

Comprehensive School Health and Nutrition

Report of the Sub-regional Workshop



Hosted by the **Thai National Commission for UNESCO**
Organized by **UNESCO Asia and Pacific Regional Bureau for Education, Bangkok**
and the **World Food Programme Asia Bureau, Bangkok**
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United Nations Educational, Scientific and Cultural Organization
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Foreword

The FRESH (Focusing Resources on Effective School Health) initiative was launched at the World Education Forum in Dakar (April 2000) by the United Nations Educational, Scientific and Cultural Organization (UNESCO), United Nations Children's Fund (UNICEF), the World Bank (WB), the World Health Organization (WHO), and Education International. Additional partners, such as the World Food Programme (WFP), have joined since. The initiative "promotes an integrated approach to school health, nutrition and education for the school-aged child, a fresh start to improving the quality and equity of education.

One response to the FRESH initiative is the "Collaborative School Health/School Feeding Programme" funded by the Japanese Funds-in-Trust (JFIT), implemented by the UNESCO Asia and Pacific Regional Bureau for Education, in collaboration with the Ministry of Education, Culture, Sports, Science and Technology (MEXT), Government of Japan, and the World Food Programme. The aim is to build capacities in the area of school health and nutrition in Cambodia, Lao People's Democratic Republic, Thailand and Viet Nam, and to ensure that comprehensive school-based health and nutrition issues are adequately addressed in the national Education for All (EFA) plans.

This report of the subregional workshop hosted by the Thai government offers a good example of a well-planned and managed activity for a JFIT-supported inter-agency, intersectoral co-operative project. Since JFIT support is limited to a few countries in the Mekong subregion, it is proposed that the initiative be expanded to other selected countries in Asia and the Pacific through UNESCO Cluster and Field Offices and through other projects supported by FRESH partners, utilising and strengthening the existing infrastructure and programmes of schools and communities and taking into consideration the four components and the three strategies that FRESH promotes.

With continuing support I am sure the project will yield meaningful outcomes to shed light on the linkage of good health to better learning and create a relevant model for inter-agency and intersectoral co-operation, linked to other health education and preventive education programmes supported by the UN and other partners in member countries.



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1 March 2003

List of Acronyms

ACIPAC	Asian Centre of International Parasites Control
AIDS	Acquired Immune Deficiency Syndrome
EFA	Education for All
FRESH	Focusing Resources on Effective School Health
HIV	Human Immuno-deficiency Virus
KIAsia	Kenan Institute Asia
MEXT	Ministry of Education, Culture, Sports, Science and Technology
MoE	Ministry of Education
MoH	Ministry of Health
SEAMEO TROPMED	Southeast Asia Ministers of Education Organization Regional Network for Tropical Medicine
SFP	School Feeding Programme
SHAPE	School-Based Healthy Living and HIV/AIDS Prevention Education
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations Children's Fund
WB	World Bank
WFP	World Food Programme

1. Introduction

The FRESH (Focusing Resources on Effective School Health) initiative was launched at the World Education Forum in Dakar (April, 2000) by the United Nations Educational, Scientific and Culutral Organization (UNESCO), United Nations Children's Fund (UNICEF), the World Bank (WB), the World Health Organisation (WHO), and Education International. Additional partners, such as the World Food Programme (WFP), have joined since. The initiative promotes an integrated approach to school health, nutrition and education for the school aged child. Details of the programme described in "What's New", "Focusing Resources on Effective School Health: A FRESH Start to Improving the Quality and Equity of Education."¹

There is a direct link between learning and health. UNESCO's Director-General, Mr Koichiro Matsuura, in January 2002, said: "Health is an essential condition for teaching and effective learning, and is also an outcome of quality education. Combating infectious diseases, therefore, must be a key element in efforts to achieve Education for All, and health must be high on the agenda of the education sector at all levels."

In April 2002, the Japanese Government through its Funds-in-Trust contribution to UNESCO approved a project "Collaborative School Health/ School Feeding Programme," to be implemented by the UNESCO Asia and Pacific Regional Bureau for Education, Bangkok. The collaborative programme aims to build the capacity of selected countries in the Asia-Pacific region in the area of school health/school feeding. It will draw on the experience of Japan's School Lunch Programme.

1. FRESH website <http://www.schoolsandhealth.org>

The programme targets a selected group of countries in Asia and the Pacific that meet the criteria agreed to in advance by the collaborators. Such criteria include, among others, countries with the highest level of need, or countries where there is the greatest potential for impact within a given timeframe, and/or countries with ongoing school health and school feeding programmes.

The project proposed several activities as follows: (1) Study visit by a team of Japanese experts and school health officers, Ministry of Education, Culture, Sports, Science and Technology (MEXT), the World Food Programme and UNESCO representatives to Cambodia, Lao People's Democratic Republic, and Thailand, for them to observe and gain experience of school feeding programmes and related school health activities (including WFP school feeding programmes and/or UNESCO school health programmes); and (2) Organisation of a subregional workshop on Comprehensive School Health, Nutrition and Hygiene, in close co-operation with MEXT, Japan and WFP.

In May 2002, representatives from MEXT, the WFP Asia Bureau, and the UNESCO Asia and Pacific Regional Bureau for Education, visited the school feeding project in Cambodia, the proposed WFP supported school feeding sites in Lao PDR, and discussed with the Thai Ministry of Education the Lunch Programme in Thailand.

The Subregional Workshop on Comprehensive School Health and Nutrition, held in Chiangmai, Thailand, 21-25 October 2002, hosted by the Thai National Commission for UNESCO, was the implementation of the second activity specified by the project.

The Workshop objectives were:

- ◆ to raise awareness of participants on the important links between health, nutrition and education and the value of implementing comprehensive school health programmes as a strategy for achieving the goal of Education for All (EFA);
- ◆ to promote inclusion of school health and nutrition concepts in national policies and plans for EFA;

- ◆ to discuss how health issues (e.g. school nutrition, HIV/AIDS prevention, safe water, etc.) can be used as entry points for the development of a comprehensive school health programme;
- ◆ to share information and review the essential components and strategies of FRESH, as well as to present the activities of different FRESH partners, and to mobilise their co-operation in the targeted countries;
- ◆ to encourage co-operation between representatives of the health and education sectors in order to promote comprehensive school health programmes; and
- ◆ to promote information exchange and networking between countries in the area of effective school health.

Participants included representatives from both the Ministries of Education and Health of Cambodia, Lao People's Democratic Republic, Thailand and Viet Nam, representatives from MEXT Japan, FRESH partners (UNESCO, UNICEF, WFP, and the World Bank); potential partners: the Kenan Institute Asia (KIAAsia) and the Asian Centre of International Parasites Control (ACIPAC).

The list of participants (Annex I) and the annotated agenda and schedule of work (Annex II) and other relevant annexes and papers are available in the CD-ROM.

A number of activities were conducted in small groups in order to assist participants gain familiarity with the FRESH framework. Activities included: identifying health issues, current policies and programmes, and application of the FRESH framework to a particular health problem. It was recognised that at the national level, the activities would need to be conducted with a clearly defined process and with the inclusion of a variety of stakeholders, focused on community identification of e.g. problems and priorities.

The composition of the groups varied according to the particular task. The processes undertaken to respond to particular tasks in each group session are described in the succeeding part of this report.

2. The FRESH initiative: the role of comprehensive school health to support EFA

An overview of the links between education and health was presented by UNESCO (full presentation is found in the CD-ROM), including the FRESH initiative and conceptual framework as well as its links to the six goals of Education for All (EFA). It was stated that 'poor health and malnutrition are important **underlying factors** for low school enrolment, absenteeism, poor classroom performance, and early school drop-outs.' On the other hand, the Education For All 1990-2000 EFA Thematic Study informs that health promotion and disease prevention programmes are cost-effective; multiple co-ordinated strategies produce a greater effect than individual strategies; health education is most effective when it uses interactive methods in a skills-based approach; trained teachers produce more significant student health outcomes; health promotion for teachers benefits their health, morale and quality of instruction; and health promotion for students can reduce disease in the community.

The EFA 2000 World Education Forum also informs that 'health interacts with EFA' as: a **condition** required for learning; an **outcome** of education; and a sector to collaborate with in achieving EFA.

The joint school health initiative: '**F**ocusing **R**esources on **E**ffective **S**chool **H**health' (**FRESH**) has four core elements, namely:

- ◆ health-related school policies;
- ◆ healthy, safe and secure learning environments;
- ◆ skills-based health education; and
- ◆ school-based health and nutrition services.

The three supporting strategies are:

1. effective partnerships between teachers and health workers;
2. effective community partnerships; and
3. pupil awareness and participation.

The following EFA goals could be achieved through the FRESH initiative:

- EFA Goal 1: Expand and improve comprehensive early childhood care and education, especially for the most vulnerable and disadvantaged children.
- EFA Goal 2: Ensure that by 2015 all children, particularly girls, children in difficult circumstances and those belonging to ethnic minorities, have access to and complete, free and compulsory primary education of good quality.
- EFA Goal 3: Ensure that the learning needs of all young people and adults are met through equitable access to appropriate learning and life-skills programmes.
- EFA Goal 4: Achieve a 50 per cent improvement in levels of adult literacy by 2015, especially for women, and equitable access to basic and continuing education for all adults.
- EFA Goal 5: Eliminate gender disparities in primary and secondary education by 2005, and achieve gender equality in education by 2015, with a focus on ensuring girls' full and equal access to and achievement in basic education of good quality.
- EFA Goal 6: Improve all aspects of the quality of education and ensure excellence of all so that recognised and measurable learning outcomes are achieved by all, especially in literacy, numeracy, and essential life skills.

The challenge is to advocate and provide assistance for inclusion of effective school health programmes within national education action plans, and to fulfill the ten components of quality from the 'Framework of Action' as follows:

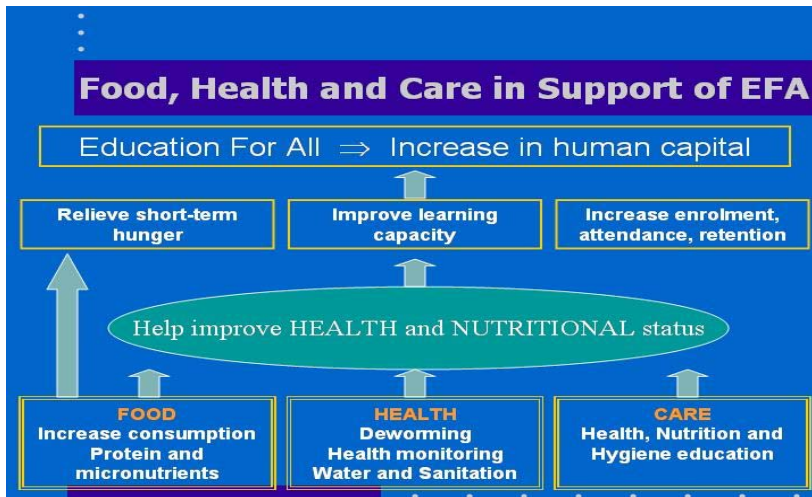
- ◆ Healthy well-nourished, and motivated students
- ◆ Well-motivated and professionally competent teachers

- ◆ Active learning techniques
- ◆ A relevant environment
- ◆ Adequate, environmentally friendly, and easily accessible facilities
- ◆ Healthy, safe, and protective learning environments which include:
 - a) Adequate water and sanitation facilities
 - b) Access to or linkages with health and nutrition services
 - c) Policies and codes of conduct which enhance physical, psycho-social and emotional health of teachers and learners
 - d) Educational content and practices leading to health-related knowledge, attitudes, values and life skills.

To ensure above, "a child-friendly school" - healthy and protective for children -- is being promoted which:

- ◆ ensures a learning environment of good quality - healthy, hygienic, safe and gender-sensitive with adequate water and sanitation facilities and healthy classrooms,
- ◆ enacts healthy policies and practices - e.g. free of drugs and tobacco, corporal punishment, and harassment,
- ◆ provides a venue for healthy ministry services - micronutrient and vitamin supplements, de-worming, school nutrition and counselling,
- ◆ provides life skills and health education,
- ◆ promotes both physical and the psycho/socio/emotional health of teachers and learners,
- ◆ helps to defend and protect all children from abuse and harm, and
- ◆ works closely with health care providers, parents, communities and students.

The WFP presentation focused on their extensive experience in school feeding programmes and the role such programmes play in the context of school health, hygiene and nutrition interventions implemented in collaboration with government, communities and partner organisations, as shown in the following diagram.

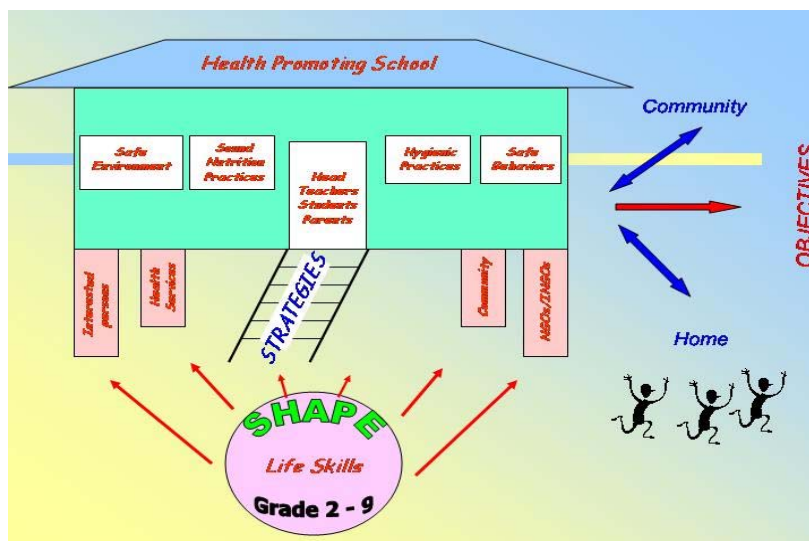


The UNICEF Regional Office representatives presented her paper quoting the UNICEF Executive Director, Carol Bellamy as follows:

"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 and what they are meant to and need to learn."

The Four Core Interventions on FRESH made available to the schools with UNICEF support are: (1) provision of safe water and sanitation as essential facilities for a healthy physical learning environment to break the worm and other water and filth-borne diseases transmission routes; (2) the effective delivery system of health and nutrition services that are simple, safe and addressing important problems prevalent within the community (deworming programme); (3) focusing on development of knowledge, attitude and life skills needed to deal with health and social issues (hygiene and health education); and (4) strengthening the first three interventions and promote equity in school environment.

The SHAPE project supported by UNICEF in Myanmar is explained in the following diagram:



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The FRESH partners presented papers describing their activities in promoting comprehensive school health programmes (e.g. health and nutrition, HIV/AIDS prevention, and deworming of school children and safe water and sanitation interventions etc.), specifically in the Mekong Region. The papers also described strategies in promoting co-operation, exchange and networking in the area of effective school health and nutrition and other school health elements. They included the school and community-based programme for Malaria control in Northern Thailand supported by KIAAsia. They also included initiatives to build country capacity in parasite control in the Mekong region, spearheaded by ACIPAC.

The country papers described the school health programmes in the respective countries, notably: (a) the extent to which the school health and nutrition programmes are included in the national education policies and the promotion of EFA; (b) the issues, strategies and entry points (e.g. school health and nutrition, HIV/AIDS prevention etc.) for the

development of a comprehensive school health programme to develop life skills and improve learning outcomes; (c) the nature of co-operation between representatives of health and education ministries and other partners for school health activities; and (d) suggestions for follow-up national actions to promote a comprehensive school health programme.

The Japanese paper described the Japanese School Lunch Programme, which includes several elements of a comprehensive school health and nutrition programme. The presentation also mentioned the lessons learned from the study visits of the Japanese experts to Cambodia (co-operation with WFP School Feeding Programme leads to partnership and increased school enrolment); Lao People's Democratic Republic (the WFP School Feeding Programme will commence only in 2003, and will focus more on take home ration); and Thailand with its school lunch and milk programme which has given good results, especially in promoting awareness among parents and teachers. Recommendation is for these three countries to have systematic way of securing food resources, and ensuring the provision of clean/safe water and utilities including food handling.

Copies of the full papers are available in the CD-ROM, prepared as part of the report.

3. Assessing school health problems and current school health programmes within countries

This was an exercise on ranking school health problems encountered in respective countries using a tool adapted from the WHO publication, *Local Action: Creating Health-Promoting Schools* (WHO, Geneva, 2000)².

2. This publication, which is part of the WHO's Information Series on School Health, can be downloaded from the internet at the following address: <http://www5.who.int/school-youth-health/main.cfm?s=0009>; go to Information, Resources; Select: WHO Information Series on School Health; Select: Local Action: Creating Health Promoting Schools.

Grouped by national teams, the members worked together to assess the various health problems by giving them a list, which also leave spaces to allow participants to add other health problems which were not listed. Ranking was from "0" (does not exist in country) to "5" (most serious). A summary table of the rankings is found as Annex III, available in the CD-ROM.

The health problems consistently ranked highest included: intestinal helminthes, water supply, sanitation, malnutrition (both protein/energy/calorie and micro-nutrient deficiencies), and oral health and water supply. As expected, ratings varied between countries and were, lowest for Japan for most issues followed by Thailand. On the other hand, Thailand and Japan also face specific problems, such as obesity and mental health, which are less prominent in the other countries.

The exercise served the dual purpose of familiarising participants with a useful tool for identifying health issues and providing the workshop with an indication of the types of school health problems faced by the various countries - which served as a starting point for later workshop activities. It was recognised that the resulting list of priority problems could only be considered indicative, as more in-depth analyses involving a wider range of stakeholders would be required to provide a more accurate listing and ranking.

Country teams then prepared an overview of the status of school health policy and programming in their respective countries using the framework of the four FRESH core components (health-related school policies, healthy school environments, particularly regarding water and sanitation, skills-based health education, and school-based health and nutrition services) and three supporting strategies (partnerships between health and education sector, with communities and parents and with pupils as active participants in school health programmes). The overview of current school health programmes and strategies in the respective countries, based on group discussions, are presented in Annex IV (see CD-ROM).

The exercise showed that countries are already very active with regard to comprehensive school health. For example, two countries have developed

national policies on HIV/AIDS prevention and anti-helminth treatments programmes for school children are widespread. All countries have some kind of school feeding programme, although with varying coverage and quality. Most countries have also set up mechanisms to co-ordinate the different sectors involved in school health, notably education and health. At the same time, these are often limited to the central level and would need more efforts to filter down to schools and communities, especially in rural areas.

The groups presented their work following discussions on the issues identified below.

1. There is a need for greater co-ordination in donor and government programmes to make them converge in specific areas for complementary effects.
2. There is a need for greater co-operation and co-ordination within Ministries as well as between Ministries.
3. Inter-sectoral co-operation in school health should go beyond Ministries of Education and Health and also should include other Ministries, e.g., Ministry of Agriculture or Family Welfare etc. (depending on country context)
4. Health and education practitioners need clear feedback and support from the policy level which should set the overall agenda for school health.
5. Developing policies is an important first step but not enough in itself, it needs to be translated into action, and also raises the issue of funding (alternative sources to be mobilised by governments and partner).
6. Top-down approaches are required (setting the overall agenda, developing policies) but also bottom-up initiatives are necessary for actual implementation of school health programmes.
7. There is a strong recognition of the importance of involving communities, parents and students, to increase their understanding of what is at stage in school health, and to mobilise their support.

8. There is a need for a clear distribution of responsibilities between education and health personnel, for example the problem of overloading teachers with additional responsibilities, entrusting them with too many school-health related matters -- thus must not be overloaded and diverting their energies and time from their main task of teaching. Some tasks also require specific qualification and are better performed by health staff.
9. There is a need to address school health problems with simple, low-cost and yet robust techniques. Some examples include: ventilated, improved 'Pit-Latrines'; simple techniques for water purification; digging a pit on the school compound for waste disposal etc.
10. Food safety techniques utilised by food vendors at schools need thorough supervision, for example, training them to wash their hands before serving or to cover food, and providing licenses to enter school grounds only to those who underwent training.

4. Using the FRESH approach to address a specific school health problem

This group work aimed at further familiarising participants with the conceptual framework of FRESH. With the experience gained in this particular group work, participants would then be better prepared to adopt the approach to address other health problems in their countries, especially those identified as most serious.

Participants were divided into groups taking into consideration their professional background (health or education), institutional affiliation (MoE, MoH), gender balance, and English language proficiency. Groups were then asked to carry out an exercise on how to develop a FRESH programme to address a specific health problem, identifying its core components and supporting strategies. Oral Health was chosen as an example of the health issue to be addressed through the comprehensive FRESH framework since it had come out high in the ranking of school health problems but is relatively little addressed at present. (See 3: Assessing school health problems and current school health programmes within countries).

Steps identified included the development of a mass media campaign, with support from associations of dentists and doctors and the private sector, making inexpensive toothbrushes and toothpaste available in the market, safe water supply for oral care at schools, teaching children about oral hygiene, including use of salt where toothpastes are not available and periodic oral examinations at school. The result of this group work is in Annex V (See CD-ROM).

5. Approaches to promote co-operation, exchange and networking

Three groups were formed to discuss the following topics:

- a) Inter-ministerial and intersectoral collaboration on policy for effective convergence of all FRESH core components for the implementation of school health programme including effective use of human and financial resources of the concerned government sectors;
- b) Roles and responsibilities of the concerned sectors (i.e. education, health, nutrition, social services, agriculture and others) in planning, implementing and monitoring of school health programme at all levels within the government and in the community;
- c) Establishment of a monitoring system/mechanism for the implementation of school health programme, specifically:
 - ◆ the appropriate levels within the government infrastructure and at community level where monitoring should take place;
 - ◆ the development of key or important indicators for monitoring;
 - ◆ suggestion on methods of monitoring, in particular at school and community levels, and also indicating the roles of school and community for effective monitoring;
 - ◆ identifying strategies in collecting information/data; the flow up of monitoring data from school/community level to each of the higher levels; and the flow down of the support and help needed by the schools from district, province, and central government.

- d) Ways of involving community in the school health programme for planning, implementation and monitoring of progress; how to extend the school health programme activities to the communities such as promotion of using safe drinking water, clean living environment at home and in the community as well as good personal hygiene;
- e) Roles of NGOs and private sector in supporting the implementation and monitoring of school health programme and to provide support that is needed by school/community, obtained/indicated through monitoring;
- f) In-country and between country networking and exchange of experiences on the school health programme. Give suggestions on:
 - ◆ Strategies on how to network; identifying the functions of this in-country and between country networking; expected gains/benefit from such networking; and identifying responsible officers (within the government or agencies) and their role for making the networking effective;
 - ◆ Sharing, adopting, adapting the effective experiences from other countries to their specific country situations; and
 - ◆ Whether the respective countries have the human and financial capacity to carry out the experiences learnt as well as identifying the most important components in the school health programme that need support from government and international communities/donors.

The group presentations and ensuing discussions concerned the following main points:

Intersectoral collaboration: Establish inter-ministerial or intersectoral committees at all administrative levels for supervision, implementation and monitoring of school health programmes;

Model schools for school health (Health-promoting schools, Child-friendly schools): Several countries, such as Viet Nam or Thailand, have a system of identifying model schools, on the basis of set criteria, which are to serve as example and inspiration to others. While governments have a responsibility for designing and implementing such a system, it

was suggested that the criteria for such model schools should be developed locally through participatory methods rather than centrally imposed. This was used, for example, in developing criteria for "child-friendly schools" in Thailand. This would also help to actively involve and motivate communities. The use of school clusters was mentioned as a way of ensuring that the experience of model schools actually benefits other schools.

Monitoring: Integrated monitoring systems, involving all concerned sectors (Education, Health etc.) should be in place at all levels, although the frequency of data collection would differ between, e.g., school and central level. Joint planning meetings between different sectors should facilitate monitoring. Indicators should be developed using the FRESH framework. In this context, the question was raised whether countries have national standards for school health which could be monitored. These would have to take into account relevant international standards but would have to be adapted to the country and local context, if possible by involving communities. Monitoring at school level should be participatory, involving students.

Community involvement: There are two ways of promoting change, top-down and bottom-up. A mix of two allows flexibility for effectiveness of programme planning and implementation. The latter implies mobilising communities to raise awareness of school health and then mobilise necessary financial and technical support from local government and/or higher authorities. This is difficult since it implies working with each village but ensures greater sustainability of programmes. At the same time, communities need to be supported through adequate political commitment and government funding and human resources.

Networking and exchange of experience within and between countries: The importance of working with many different sectors and stakeholders could strengthen their co-operation within countries; Learning from others is important but needs to be followed by applying what was learned; National workshops on Comprehensive School Health should be organised to help set up in-country school health networks.

The detailed results of the group work are as shown in Annex VI (See CD- ROM).

6. Study visit to Huay Jakarn School, Chiangdao District, Chiangmai Province

There was an opportunity to visit a primary school on the third day of the workshop. The school predominantly serves the ethnic minority communities. Participants were prepared for this study visit with guide questions, based on the FRESH framework. The purpose was to focus their observations and provide structure for the post-visit debriefing. The participant's observations are included as Annex VII (refer to CD-ROM).

After welcoming the workshop participants, the school officials gave a brief PowerPoint presentation on health and nutrition activities taking place at the school. The participants then had the opportunity to observe the various facilities in the school, including student classrooms and dormitories, the canteen, water supply and latrines. Teachers, school officials, and students were available to explain activities and respond to questions.

The participants observed the lunch programme, and food production activities. The following were presented with the FRESH core components as basis for the observation:

FRESH Core Component #1: Health related school policies

- ◆ All children received lunch; all boarders get three meals a day; all children in K-4 get milk
- ◆ Dormitories (single sex, single ethnic group and mixed age) are provided for boarders
- ◆ Immunization card required for enrolment (though not enforced)
- ◆ Curriculum includes life-skills based on the assumption that many students will return to their village after completion of primary school
- ◆ Proceeds from sale of animals and vegetables are used to support meal programme
- ◆ Screening for malaria is to be provided twice annually

- ◆ Sick students are sent to health centre/hospital in serious cases and receive free health care
- ◆ Regular health checks for students are provided at school

FRESH Core Component #2: Healthy school environment

- ◆ The school grounds were clean, and included a variety of facilities promoting a healthy school environment, including rainwater collection and storage, waste bins, separate latrines and bathing area for boys and girls, mosquito nets for dormitories and clean kitchen and food storage.
- ◆ Several areas in need of improvement were also noted, including maintenance of water storage, systems for cleaning bedding, ventilation of dormitories, access to mosquito nets, proximity of animal raising facilities from dormitories, supply of soap for washing hands and dishes.

These issues were considered to be easily addressed through improved management.

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FRESH Core Component #3: Skills-based health education

- ◆ The school curriculum includes material related to health and hygiene
- ◆ There is clearly a high degree of involvement of students in animal raising and vegetable gardening
- ◆ School officials explained that the curriculum focuses on skills needed at the village level, as many of the students are not able to continue their studies beyond the primary level
- ◆ It was difficult to assess the quality of student involvement in the animal raising etc. - whether it is approached only as 'chores' or used for experiential learning

FRESH Core Component #4: School-based health services

- ◆ **Health:** In addition to a supply of basic medicines, there are regularly scheduled visits (quarterly) to the school by a nurse. Students are also referred to the nurse when she visits the village (which is on a

more regular basis), or health centre/hospital when required, with transport provided. Teachers, who live at the school, also assist in caring for students.

- ◆ **School Meals:** The milk provided to students through grade 4 is distributed late in the morning, before day students go home. Participants commented that early morning distribution would be preferable in order to relieve short-term hunger, as many students reportedly come to school without having eaten breakfast. The lunch provided was of good nutritional value; though the rations could be revised in order to reduce the amount of rice provided (reportedly 700gm/day per student) and increase the amount of other foods. Food provided to volunteer community laborers present on the day of the visit appeared more nutritious than that provided to the students, indicating a possible need for nutrition training for the cook. The meal was well organised, with a full-time cook hired to order and prepare food daily for both day students (lunch) and boarding students (three meals a day).

FRESH Supporting Strategy: Community and Student Participation

There were several indications of strong community support for the school, through

- ◆ The inclusion of the village chief on the school committee
- ◆ The provision of volunteer labor for construction of dormitories and canteen facilities, and
- ◆ The purchase of produce and livestock increased at the school fund to support the lunch programme
- ◆ Students are also clearly involved in most aspects of food production, the lunch programme and hygiene activities. It was not possible, however, to determine the quality of participation.

7. Recommendations

The final activity of the workshop was the formulation of recommendations on how to further strengthen comprehensive school health programmes in respective countries as well as co-operation between countries in this area. Participants were again organised in country teams, and then were asked to list on cards their recommendations. Through a process of moderation, the recommendations were classified and prioritised. Key recommendations were as follows:

National-level networking and advocacy:

- ◆ Identify national FRESH Focal Points in each country
- ◆ Establish or re-invigorate inter-ministerial committees
- ◆ Work closely with donor agencies to raise awareness of FRESH among policy makers and mobilise both government and donor support

Networking between countries:

- ◆ Collect and disseminate best practices, e.g. through the internet
- ◆ Organise study visits to countries with successful school health programmes (e.g. Japan)

National-level programming:

- ◆ Participants to submit reports on FRESH and the workshop to their ministries
- ◆ Organise national workshops on FRESH/Comprehensive School Health involving all relevant counterparts (notably health and education sectors)
- ◆ Carry out detailed, national assessments of school health needs and establish priorities
- ◆ Review existing national school health programmes and policies and identify their relevance to the FRESH framework

- ◆ Clearly define the roles of line ministries from the central to local level
- ◆ Integrate FRESH components into national EFA Plan of Action and other relevant government plans, with strategies for ensuring implementation
- ◆ Revise current monitoring systems to include indicators of a health promoting school and to promote community participation in monitoring
- ◆ Submit proposals to government and donors for specific school health programmes

8. Proposed follow-up actions by UNESCO

Based on the workshop experience, and the recommendations formulated, the original intention of the project was reinforced. It is therefore reiterated that the following actions be supported through negotiations with donors by UNESCO and other FRESH partners.

- a) Study visit by representatives of selected participating countries to Japan

Objective: To study in detail the Japanese School Lunch Programme as a successful example of a comprehensive school health programme, combining school feeding with other school health elements.

- b) Building country capacity with regard to specific aspects of comprehensive school health, to directly link with and complement school feeding. This could concern the following areas:
 - ◆ Health, hygiene and nutrition education
 - ◆ HIV/AIDS prevention
 - ◆ Girls' health, hygiene and nutrition
 - ◆ Water, sanitation, and hygienic food preparation education, treatment and facilities

- ◆ Health treatment (such as de-worming or vaccination programmes)
 - ◆ Strengthening school and community partnerships for school health
- c) Promoting networking and South-South co-operation between participating countries in the area of comprehensive school health
- This could make use of existing country networks, already supported by Japan, such as APPEAL and APEID. It could also include the setting up of a School Health Portal as a separate resource or as a section of existing websites (WFP, UNESCO, MEXT or other) as a way of strengthening intercountry networking in the subregion on effective school health, nutrition and hygiene (example: Latin American School Feeding Network, accessible on the internet at <http://www.alimentacionescolar.com>)
- d) Establishment of an exchange programme for Japanese teachers, school health and nutrition staff, school administrators, and/or food service staff with equivalent staff in developing countries. This could entail visits of 2-4 weeks, technical seminars and demonstrations targeted at school health and school feeding

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