	1	School provides hygiene education for students as part of the school curriculum.
	2	Percentage of students who receive hygiene education as part of the school curriculum.
	3	Percentage of students who have been involved in the design, development and implementation of a project to promote WASH in the school.
	4	Percentage of teachers who have received training in WASH life skills education.
Component 4: School-based Health and Nutrition Services		
	1	School provides soap for hand washing (i.e., where enough soap is available for students to wash their hands more than 80% of the time, or 4 out of 5 days per week).

[Source: Monitoring and Evaluation Guidance for School Health Programs: Thematic Indicators Supporting FRESH, UNESCO (2013)]



Let's Try This (Activity 3.8)

Conduct monitoring and evaluation on an activity related to Water, Sanitation and Hygiene that has been carried out in your school over the last six months. Use the sample Monitoring and Evaluation Form for Water, Sanitation and Hygiene above.

For each of the items in Components 1, 2, 3 (item 1) and 4, place a check [✓] mark to indicate “Yes,” and leave the space blank for “No.” For Component 3 (items 2, 3 and 4), write down the percentage as required.



Feedback

How did your school fare in the monitoring and evaluation of your selected activity related to Water, Sanitation and Hygiene that has been carried out in your school over the last six months? Are you happy with the results obtained? I hope you are. If not, you will need to convene a meeting with your school health management committee to discuss how you can identify issues and challenges related to the implementation of this activity, and then make the necessary corrective actions.

One final point to take with you after learning about monitoring and evaluation of your school health plan is that the findings gained from monitoring will provide important information to you, the school manager, on how well the program is meeting its objectives. The greater the achievement of your program goals, the greater the value that it gains and the greater the support that you get from your stakeholders. On the other hand, the information gained from evaluating and monitoring will inform you which aspects of the implementation of your school health program is going according to plan and which are not, and if action is required.

Congratulations! You have just completed Lesson 3. Well done!

This is one great step forward in your role as a school head in managing your school health program.

Through your interaction with the different sections and activities provided in this instructional material, you will have accomplished several important tasks required of you in implementing an effective school health program. 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 how to lead the implementation of an effective school health program. In the process, you examined some useful strategies and best practices that you can adopt for your school health program. In addition, you also learned the importance of establishing partnership and networking with parents and certain segments of the community for better health and educational outcomes in your students. Most importantly, you learned how to develop a customized monitoring and evaluation form based on thematic areas to collect information about the implementation of your school health program.



How Much Have You Learned from This Lesson?

Let us now examine what you have learned after completing Lesson 3.

Questions 1 – 8

Read the scenario below.

School Head Kham's school is one of the pilot schools in the Fit for School approach in Lao PDR. The students in his school, especially the younger ones, are slowly getting used to daily handwashing before meals and daily toothbrushing after their snack break. Also, three weeks ago, there was almost full attendance at the first deworming program for the year.

Another important aspect that School Head Kham is focusing on concerns skills-based health education. Last week, School Head Kham received five sets of The Blue Box from the district school health division. The Blue Box is an instructional toolkit that contains 20 items related to health education, namely: (1) Two teacher guideline books, (2) Five posters on transmission of hookworms, transmission of roundworms, food groups, key hygiene practices that prevent diseases, and instructions on handwashing (3) Three games: Snakes and Ladders, Prevention of Parasites, and word card games (4) Four comic books/stories on: Parasites, HIV/AIDS, hygiene and sanitation, and malaria prevention (5) Five *Kamishibai*, or story-telling cards on: encouragement of latrine usage, a safe environment, dental health, safe waste disposal, and clean and safe drinking water and (6) A complete set of songs about hygiene and sanitation.



Answer the following questions based on the scenario provided.

1. What are the implications of the Fit for School approach on student health and hygiene practices?

2. How can School Head Kham encourage parents in his school community to play their role in the Fit for School program that is currently implemented in his school?

3. How can School Head Kham promote community involvement in the sustainability of the Fit for School approach in his school?

4. Explain how the Blue Box Toolkit materials can support participatory teaching strategies for health education.

5. Besides Health Education, how can Language and Social Science teachers in School Head Kham's school use the toolkit materials to integrate health messages in the subjects they teach?

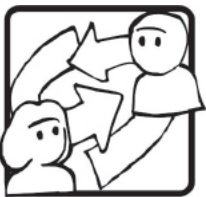
6. How does the Blue Box Toolkit reinforce the three intervention strategies used in the Fit for School approach?

7. How can School Head Kham monitor and evaluate the effectiveness of the following health-related school activities?

(i) Fit for School approach

(ii) Blue Box toolkit in the school curriculum

You may now compare your answers with mine in the Key to Correction on pages 165-167.



Feedback

This lesson has given you a general overview of how you can implement an effective school health program.

How did you fare with in this end-of-lesson self-assessment?

If you answered all the questions correctly, well done! You have successfully learned and understood the content discussed in this 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 in order to strengthen your knowledge and understanding.

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



Let's Sum Up

This module has walked you through three lessons that provided you with the basics of school health program management.

Lesson 1 discussed how you can assess school conditions related to health. You learned how to use stakeholder analysis to achieve this purpose. Next, you were provided with guidelines to use existing school committees or establish a school health management committee for program management.

Lesson 2 described how you can integrate school health into existing planning mechanisms. You also learned how to align school health with national school health policies and programs as well as the school context.

Lesson 3 focused on the implementation of an effective school health program using participatory teaching strategies and preventive strategies. The discussion of some best practices from selected countries in Southeast Asia provided you with ideas about forming partnerships and networking with parents and the community. Besides this, you were also provided with guidelines on monitoring and evaluating your school health program.



How Much Have You Learned from This Module?

Are you keen to find out how much you have learned from this module, *Manage School Health Programs*? Try and accomplish the following module post-test.

Questions 1-2

Read Part A of the case example below.

School Head Ismail has just received instructions from the School Health Division to attend a meeting of school heads in the district, and present the mid-term review of his school health program implementation. He is now sitting in his office reviewing his School Health Program Implementation file with the secretary of his school health management committee.

The first document he comes across is the result of the Assessment Tool for School Heads based on the FRESH approach.

FRESH COMPONENT	Your score for FRESH Component	Score for each Component
Component 1: School-based health policies	3	6
Component 2: Provision of safe water and sanitation		
Water supply and facilities:	3	7
Sanitation:	4	8

Component 3: Skills-based health education	2	3
Component 4: School-based health and nutrition services	1	3
Your total score:	13	27

Based on the case example, answer the questions below.

1. Why did School Head Ismail use the Assessment Tool for School Heads based on the FRESH Framework?

2. With reference to the results obtained from the Assessment Tool for School Heads based on the FRESH Framework, identify areas that require follow-up actions.

3. With reference to the areas identified, which items in the assessment tool will provide School Head Ismail with additional information for follow-up actions?

Questions 4-5

Read Part B of the case example below.

Next, Ms. Chan showed School Head Ismail the school health management committee attendance list and the minutes of the first meeting. He noted that there was only 50% attendance from the parents and local health professionals as the meeting was held on a Tuesday afternoon. He reviewed the agenda for that first meeting as shown below and discovered to his dismay that it was also incomplete.

Agenda:

1. Welcome Speech by School Head
2. Presentation of School Health Program
3. Introduction of School Health Management Committee
4. Matters Arising

Answer the questions below:

4. What important consideration must School Head Ismail make when deciding on the time and day of his school health management committee meetings? Why?

5. In your opinion, what could possibly be the “missing” agenda in School Head Ismail’s first school health management committee meeting?

Question 6

Read Part C of the case example below.

School Head Ismail then called up the school health division assistant director and requested for an update on school children’s health statistics in the last three years.

6. In your opinion, what was School Head Ismail's reason(s) for checking with the school health division assistant director on the latest statistics on children's health in the last three years?

Questions 7-8

Read Part D of the case example below.

Mr. Palani, the school health division assistant director then updated School Head Ismail with the latest information about the oral health of elementary/primary school children. National statistics reveal a significant rise in dental caries in young schoolchildren aged 5-6 years old. This problem is said to be caused by increasing sugar consumption and irregular toothbrushing habits. School Head Ismail reviewed his student health records, and discovered that dental caries was prevalent among 70% of the preschoolers in his school.

Answer the questions below.

7. In view of the prevalent dental caries problem among the school children, what action should be taken by School Head Ismail?

8. Besides teachers, which other important school community stakeholders should also be involved in cultivating good oral hygiene practices among school children? Why?

Questions 9-11

Read Part E of the case example below.

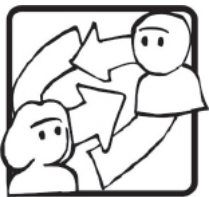
School Head Ismail then sat down with his school health management committee to plan and implement some school-level interventions to reduce the prevalence of dental caries among his students. Among these were the following: (1) introduce daily toothbrushing activity in the school, (2) conduct school-based events that raise awareness on prevention of caries such as the use of educational games and product promotional booths (3) show videos on how to care for the teeth and about a child's visit to the dentist.

Answer the questions below.

9. How can you improve on the oral health interventions implemented by School Head Ismail to reflect participatory teaching strategies on oral health education?

10. How can School Head Ismail initiate daily group toothbrushing among students in his school?

11. Explain how School Head Ismail can monitor and evaluate his school health program for oral health after he has made the relevant changes as in questions 8 and 9?



Feedback

In order to check your performance in the module post-test, compare your answers with those in the Key to Correction on pages 168-171. If you answered all the questions correctly, congratulations! You have a good understanding of how to manage your school health programs.

If you obtained only seven correct answers, you are still experiencing a little difficulty understanding some of the key concepts and need to review the parts that you missed.

If you got five or fewer correct answers, it is recommended that you take time to review the whole module before proceeding to the next page.

Congratulations! You have successfully completed this module, *Manage School Health Programs*. You most likely have gained new knowledge and skills from the module readings and activities.

How Do You Rate Yourself Now?



Congratulations! You have done well in accomplishing this extensive module. For a final review of how much you have learned from this module, revert 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.

Wishing you all the best in managing your school health programs!



Let's Apply What You've Learned (Module 2 Assignment)

Module 2 Assignment Guidelines

As school health manager, the roles and responsibilities that you perform can be very demanding. It is hoped that as you journeyed through this module towards becoming one, you have come to realize that the challenges faced in implementing a school health program, when taken one at a time, can be exciting.

For your module assignment, you are required to organize a meeting with your teachers and carry out the following activities:

1. Share with your teachers what you have learned about managing a school health program including the FRESH Framework, Water, Sanitation and Hygiene (WASH) in Schools, and the Fit for School Regional Program
2. Ask them about the importance of school-based health interventions that are simple, doable, and sustainable that do not require extensive resource mobilization.
3. Invite your teachers to brainstorm on a school-based activity related to school health (for example: school ground cleanliness, elimination of mosquito breeding sites, sanitation facility cleanliness, implementation of group handwashing activities) that is grounded in the FRESH framework and anchored on national school health policies and programs as well as aligned with their local school context.
4. Based on the brainstorming session, ask the teachers to select an area of school health and develop an activity for it.
5. Ask your teachers to explain the rationale for selecting the particular area of school health and describe its relevance and significance in enhancing the health and educational outcomes of the school.
6. Prepare a 500-word written report of Activity 1 - 5 with photo documentation.

7. Write a reflection (approximately 500 - 600 words) on Activity 1 – 5 using the following guide questions.

- How did my teachers react to my suggestion of brainstorming and developing a school-based health activity?
- To what extent were you and your teachers able to apply the FRESH framework and align the proposed school health activity with national policies and programs?
- How did you and your teachers reach a consensus about a school health activity that is aligned with the school context?

Submit your written report and short reflection to your Flexible Learning Tutor for review and feedback on or before the deadline.



Key To Correction

What Do You Already Know? (pages 6-8)

1. *School heads are encouraged to assess their school conditions related to health (health risks, and potential for health promotion) before implementing their school health program. What purpose(s) do these assessments serve?*

Some possible purposes for conducting the assessment:

- Enable the school head and his/her school management committee to have a better comprehension of the current situation in school (e.g., cleanliness of school grounds, water, sanitation and hygiene aspects , etc.) and the health status of the students (e.g., common health reasons for students to be absent)
- Plan appropriate school health activities to transform the school into a healthy learning environment that enables healthy behavior among students, which will eventually lead to better health, nutrition and learning.
- Review existing school health and nutrition services and activities for better delivery.

2. *Explain three functions of a school health management committee.*

Your answers may be similar to three of the functions given below:

- To manage and support implementation of a school-based health program based on the current situation in the school
- To ensure the allocation of sufficient financial and technical resources for school health
- To provide opportunities for networking and collaboration between the school and both local government and nongovernmental organizations as well as the local community
- To integrate school health aspects into existing planning mechanisms of the school such as the school improvement plan and therefore enable and strengthen the implementation of the school health program

3. *What criteria will you use for selecting potential members of your school health management committee? Give reasons for your choice.*

These are sample answers. You may have given other reasons for your choice.

- Committed to support the school health program and providing quality education for the school and local community
- Have a keen interest to work with schoolchildren and to improve the school environment
- Willing to devote time and energy on a volunteer basis

4. *Explain the most essential characteristics of an effective school health program. Give reasons for your answer.*

Your answer may be similar to the sample answers below.

- Adopts the FRESH framework as the underlying basis for the planning, implementation as well as monitoring and evaluation of the program. Such a program will improve health and learning of the students in your school
- Aligned with the national-level policy framework so as to better accomplish the goals of national school health programs
- Aligned with local priorities so as to better improve the health status of the schoolchildren

5. *Why is it important for you, as a school manager, to integrate school health into existing planning mechanisms?*

Your reasons may be similar to the ones given in the sample answers below.

- To ensure fund and time allocation for school health activities
- To give guidance to teachers and community members (e.g., in the form of action plans that clarify roles and responsibilities), to show the importance of school health programs, and to demonstrate your commitment to school health
- To ensure the involvement of government and nongovernment organization in your school health program that are aligned with national policies and programs

6. *Enumerate and briefly explain two strategies that you would use for implementing your school health program.*

These are sample answers. You may have identified other strategies.

- Education and information-based strategies for school health
- Project planning concept
- Stakeholder analysis
- Resource analysis
- Preventive interventions for school health
- Motivation for parental and community engagement
- Behavior change interventions
- Monitoring and evaluation measures

7. *How do you propose to enhance parent and community engagement in your school health program?*

Your answer may have included ideas similar to the sample answers below.

- Regularly disseminate information on your school health program to parents and community members
- Involve parents and the community in the school health management committee and let them have a say in program planning and implementation.
- Invite parents and involve the community in school health-related projects
- Recognize and maximize the expertise of parents and the local community in the implementation of school health programs

8. *Why is it important for you to monitor and evaluate the implementation of your school health program?*

You may have given reasons similar to the sample answers below:

- To assess the progress and implementation quality of ongoing activities in your school health program
- To identify constraints and room for improvement in the school health program that need corrective action
- To measure the effectiveness and efficiency of the program outcomes
- To assist in future implementation and decision-making processes

9. For each of the following dimensions of school health, give an example of a monitoring and evaluation indicator. Write your answers on the lines provided.

You may have given other examples, which may be similar to the sample answers below.

(i) School health policies

- Minimum standards are defined at the school level
- School meets the standards of the national-level school level policy
- School has the relevant facilities and resources

(ii) Safe learning environment

- School creates an environment that is safe for student learning
- Clean and functional toilets

(iii) Skills-based health education

- Application of health and hygiene practices in school (e.g., handwashing)
- Hygiene education is part of the school curriculum
- Students are involved in the planning and implementation of a health-related activity
- Teachers are given training in life skills education

(iv) School-based health and nutrition services

- School provides soap for handwashing
- School provides health and nutrition services that meet student needs

Lesson 1. Conducting a School-Based Health Assessment

How Much Have You Learned from This Lesson? (pages 53-54)

1. School Head Sophia is very enthusiastic about her role as school manager and health champion. What might be the possible consequences if she fails to undertake an assessment of the current conditions of her school with regard to health before designing and implementing her school health program?

Your answer may be similar to the sample answers below.

- Her school health program may not be aligned with the current situation in her school
- Her school health program may not meet the health needs of her school community

- Her school health program may not be comprehensive and aligned with national school health policies and programs
2. *School Head Lopez was told by other school heads that he can use the stakeholder analysis technique to identify potential stakeholders for his school health management committee. If you were School Head Lopez, how would you use said technique?*

You may have identified other ways besides the ones given below.

- Step 1 – Identify your stakeholders
Sit down and think of all the people who will be affected by your school health program, those who have influence and power, and those who have an interest in its successful implementation
 - Step 2 – Prioritize your stakeholders
Map out your stakeholders using a Power/Interest Grid. Manage closely those who have high power and show great interest in your school health program; keep satisfied those with high power but low interest; keep informed those with low power but high interest; and monitor those who have low power and low interest
 - Step 3 – Understand your key stakeholders
Get to know your stakeholders better by finding out their feelings towards and reactions to your school health program. Find out how best to engage them in your school-based health activities and how best to communicate with them
3. *Besides using the stakeholder analysis technique to identify potential members for his school health management committee, what other function does it serve for School Head Lopez? How can he make maximum use of the tool? What are the possible limitations, though?*

These are sample answers. You may have enumerated other possible limitations.

Other functions of Stakeholder Analysis are:

- Prioritize your stakeholders
- Get to know your stakeholders better, especially your key stakeholders
- Obtain information about the power and interest level of your stakeholders with regard to your school health program
- Help you better manage stakeholder relationships
- Able to identify risks involved in implementing your school health program

- Enable you to plan appropriate strategies and make more informed decisions

School Head Lopez can make maximum use of Stakeholder Analysis through the following ways:

- Use the opinions of the most influential stakeholders to shape his school health program at an early stage. Not only does this make it more likely that they will support him, their input can also improve the quality of his school health program.
- Gain the support from stakeholders to help him win more resources, both financial and technical. This makes it more likely that his school-based health projects will be successful.
- Communicate with stakeholders early and often to ensure that they know what he is doing and fully understand the benefits of his school health program. This means they will support him actively, when necessary.
- Anticipate stakeholders' reaction to his school health projects and build into his school health program the actions that will win support.

Some possible limitations of Stakeholder Analysis:

- Has to be carried out on a continuous basis
 - Assessment of analysis may be subjective
 - May not be able to meet all stakeholder interests at the same time
 - Focus is given to the most important stakeholders, that is, those with high interest and high power while ignoring the others who may not be so receptive to the school health program
4. *School Head Puvan has identified some blockers and critics among his key stakeholders based on his stakeholder map. He is keen to change them to become advocates and supporters of his school health program. How can he accomplish this? If this proves impossible, what could be an alternative strategy?*

Your proposed ideas may be similar to the ones given below.

- Talk to the blockers and critics directly to hear about their views openly
- Ask the blockers and critics for their opinions about the school health program

- Spend time understanding why they have been assessed as ‘blockers’ and ‘critics’ by asking yourself the following questions:
 - Is the reason for marking them as a ‘blocker’ or ‘critic’ valid?
 - Are they demonstrating behaviors that will negatively impact the school health program?
 - What are their reasons for ‘blocking’ or ‘critiquing’? Are the objectives of the school health program directly opposing their own objectives?
 - Can they be moved to being an ‘advocate’ and a ‘supporter’?
5. *School Head Nguyen is convening the first meeting of his newly-formed school management committee. What are some important topics that need to be included in the agenda of this meeting?*

These are sample answers. You may have identified other important aspects.

- The roles and responsibilities of his school health management committee members
- The goals and objectives of the school health program
- The commencement date and duration of the school health program
- Activities and strategies for implementing the school health program

Lesson 2: Integrating School Health into Existing School Planning Mechanisms

How Much Have You Learned from This Lesson? (pages 91-94)

1. *How does the school-based health program, Jum’at Bersih, align with the national school health policy of the particular country?*

Your answers may be similar to the answer on the next page.

The Jum’at Bersih school-based program is aligned with the national level WASH in Schools implemented in identified primary schools in Indonesia. One of the objectives of WASH in Schools is to improve the quality of the school environment by mobilizing schools and communities to ensure a clean school environment, including regular garbage collection, access to handwashing with soap, and access to toothbrushing facilities. Another objective is to improve knowledge, attitudes and interest toward healthy behaviors through approaches to build the capacity of Little Doctors and teachers in good handwashing

behavior, good hygiene behavior (including oral health), smoking prevention knowledge, nutrition knowledge and preventive health knowledge. In addition to this, this national program also supports regular, in-school SHN activities, including weekly cleaning drills currently implemented in WISE as Clean Fridays (Jum'at Bersih).

2. *If you were a school head in Indonesia, how do you propose to implement a similar national school health program at the school level?*

These are sample answers. You may have proposed other ways.

First of all, I will establish the Dokter Kecil program in my school where students will be mobilized to spread health messages about the importance of environmental hygiene. In order to enhance their knowledge and skills in communication, creativity, problem-solving, negotiation, and analytical skills, I will guide teachers in providing life skills training. In addition, I will also establish a very close working relationship with the sub-district health centers to train my Dokter Kecil volunteers on various health messages.

3. *Review your current school health program. How will your school community benefit if your school health program is better aligned with national school health programs?*

Your answers may be similar to the following sample answers.

- Relevance of your school health program to your students' needs is ensured.
 - Implementation of the school health program no longer becomes a time-intensive, labor-intensive endeavor, as it will focus on simple and affordable interventions, which will be supported by intersectoral collaboration.
 - Funds and other technical resources are readily available for the implementation of school health activities as there is already a national budget allocation that can be channeled to individual schools.
4. *Identify one school health concern that affects the health of your students. How do you propose to resolve this concern in the context of your school plan? Why is it important for you to do this?*

Your answer may be similar to the answers on the next page.

An example of a school health concern is tooth decay among elementary school children, specifically preschoolers and Year 1 students.

A possible solution is to incorporate daily toothbrushing with fluoride toothpaste as a group activity in my school plan.

It is important for me to do this because tooth decay does not heal by itself and is one of the most common chronic childhood diseases worldwide. If left untreated, it will last a lifetime and even progress, thus affecting the general health and quality of life of the person concerned. Tooth decay hurts and deprives the affected children of a good night's sleep. This results in difficulties to pay attention in class or play with their friends. Eventually, tooth decay may hinder social development.

5. *With reference to the identified health issue, develop an action plan for its integration into your school plan. Take into consideration the existing time frame, human and financial resources. You may use the templates provided for you to accomplish this.*

You may have identified other health issues besides the sample answer on the next page.

Group Daily Toothbrushing among All Primary Students

Objectives:

1. To reduce tooth decay among primary school students
2. To improve their general health and quality of life
3. To make them champions of clean teeth and fresh breath, and to help them motivate their parents and siblings to cultivate the daily habit of brushing their teeth at least twice a day, once in the morning and before going to bed

Commencement date: First month of the school academic year

Duration: 12 months

Target group: Preschoolers and Year 1 students

Group Daily Toothbrushing among All Primary Students

Activities	Human Resources Needed	Financial Resources Needed	Material and Other Resources Needed	Success Indicators
<p>Training of students who will assist their classmates with daily toothbrushing</p>	<ul style="list-style-type: none"> • Students to be assigned as student leaders (e.g., 1 student leader to a group of 5 students) • Class teachers to facilitate and supervise tooth-brushing activity 	<ul style="list-style-type: none"> • Budget allocation to purchase tooth-brushing materials 	<ul style="list-style-type: none"> • Water supply • Toothbrushes • Toothpaste • Toothbrush holders 	<ul style="list-style-type: none"> • Reduced tooth decay • Reduced new oral infections
<p>Daily Tooth-brushing Student leaders teach the children in their assigned groups the correct tooth-brushing technique</p>	<ul style="list-style-type: none"> • Trained student leaders • Class teacher 		<ul style="list-style-type: none"> • Water supply • Toothbrushes • Toothpaste • Toothbrush holders 	<ul style="list-style-type: none"> • Duration of the whole tooth-brushing activity takes no longer than five minutes

Supervision of Group Daily Toothbrushing

Task	Who is responsible for completing the task?	When	How	Who is responsible for monitoring?
Group daily toothbrushing	Individual students	Once a day at a scheduled time determined by the class teacher	<p>Students line up in groups led by their student leader</p> <p>Each group walks to the tooth-brushing facility</p>	Class teacher
			<p>Students brush their teeth using the technique taught by their student leader, and then return their own toothbrush to the toothbrush holder</p>	

Lesson 3: Implementing an Effective School Health Program

How Much Have You Learned from This Lesson? (pages 142-144)

Answer the following questions based on the case example above.

1. *What are the implications of the Fit for School approach on student health and hygiene practices?*

You may have identified other implications besides the sample answers below.

- Prevalent diseases among school children can be prevented and controlled through relatively simple and cost-effective interventions such as daily handwashing with soap, daily fluoride toothbrushing, and bi-annual deworming.
 - Teachers supervise the activities and encourage school children to lead the group activities thus making them assume ownership and commitment towards improved health and hygiene practices.
 - The involvement of the local community and students' parents in constructing the necessary group washing facilities and improving the school's water supply increases their awareness of the important role they play towards their children's good health and hygiene practices at home.
2. *How can School Head Kham encourage parents in his school community to play their role in the Fit for School approach that is currently implemented in his school?*

Your answer may be similar to the answers below.

- Conduct orientation about the Fit for School program in a meeting.
- Communicate with parents about the program using both electronic and non-electronic, and verbal and face-to-face methods.
- Provide parents with a variety of volunteer opportunities such as construction and maintenance of group washing facilities, cleaning materials, constructing toothbrush holders, and so on.
- Organize a school event, possibly the Global Handwashing Day (October 15) and inauguration of handwashing facilities, and use it as a platform to advocate for the program to parents.
- Once daily activities are implemented, invite parents and community members to observe the activities (to see is to believe).

3. *How can School Head Kham promote community involvement in the sustainability of the Fit for School approach in his school?*

You may have identified other ways besides the sample answers below.

- Include community involvement in the vision, mission and goal statement of the Fit for School approach.
 - Encourage school staff members to connect with the local community to garner their support in the Fit for School approach.
 - Obtain the local community's ideas as to how they would like to be involved in the Fit for School approach.
 - Invite community representative as a member of the school health management community.
 - Invite a respected community member to champion the program.
4. *Explain how the Blue Box toolkit materials can support participatory teaching strategies for health education.*

These are sample answers. You may have identified other reasons.

The Blue Box toolkit contains the following materials: Five posters, three games, four comic books, storytelling cards and a set of songs. Health education teachers can make use of these materials in planning group work for their students. For example: group members can use the posters to explain the health-related issues contained in them; students can be involved in group play using the games that convey health messages; individual groups can read the comic books, and then present the health-related issues in the form of a skit; group members can take turns to tell stories about cultivating good health and hygiene; students can present songs about proper hygiene and good sanitation in groups. When the tool kit materials are used in group activities in Health Education, student participation is enhanced. Thus, the Blue Box can be categorized as a tool for health education using participatory teaching methods. Health education can be used to support the practice of health and hygiene behavior with knowledge and information on these topics. (e.g., practice daily handwashing in school and learn through blue box games why handwashing is important and when handwashing should be done.)

5. *Besides Health Education, how can Language and Social Science teachers in School Head Kham's school use the toolkit materials to integrate health messages in the subjects they teach?*

Your answer may be similar to the sample answers below.

- Students can be asked to write a short essay based on the posters.
- Students can use the educational games to improve their vocabulary.
- Students can relay health messages contained in the comic books.
- Students can do story-telling in class using the story-telling cards.
- Students can engage in a singing competition using the set of songs about hygiene and sanitation.

6. *How does the Blue Box Toolkit reinforce the three intervention strategies used in the Fit for School approach?*

You may have identified other ways similar to the ones given below.

- Posters on transmission of hookworms and roundworms reinforce the importance of deworming when infected with worms.
- The poster on instructions on handwashing and the story-telling card reinforce handwashing practice and dental health.
- The set of songs reinforces the importance of hygiene and sanitation.

7. *How can School Head Kham monitor and evaluate the effectiveness of the following health-related school activities: (i) Fit for School approach and (ii) Blue Box toolkit in the school curriculum?*

These are sample answers. You may have identified other ways of monitoring and evaluating the two health-related school activities:

(i) Fit for School approach

- Assess the progress of the ongoing daily handwashing, group daily toothbrushing and bi-annual deworming activities.
- Regularly check the functionality and cleanliness of group washing facilities.
- Identify constraints that need corrective action.

(ii) Blue Box Toolkit in the school curriculum

- Collect empirical data about the number of teachers using the Blue Box toolkit in their classrooms.
- Assess the effectiveness of the Blue Box toolkit through staff and student feedback in the form of questionnaires or simple interview.

How Much Have You Learned from This Module? (pages 146-150)

1. *Why did School Head Ismail use the Assessment Tool for School Heads based on the FRESH Framework?*

Your answers may be similar to the sample answer below.

- The Assessment Tool for School Heads has been developed based on the four components of the FRESH framework. This framework is an important starting point for developing schools that provide a healthy and enabling learning environment for children. It helps to review the current situation in school considering the four different components of FRESH and gives School Head Ismail an idea as to which of these four areas he can further improve at. Therefore, the score obtained from this assessment tool will provide School Head Ismail with a general idea about the current status of his school in the context of a health-promoting school.

2. *With reference to the results obtained from the Assessment Tool for School Heads based on the FRESH Framework, identify areas that require follow-up actions.*

Your answer may be similar to the sample answers below.

Based on the results obtained from the Assessment Tool for School Heads, areas in the current health status of school head Ismail's school that require follow-up actions are water supply and facilities, (42.8%) and sanitation (40%).

3. *With reference to the areas identified, which items in the assessment tool will provide School Head Ismail with additional information for follow-up actions?*

Items in the assessment tool that will provide School Head Ismail with additional information for follow-up actions are:

- Water supply and facilities: WS1, WS2, WS3, WS4 and WS5
- Sanitation: WS6, WS7, WS8, WS9, WS10, WS11 and WS12

4. *What important consideration must School Head Ismail make when deciding on the time and day for his school health management committee meetings? Why?*

You may have included the following considerations in your answer.

- Suitability of time and day of the meetings so as not to interfere with their official duties in school
- Schedule the time and day for the meetings so as not to disrupt their family routine too much
- Keep the agenda of the meeting and time allocated for the meeting as short and precise as possible (parents might be willing to join a one hour meeting but might be hesitant to spend an entire afternoon/evening for a SHMC meeting)

5. *In your opinion, what could possibly be the “missing” agenda in School Head Ismail’s first school health management committee meeting?*

Your answer may be similar to the sample answers below.

The ‘missing’ agenda is probably communicating the roles and responsibilities of his school health management committee members. This is important so that committee members are clear and informed about their individual roles and responsibilities. This will ensure the smooth implementation of the school health program and prevent overlapping of tasks.

6. *In your opinion, what was School Head Ismail’s reason(s) for checking with the school health division assistant director on the latest statistics on children’s school health in the last three years?*

Your answer may be similar to the sample answers below.

- To have a clear and accurate picture of the school’s health status
- To ensure that school health program will be relevant to the school’s health needs

7. *In view of the prevalent dental caries problem among the school children, what action should be taken by School Head Ismail?*

Your answer may be similar to the sample answers below.

- Implement daily group toothbrushing among his students
- Establish partnership with the local health center to organize regular scheduled dental checkups and treatment for his students.

- Distribute information on preventive oral health interventions (e.g., by organizing health talks) for students and their parents
8. *Besides teachers, which other important school community stakeholders should also be involved in cultivating good oral hygiene practices among school children? Why?*

Your answer may be similar to the sample answer below.

- Parents and guardians of the students since they are role models for these young children at home.
 - When parents and guardians practice good oral hygiene, the students will imitate them.
9. *How can you improve on the oral health interventions implemented by School Head Ismail to reflect participatory teaching strategies on oral health education?*

Your answer may be similar to the sample answers below.:

- Stories about good oral health told by the teachers, or composed by the students
 - Dramatized plays and role-plays
 - Posters about good oral hygiene
 - Class discussions about an oral health-related topic
 - Daily practice of health and hygiene behavior, like handwashing with soap or toothbrushing with fluoride toothpaste
10. *How can School Head Ismail initiate daily group toothbrushing among students in his school?*

You may have included the following ideas in your answer.

- Assign student leaders to conduct the game in a systematic manner
- Include the daily toothbrushing activity and game in the class schedule
- Allocate a suitable time duration for the game

11. Explain how School Head Ismail can monitor and evaluate his school health program for oral health after he has made the relevant changes as in questions 8 and 9.

Your answer may be similar to the sample answer below.

School Head Ismail can refer to FRESH Thematic Indicator 6: Oral Health to monitor his revised school health program. (Oral Health Indicators table: page 22)

Thematic Indicator 1: Oral Health

FRESH COMPONENTS		
Component 1: Equitable School Health Policies		
	1	Existence of a national policy recommending strategies to address oral health problems in schools.
	2	School has a curriculum incorporating oral health.
Component 2: Safe Learning Environment		
	1	School imposes a ban on the provision of foods and drinks high in sugar.
	2	School provides healthy drinks and fruits.
	3	School has appropriate sanitary facilities for personal and oral hygiene.
Component 3: Skills-based Health Education		
	1	School has established programs for daily toothbrushing with fluoridated toothpaste.
	2	School provides oral health education focusing on healthy lifestyles, appropriate diet, and nutrition.
Component 4: School-based Health and Nutrition Services		
	1	School provides oral health protection activities, such as fluoride administration.
	2	School has established oral health care services, or systems for screening/referral for dental care.

Source: Monitoring and Evaluation Guidance for School Health Programs Thematic Indicators Supporting FRESH. Monitoring and Evaluation Guidance for School Health Programs: Thematic Indicators Supporting FRESH, UNESCO (2013)



Glossary

Deworming: The provision of anthelmintic drug treatment on a mass scale to remove and destroy parasitic worms that are in the body of adults and children.

Dental caries: Cavity or soft decayed area in a tooth. Progressive decay can lead to the death of a tooth.

Handwashing facilities: A facility that has functional water source and soap where children can wash their hands.

Health policy: A formal statement or procedure within institutions (such as ministries or schools) which defines priorities and the parameters for action in response to health needs, available resources, and other political pressures.

Health partners: Partners who support child and community health goals and objectives; government and nongovernment organizations.

Healthy physical environment: Refers to the buildings, grounds, play space and equipment in school and in its surroundings. This also includes basic amenities such as sanitation, availability of water and hand washing facilities, waste disposal, and cleanliness of air.

Health problems affected by nutrition: These include anemia, diabetes, eating disorders, food allergies, and being overweight/obesity.

Health screening: A quick assessment to determine if further examination of health problems is warranted.

Health services: Services designed to ensure access or referral to primary health care services or both, foster appropriate use of primary health care services, prevent and control communicable disease and other health problems, provide emergency care for illness or injury, promote and provide optimum sanitary conditions for a safe school facility and school environment, and provide educational and counseling opportunities for promoting and maintaining individual, family, and community health.

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

Hygiene promotion: A planned approach to preventing diarrheal diseases through the widespread adoption of cleanliness and healthy practices

Helminth infection: Worm infection.

Nutrition: The sum total of the processes involved in the taking in and the utilization of food substances by which growth, repair and maintenance of the body are accomplished (Brookover, A., 2014).

Nutrition services: Activities that promote sound nutrition habits among people especially children

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

Physical school environment: Encompasses the school building and all its contents including physical structures, infrastructure, furniture, and the site on which a school is located and its air, water, and materials with which children may come into contact.

Sanitation: Interventions (usually construction of facilities such as latrines) that improve the management of human body wastes.

Safe drinking water: Water that does not contain pathogens or germs harmful to the human body and which does not exceed recommended dose of iron, metal or chemical elements such as arsenic. Safe water should be 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 children as its the priority target group.

School community: Refers to all the people living/working within the school premises including pupils/students, the teaching and non-teaching staff, members of their families.

School health assessment: A systematic collection, review, and analysis of information about school health-related policies and programs for the purpose of improving students' health and educational outcomes.

School health policy: A formal statement or procedure within a school which defines priorities and the parameters for action in response to health needs, available resources, and other political pressures.

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/activities in the school environment for the promotion of the health and development of the school community

Scorecard. A report or indication of the status, condition or success of your school health program

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

Special health care needs: Any learning disabilities, developmental disabilities, behavioral disorders, physical disabilities, temporary physical limitations, and chronic medical conditions such as diabetes, asthma, and scoliosis.

Toilets accessible to children with disabilities: Facilities that have ANY of the following features: no entrance steps, larger rooms for more maneuverability; wider doors and doorways for wheelchair accessibility; safety grab bars near toilet that child could use to sit and stand; non-slip surfaces, special grips and guiding systems as well as proper lighting for poor-sighted children.

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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