A GUIDE FOR ESTABLISHING
HEALTH PROMOTING SCHOOLS
IN THE SOUTH-EAST ASIA
REGION

World Health Organization
Regional Office for South-East Asia
New Delhi, India
2003
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"The extent to which schools can become instruments of health promotion for children and adolescents is fundamental in determining whether they will be both educated and healthy, and whether they can lead fulfilling lives and contribute to building a better world."

Promoting Health through Schools

Report of a WHO Expert Committee on Comprehensive School Health Education and Promotion
WHO/HQ, Geneva, 1995
Everyday in the life of a school-going child is a day of learning. Children are receptive to new knowledge. When properly guided, they can learn not only to grow into healthy, well-informed individuals but also develop into physically, mentally and emotionally well-balanced personalities. A good education prepares them for a healthy and productive adulthood.

Education and health go hand in hand. A healthy child enjoys much better opportunities to pursue educational activities. On the other hand, education is an important determinant of health. When a child is educated about health and provided with an enabling environment to practice what is learnt, the foundations of a healthy society are laid.

WHO’s concept of a “Health Promoting School” offers such opportunities. Through comprehensive programmes, such a school utilizes all educational and organizational opportunities to empower children and youth for healthy living as well as to carry health beyond their classrooms, to their families and local communities.

A good school curriculum that incorporates health-related knowledge, life skills training and value inculcation is a critical part of health promoting schools.

But a good school curriculum by itself is not enough. It is important to have school policies that protect young people from exposure to tobacco use, encourage the discussion of sensitive issues like drug abuse, human sexuality, violence etc., through curricular and extra-curricular activities. Policies that support efforts to build a safe and healthy environment and promote the involvement of parents and the community are also essential. School health services that have existed for decades in the Region, are also essential and need to be periodically reviewed and upgraded to ensure that health problems of school children are detected early and treated effectively.

Health promoting schools are being developed throughout the world and several WHO regions have established regional networks to strengthen their development. Through this document, the South-East Asia Region of the World Health Organization is introducing this concept to the Member countries in the Region who are committed to improving health and education in schools.

This document provides to policy-makers and implementers useful guidelines on how schools can become health-promoting institutions and provide a healthy setting for living, learning and working in a way that maximizes the capacities and resources of individual Member Countries.

Dr Uton Muchtar Rafei
Regional Director
Definition of a Health Promoting School

A Health Promoting School is a setting where education and health programmes create a “health promoting”, environment which in turn, promotes learning.

A Health Promoting School strives to build health into all aspects of life at school and in the community. It uses its full organizational and educational potential to promote healthy development of students, staff, families and the community.
For most children, "going to school" is a historic milestone in their lives. It is a place that plays one of the most important roles in their physical, mental and emotional development. Schools are settings where children learn, where character is moulded, where values are inculcated and where the future citizens of the world are groomed to face life's challenges.

Unfortunately, for many children, schooling is still a distant dream. In some countries of the South-East Asia Region of WHO, as many as 30% to 40% of children are never enrolled in schools due to various reasons, largely associated with poverty. School drop out rates are high in some countries. Furthermore, school enrollment rates for girls are lower than for boys and their drop out rates are higher.

In sheer numbers, the school-aged population (6-17 years) which comprises approximately 26% of the over 1.4 billion people living in the ten countries of the WHO South-East Asia Region is staggering. The numbers of schools in the Region is equally impressive. Even remote villages have schools, where children acquire skills that equip them to read and write and even to move to higher levels of learning. It is not uncommon to trace the educational background of many eminent persons in high positions to very humble beginnings in village schools.

Schools are a strategic means of providing children with educational qualifications that will enable them to find employment and a status in life. Fostering good health is an equally important strategic means to help people prosper and gain status. Schools can be a dynamic setting for promoting health, for enabling children to grow and mature into healthy adults, yet the potential of the school to enhance health is often underutilized. While "school health programmes" have been established in every country of the Region for many decades, such programmes have largely remained confined to medical check-ups of children and/or some hours of health instruction in the curriculum. The concept of a school as a health promoting setting, not limited to services and curricula, has not been widely adopted.

Today, schools present an extraordinary opportunity to help millions of young people acquire health supportive knowledge, values, attitudes and behaviour patterns. With over 80% of children (6-14 years) in schools, health and education
ministries can reach a very large proportion of their entire populations in schools. In addition, schools can serve as a means of promoting health of other children, their families and community members. In a few countries, projects to develop and apply principles to use the school's full organizational and educational potential for health are well underway. There is a growing recognition that the health and psychosocial well-being of children and youth is of fundamental value and that the school setting can provide a strategic means of improving children's health, self-esteem, life skills, and behaviour.

There is a strong connection between a child's health and education. While health has a powerful impact on the ability to learn, regular attendance at school is one of the essential means of improving health. This was forcefully brought out in the report of WHO's Expert Committee on School Health Services as long ago as 1950, when it stated that "to learn effectively, children need good health". In 1995, WHO launched a Global School Health Initiative that basically seeks to promote comprehensive school health programmes through health promoting schools.

We know today that promoting health through schools is one of the most efficient and effective ways to improve children's lives. By creating health promoting schools, both education and health are advanced.

Health promoting school initiative has already been adopted and implemented in many countries in this region. The pace of their progress toward the development of health promoting schools varies considerably. In some countries the concept is yet to be advocated effectively for policy support at all levels. The implementation needs to be developed systematically. This guideline provides messages and methods for effective advocacy and systematic managerial process at each level which will be very helpful not only for establishing a health promoting school programme, but for the development of the programmes that have been implemented as well.

"Every school can promote health and contribute to a strong and sustainable future for its community and its nation. Working together as individuals, parents, teachers, community leaders, government officials, and representatives of international agents, we can increase the number of health promoting schools in every country. As we succeed everyone benefits."

WHO Global School Health Initiative
DEVELOPMENT OF A COMPREHENSIVE APPROACH TO SCHOOL HEALTH

Historical Review

It has long been recognized that schools provide a most appropriate setting for both health services and health education for children and young persons.

In the South-East Asia Region, "school health" has been an important national programme for several decades, comprising largely of school health services and school health education. While the school health services are generally the responsibility of the Ministry of Health, school health education is looked after by the Ministry of Education. As children proceed from the primary school stage to the higher grades, they are periodically examined for illnesses and given health instructions mainly on personal hygiene, sanitation, nutrition and the importance of immunization.

In some schools, the school health programme is extended to families through the parent-teacher associations and other channels and the communities, through school community projects. Many schools also strive to make the school environment safe and provide first aid etc. However, attempts to view students' health more holistically through a more comprehensive approach needs to be strengthened. The strong correlation between a child's health and his/her healthy habits inculcated during early years tend to be applied throughout life.

IN SCHOOL, HEALTH EDUCATION AND SERVICES HAVE FAR-REACHING EFFECTS.

- Carefully designed and implemented comprehensive health education curriculum can prevent:
  - tobacco use
  - illicit drug use
  - unhealthy dietary practices
  - unsafe sexual behaviour
  - physical inactivity
- Healthy habits inculcated during early years tend to be applied throughout life.
- Health promotion for school staff can decrease teachers' absenteeism as well as improve their morale and the quality of classroom instruction.
education even when recognized, does not get translated into integrated, comprehensive action which would empower children to pursue a healthy life and to work as agents of change for the improved health of their families and communities.

Since the 1950s, many international agencies particularly WHO, UNESCO and UNICEF have advocated strongly for strengthening school health. In the light of rapid social changes and the emergence of new health problems in young people rooted in preventable social, behavioural or environmental conditions, this was necessary. The education component of school health, has also received special focus.

In 1991, at a WHO/UNESCO/UNICEF global consultation held in Geneva, the case for a comprehensive approach to school health education/promotion was strongly stated. Guidelines were suggested for implementing comprehensive school health education/promotion programmes.

Participants at a regional consultation expressed concern over the complex and challenging health problems facing the young, especially as socio-economic conditions and life styles change. While communicable diseases and malnutrition still remain formidable challenges, behaviour-related health problems – drinking, smoking, unhealthy dietary practices, STIs, HIV infection, violence, suicide, accidents and injuries are also becoming issues of great concern. Adolescent pregnancies, mental diseases and other manifestations caused by stressful living are increasingly being encountered. All of these problems require urgent action to prevent irreparable damage to the physical, mental and psychosocial health of children and young people.

The guidelines suggested at the 1991 global consultation were subsequently adopted by members of the South-East Asia Region of WHO in 1992 with the following preamble:

"Education for health is a fundamental right of every child. Health is inextricably linked to educational achievement, quality of life, and economic productivity. By acquiring health-related knowledge, beliefs, attitudes, values, skills, and practices, children can be empowered to pursue a healthy life and to work as agents of change for the improved health of their families and communities. This goal can be achieved in schools throughout the South-East Asia Region, if we have the will."
The Consultation stated that School Health Education is comprehensive when it:

- views health holistically, addressing the inter-relatedness of health problems and the factors that influence health, within the context of the human and material environment and other conditions of life;
- utilizes all educational opportunities for health: formal and informal, standard and innovative curriculum and pedagogy, and by drawing upon services and opportunities available within and outside the school;
- strives to harmonize health messages from various sources that influence students, including messages from the media, advertising, the community, the health and development systems, family and peers, and the school;
- empowers children and youth, as well as their families, to act for healthy living and to promote conditions supportive of health.

Who are the beneficiaries of comprehensive school health education/promotion programmes?

- **The child benefits** by gaining self-reliance and by obtaining the knowledge, beliefs, attitudes, values and skills that may be needed to live a healthy life and to avoid a broad range of health problems. The child benefits further by gaining experience in participating in collective actions to create conditions that are conducive to health and well-being.
- **The family benefits** because the child possesses a broad range of health-related information and skills that can be used to improve knowledge, practices and conditions at home. The family benefits from opportunities of interaction with school and health authorities and of support for health-related actions.
- **The school benefits** by having important health-related learning experiences efficiently organized and institutionalized as part of the school curriculum, and not as a series of special programmes that compete with each other and other important topics, for school time and attention. The school also benefits from the enhancements to the school environment and from the opportunity to obtain resources in support of school health education from a broad range of agencies and organizations with specific interests in promoting health and preventing health problems as part of a comprehensive approach to school health education.
- **The community benefits** by the increased awareness among community members for health problems and their solutions. An increase in health-related projects conducted in the community by students and teachers are an added benefit to the community.

The Consultation recommended that a comprehensive approach to school-based health education be given high priority by every Member Country in the Region. This should be reflected in a clearly written policy and establishment of a coordinating mechanism to implement the policy and plan programmes in collaboration with
other relevant sectors. The Consultation also recommended that comprehensive school health

Over time, the benefits of comprehensive school health education accrue:

- As the nutritional and health status of children improves, so does their ability to attend school. The linkages between the health status of children and their educational achievements are well documented. Efforts to improve school performance that ignore health are thus ill-conceived, as are health improvement efforts that ignore education.
- Schools themselves become conducive to learning and serve as an important channel of communication for health education messages (and potentially of health services as well) to the student, the family, and the community as a whole, including youth who are not in school.
- The close relationship between in-school learning and out-of-school health behaviour is enhanced.
- Education for life skills sensitizes and guides people to think critically about health and social issues, encourages them to work collaboratively on solving problems, and provides them with the confidence and expertise to participate fully in family and community activities.
- Efforts to increase school attendance and improve the health education of girls can have a profound benefit for future families. One of the most important determinants of a child's health is the educational status of the mother, as well as her health status.

education be given the status of a separate subject in the school curriculum in addition to being integrated into other relevant areas, and that students, teachers as well as parents should get involved in health promotion activities that also cover out-of-school youth.

Developments in the South-East Asia Region

In the years following the consultation several important developments have taken place in some countries of the Region in respect of school health programmes.

Bangladesh

A programme on school health has been in operation since 1951. So far, twenty-three School Health Clinics (each clinic has two graduate doctors and one pharmacist) are functioning covering 1,551 schools (only 2% primary and 6% secondary schools), providing some medical care to approximately 6,073 students per clinic per year. This strategy has not been cost-effective as a very small proportion of the school population in the
country has access to School Health Services. Moreover only a few urban schools were covered by these limited health services. In 1996, a School Health Pilot Project (SHPP) supported by the World Bank under the Fourth Population and Health Project (FPHP) was implemented focusing on preventive, promotive and curative health care to students. This was done through the regular school curriculum as proposed in the Master Health Plan of 1993.

The general objective of this project is to improve the health—physically, mentally and socially—of school children and students through the provision of comprehensive health care, as a step towards achieving the goal of "Health for All."

The project focuses on promoting the development of healthy school environment including water and sanitation, physical infrastructure and playgrounds; school health instructors that would help inculcate knowledge, positive attitude and promote healthy practices such as good health habits and personal hygiene; implementing appropriate policies and measures to prevent and control communicable diseases and other conditions that influence the health status of school children as well as arranging detection and care of physical and mental defects/illness among students.

Strategies such as provision of safe drinking water, improving sanitation and physical infrastructures, screening and observation for deviation from normal growth, improving health knowledge and establishing referral systems have strengthened school health programmes in the country.

In view of the significant positive results of the project, it is proposed to be expanded to cover all schools in the country in a phased manner. Under the Health and Population Sector Programme, the school health activities cover other areas such as:

- Strengthening of nutritional activities on promoting breast-feeding practices, improving weaning practices and de-worming of children.
- Supplementation of Vitamin A in primary school children.
- Promotion and monitoring of iodized salt consumption.
- Providing information on reproductive health including family planning, addiction, STDs/ HIV/AIDS, adolescence health and also common diseases among students.

The Government of Bangladesh has identified the school as an important entry point for health promotion through school teachers and students who can educate their peers, their families and their communities on health.

**Bhutan**

The School Health Programme was initiated in 1984 with technical and financial assistance from WHO. A School Health Unit was established under the umbrella of the department of Education to manage the programme. The focus of the programme then was mainly on the health instructional component.

In line with the WHO global movement of health promoting schools, the programme was revitalized and renamed as the Comprehensive
School Health Programme (CSHP) in 1998. The programme is implemented jointly by both the departments of health and education. The CSHP addresses five important areas of a Health Promoting School, namely:

1. School Health Policy
2. School Health Services
3. School Health Education/Instruction
4. Healthy School Environment and
5. Community Involvement

The thrust area for the programme so far has been the capacity building of teachers in the area of health-promotion and improving the sanitary facilities in schools.

Adolescent Health and Drugs Education through Life Skills Approach shall be introduced from classes 7-10 for the 2002 academic session.

**DPR Korea**

Health promotion and education at school is one of the priority areas.

Knowledge on health which is essential for people’s healthy living is covered in the educational curricula of schools.

In the nurseries and kindergartens, simple hygienic habits including methods of washing hands, brushing teeth and morning exercises are taught. Health education is provided in the primary schools. From the fourth year, a lesson titled “Sanitation” is included in the curricula, in which the anatomical structure of the human body and principles of health education are systematically given. Normally one lesson of “sanitation” is given a week. Lessons on sanitation continue up to the second year of the senior middle school, followed by lessons in Biology from the third to sixth year. More detailed health education is covered in these classes. Other necessary seasonal health education is given through additional lectures after school.

Extra-curricular activities to translate into practice the health education learnt at schools are actively pursued.

After school hours, students conduct performances on health education and utilize mass media through visual aid facilities in several public places like metro, buses, cinemas and streets.
India

The school health services date back to 1909 when school medical check-ups were first conducted. However, it was only after 1960 that funds became more readily available for school health and meal programmes. Both the education and health sectors through the national policies formulated in 1983 and 1986 respectively have prioritized school health education. Several strategies have been adopted to improve school health. These include, among others, integrating health education into the school curricula, training teachers in health education and implementing a nation-wide special school health check-up scheme for all primary schools in the country. An intensive school health education project launched in 1989-1991 covering 10,000 primary schools and 20,000 teachers and 500 national social service volunteers in ten states provided a model that could be replicated in the country.

Recently, health promotion among students has been intensified by two joint NGOs, HRIDAY and SHAN covering 63 schools. Starting from school based health education intervention on healthy lifestyles; the programme has expanded to mobilize students for community-based health activism. The HRIDAY and SHAN health promoting model is being piloted in several metro cities in India.

Indonesia

Indonesia is the focal point for the School Health Component of the WHO Mega Country Network and as a country, it has started its nucleus schools to develop and implement school health services (Usaha Kesehatan Sekolah – UKS) outside the school curriculum mandate. The global health promoting schools concept and operational guidelines adopted have been integrated into the framework of the UKS. The launch-pad for health promoting schools has many entry points. They are as follows:

In late 1998, a partnership was formed with the Ministry of National Education, Ministry of Health and Social Welfare, PT SmithKline Beecham Pharmaceuticals, Indonesia and WHO Indonesia to enhance and expand the existing de-worming programme into a national plan of action as an entry point for the health promoting schools initiative. Health promoting actions were implemented with community based participation to reduce infections and prevent re-infections. In line with the national policy to increase the quality of human development, both the Ministries of Health and Education have adopted the de-worming programme as part of its school health services to prevent loss of potential for learning and reduce school absenteeism as well as improve the health of children.

A Rapid Assessment and Action Planning Process (RAAPP) were based on primary and
secondary data collections. To assess the stakeholders support, health promoting schools activities are being piloted in six provinces to expand the programme and training of personnel at different levels. The School Health Co-ordinating Board consisting of four ministries (Ministry of Health and Social Welfare, Ministry of National Education, Ministry of Religious Affairs and Ministry of Interior) has been strengthened through the application of RAAPP. Technical training on management aspects was conducted for personnel at the central, provincial, district and sub-district levels. They were also trained in development and management of Health Promoting Schools. The health promoting school programme has provided supplementary milk for children of low socio-economic status by the World Food Programme on a regular basis. The global “Food for Education” initiatives in Indonesia cover health promoting schools. A large scale project on free milk distribution covering 470,000 students is supported by FAO and USAID. The distribution of free UHT milk, three times a week, followed by healthy snacks and Soya drink is meant to supplement the 300 calories and 7 grams of protein deficit currently experienced by the students of low socio-economic status in certain areas. There are plans for further fortification with other micro-nutrients and vitamins such as Fe and C as part of the “Food for Education” initiative.

The collaboration with UNICEF has extended the promotion of life skills education as an integral part of health promoting school activities in primary, secondary and high schools. Modules on “Train the Trainer” have been developed. Available modules on Adolescence Reproductive Health and school violence have strengthened the teaching of school health education.

To expand the anti-smoking programme in schools, a website has been launched through the development of public and individual classroom education. National painting contests and exhibitions of paintings by school children have heightened the awareness among students and the public on the hazards of tobacco. Promoting health in school settings is most crucial in the health sector to ensure the adoption of healthy behaviours through life skills education.

Awarding system has been established. Schools can win bronze, silver, or gold award certificates when they have achieved milestones in becoming health promoting schools.

**Maldives**

School health is recognized as crucial to achieve health for all. In the eighties, the Ministry of Education took the initiative to start a school health programme in collaboration with the Ministry of Health with the aim of creating health awareness, promoting healthy life styles, and improving school
and family environment to ensure student participation in health protection.

As a first step, the Ministry incorporated health issues into the school curriculum. In the school curriculum, health forms an important area of study integrated with environmental studies, language and Islam. The science curriculum of middle school also incorporates health issues such as nutrition and adolescent health. Population related issues are covered under other subjects.

A technical committee comprising officials from the Ministry of Health and Ministry of Education was formed for the purpose of integrating health messages into the school curriculum at different levels.

A formal school health programme which was launched in 1985 was introduced to the primary and middle school grades in Malé schools. This programme was initially conducted by the Ministry of Health, with guidance and supervision by the Ministry of Education. School health assistants were posted in two of the primary schools in Malé in 1986, to organize and conduct school health activities. Since 1991, however, the Ministry of Education has expanded the school health programme throughout the country. The Education Master Plan prioritized school health activities using health awareness workshops and seminars on topics such as: drinking water safety, environmental health as well as peer education programmes on HIV/AIDS. Providing an oversight of the School Health Programme is a Coordinating Committee comprising high-level officials and professionals from the Ministries of Health and Education. School Health Focal points have been posted in over 90% of the schools in the country.

The completion of EPI vaccination is among the criteria for school enrollment even at pre-school level with immunization programmes being conducted in collaboration with the Ministry of Health.

NGOs are also involved in school health, especially in the areas of reproductive health and thalassemia, a genetic blood disorder. Special programmes such as anti-smoking campaigns and anti-drug campaigns are conducted as part of extra-curricular activities.

The de-worming programme by the Ministry of Health with assistance from UNICEF is conducted
in all primary schools bi-annually. Vitamin-A capsules to reduce the incidence of Vitamin-A deficiency are also provided.

A new programme of vision screening in primary schools and screening for leprosy is to be conducted shortly in secondary schools. The School Health Jamboree, which brought secondary school children from all countries in the Region to learn about health further strengthened the school health programmes in Maldives.

**Myanmar**

A central school health coordination meeting was organized to disseminate the concept of health promoting schools in 1997. It was attended by members of central school health committees, states/divisional health and education directors selected district and township education and health personnel and some national NGO representatives. Recommendations were made to implement health promoting school programmes in a phased manner starting from 1998.

With the objective of improving the health status of the entire student body through health promoting schools, advocacy meetings on development of health promoting schools were carried out in all states and divisions. Workshops and training courses to build the necessary skills in health and education personnel at all levels, review of existing school health education teaching and learning materials, development and distribution of school health manuals and training guidelines have been carried out. Operational research was conducted to assess the implementation of the programme and identify the problems in the development of health promoting schools in 1999. This facilitated effective planning, implementation and evaluation of health promoting school programmes. An annual Central Evaluation Workshop held to evaluate the programmes has led to further development of health promoting schools.

Health promoting school programmes covered 90 townships in 1998. It is planned to cover all 324 townships by 2003.

**Nepal**

The school health programme has been a priority programme of the National Health
Education, Information and Communication Centre for many years. There is evidence that the school health programmes are serving as effective means to promote healthy school environment and bring about favourable changes in the health of communities. Different methods of reaching out to students and communities in order to improve the level of health knowledge and the practice of healthy behaviour among students and the community have been utilized.

Previously, the School Health Programme targeted school students. Based on experience, a complementary programme, Reaching Parents through School Children (RPTSC) was developed and introduced. The impact of the programme has been a remarkable increase in the level of health information in the communities and in families of school children as well.

An outgrowth of RPTSC was the Reaching Women through School Children (RWTSC) programme with the focus on community women, building on the initial programme where only students were targeted. Materials focusing on women were developed and included in the programme. This model yielded an added impact and it is being expanded to selected districts.

The School Health Programme with some service components like provision of first-aid kits for schools, student health check-up programmes and toilet construction is being run currently in some districts.

**Sri Lanka**

The health promoting schools programme is implemented jointly by the Ministry of Health and Ministry of Education.

The four-fold objectives of the programme are:

1. To establish a new health culture among school children, staff and the community;
2. To develop life skills needed to deal effectively with problems and the challenges of every day life.
3. Foster healthy lifestyles among school children to enable them to lead a healthy adult life and,
4. To develop a healthy environment to facilitate the children to practice healthy behaviour.

In addition to creating awareness on health issues affecting the schools and communities,
institutional policies on health promotion and ecologically friendly school environment are being promoted. Projects to promote the health of communities are being undertaken by schools. Life skills and coping with the behaviour of school children through various extra-curricular activities form an integral part of the health promoting school programmes.

Medical officers of health and field health staff have been appointed to support the development of health promoting schools. Other development officials and a number of NGOs are also working with the ministries of health and education in promoting health at the school level.

Trained students work as peer communicators for other students.

**Thailand**

In response to the rapid social changes and the epidemiological transition from communicable to noncommunicable and lifestyle-related diseases and the need to inculcate the principles of healthy behaviour and practice in young persons led to the development of a research project in 1997. The project was aimed at developing an appropriate model of a health-promoting school, adapting from the global health promoting school concept and operational guidelines adopted.

Health Promoting School has been adopted to be the Thai Government policy and stated in the National Development Plan as an important strategy for the development of health of young people and communities.

Objectives, strategies, plans and targets have been set up by an MOPH and MOE joint committee and all schools throughout the country have been targeted to be implementing the health promoting school project by the year 2006.

### Targets

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<th>Percentage of schools passing the criteria of evaluation</th>
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</tr>
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<td>2006</td>
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<td>60</td>
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</table>

Personnel at all levels have been advocated and trained to administer and implement this project by:

- Conducting orientation meeting to transfer the health promoting school concept and
guidelines for implementation to health and education personnel at provincial level (75 provinces) and district level throughout the country.

- Training of health promoting school leaders including administrators of 89 model schools at provincial level and health personnel responsible for respective schools.

- Conducting orientation meeting to transfer the health promoting school concept and guidelines for implementation to all concerns at sub-district level throughout the country (school administrators, health personnel, sub-district administrative organizations).

- Conducting training to develop the potential of health promoting school leaders at provincial level.

- Conducting training to develop the standard of HPS assessment officers at provincial level.

Advocacy documents, guidelines and handbooks have been prepared to support the project management and implementation.

Health promoting school information systems, indicators, measurement tools and reports have also been developed. School self assessment evaluation form and external evaluation criteria are being used to enhance the project implementation.

The result of the national health promoting school project evaluation found that the target set for the year 2002 has been achieved.

<table>
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<th>Year</th>
<th>Percentage of schools under HPS project</th>
<th>Percentage of schools passing the criteria of evaluation</th>
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Result of the national health promoting school evaluation, 2002 DOH, MOPH.
HEALTH PROMOTING SCHOOLS

The Concept

Children are the most important assets of any country and the most important human resource for overall development. Schools are one of the settings outside the home where children can acquire new knowledge and skills to grow into productive and capable citizens who can involve, support and help their communities to grow and prosper.

A Health Promoting School is a setting where education and health programmes create a "health promoting", environment which in turn 'promotes learning'.

A Health Promoting School strives to build health into all aspects of life at school and in the community. It uses its full organizational and educational potential to promote healthy development of students, staff, families and the community.

Distinguished by six key features, a Health Promoting School:

- Engages health and education officials, teachers, teachers' representative organizations, students, parents, and community leaders in efforts to promote health, with:
  - families and community groups involved in the school,
  - community services, businesses, and organizations linked to the school,
  - school/community projects and outreach services.

- Strives to provide a safe, healthy environment, including:
  - sufficient sanitation and water,
  - freedom from abuse and violence,
  - a climate of care, trust and respect,
  - social support and mental health promotion,
  - safe school grounds,
  - opportunities for physical education and recreation.

- Provides school health education, with:
  - curricula that improve students' understanding of factors that influence health and enable them to make healthy choices and adopt healthy behaviours throughout their lives,
• curricula that include critical health and life skills, a focus on promoting health and well-being as well as preventing important health problems, and access to information and activities appropriate to children's intellectual and emotional abilities,
• training and education for teachers and parents.

- Provides access to health services, with:
  - services (screening, diagnosis, monitoring growth and development, vaccination, selected medications or procedures) that may be most efficiently provided in the school setting, depending on school resources and mandates,
  - partnerships with local health agencies,
  - nutrition and food safety programmes.

- Implements health-promoting policies and practices, such as:
  - an overall policy supported by school administration and management as well as teaching practices that help create a healthy psychosocial environment for students and staff,
  - policies on equal treatment for all students,
  - policies on drug and alcohol use, tobacco use, first aid, and violence that help prevent or reduce physical, social, and emotional problems,
  - create health promotion activities, such as physical exercise, mental and spiritual health promotion.

- Strives to improve the health of the community by:
  - focusing on community health concerns,
  - inviting parent and community participation.

**Global Strategy**

Promoting health through schools has been an important goal of WHO, UNESCO, UNICEF and other international agencies. WHO has been a strong advocate for school health and has, over the years, in collaboration with national governments, UN and other international agencies focused world attention on the critical need to look at the school-going age group as the builders of a healthy, prosperous, harmonious and peaceful world. Several major global and regional meetings have been held over the past four decades aimed at improving the health of school-going children.

WHO's Global School Health Initiative was launched in 1995 and is designed to improve the health of students, school personnel, families and other members of the community through schools, by helping schools to use their full organizational and educational capacity to mobilize and strengthen health promotion and education activities at local, national, regional and global levels. The goal of this initiative is to increase the number of schools that can truly be called "Health Promoting Schools."

WHO's Global School Health Initiative has the following broad strategies:
Building capacity to advocate for improved school health programmes

WHO's Regional Networks for the Development of Health Promoting Schools may be the world's most comprehensive and successful international effort to mobilize support for school health promotion.

Creating networks and alliances for the development of health promoting schools

Such networks enable persons responsible for school health to learn from each other and to share ways of using the full organizational potential of schools to promote health and maximize investments in education. They are efficient means of exchanging information, materials and experience.

Strengthening national capacities

WHO provides technical support to build national capacities to promote the development of health promoting schools. This includes support for national-level assessments, the development of national plans and the implementation and documentation of efforts to help create health promoting schools.

Research to improve school health programmes

WHO has developed a Rapid Assessment and Planning Process to help countries assess national capacity for school health promotion. WHO will continue to work with partner agencies to develop methods of evaluating the extent to which schools can become health promoting schools and the extent to which students practice healthy lifestyles.

Developing partnership and support

WHO recognizes that the success of the Global School Health Initiative rests on the extent to which partnerships can be formed at local, national and international levels. WHO invites all related organizations to join in developing health promoting schools, a sound vision for a better world.

As the global initiative advances, WHO will continue to work in partnership with other organizations, governments, and individuals to:
- Revitalize and enhance worldwide support for promoting health through schools,
- Build on research and experiences worldwide, particularly on international, national, and local efforts to help schools become health promoting schools,
- Provide an impetus for mobilizing and strengthening school health,
• Enable organizations to maximize the use of their resources,
• Unite the diverse school health initiatives of the United Nations family and
• Extend full partnership to all organizations involved in the initiative.

South-East Asia Region's Initiative

Health promoting schools cannot be established overnight. It involves a systematic process, carefully planned and carried out in the context of the local situation within which the school, or group of schools, function.

In the South-East Asia Region, two important consultations related to health promotion in schools were held. These were:

• Strengthening Comprehensive School Health Education in the South-East Asia Region (Colombo, 1992); and

• Intercountry Consultation on Health Promoting Schools (Bangkok, 1997).

At the Colombo Consultation, the inextricable link between health and education as addressed in the Alma Ata Declaration for Health For All by the Year 2000 and the Education for All Charter was reiterated. It was recommended that “Comprehensive School Health Education provided by Member Countries in the South-East Asia Region should involve students, teachers and parents in promoting activities for their own health as well as the health of their families and communities, and should include activities that are focused in educating out of school youth.”

The Bangkok Consultation, described the relationship between comprehensive school health education and a health promoting school. “Comprehensive school health education is an important component of a health promoting school that covers several related components: school health services, school counseling and guidance, a healthy physical, social and psychological environment, school food services, physical education, health promotion for school staff, community/parent participation, school health administration and management, and school health education. A 'Health Promoting School' is a school constantly strengthening its capacity to implement a comprehensive school health programme and serve as a healthy setting for living, learning, sharing and working.”

The Consultation made two distinct sets of recommendations. The first related to strengthening of Comprehensive School Health Education in
countries of the Region and the second to the development of health promoting schools.

It was recommended that Member Countries should establish a clear policy on the provision of comprehensive school health education and develop an advocacy paper to state the case for establishing health promoting schools. To initiate the development of health promoting schools, countries should improve the existing school health structure and train teachers. A national network of health promoting schools could be supported by the ministries of health and education or a national school health association.

It was also recommended that Member Countries establish a regional network in support of their countries' efforts to establish and maintain health promoting schools, as well as make efforts to document success stories.
STRENGTHENING HEALTH PROMOTING SCHOOLS IN THE SOUTH-EAST ASIA REGION

Role of the Regional Office

Within the context of WHO Global School Health Initiative, the South-East Asia Region has adopted four major strategies:

**Advocacy**

Mobilizing support for the health promoting school programme is very critical for its success. This includes various activities to create awareness among Member Countries, donors, the private sector and UN agencies. Health promoting schools should be developed through solid partnerships with other stakeholders.

**Networking and alliances**

Networking and alliances will enable persons responsible for school health to learn from each other, to share experiences and ways of using various resources, maximize investments in education and use the potential of schools to promote health.

**Strengthening national capacities**

Member Countries should be supported to strengthen their health promoting school programmes. This will include support to the development of the national policy and strategy, national plans, implementation, monitoring and evaluation activities.

**Research**

Research as a component of programme development and evaluation will be conducted and strengthened to help Member Countries access and develop national programmes on school health promotion and evaluate the extent to which students practice healthy life styles.

**Strengthening Health Promoting Schools at Country Level**

**Key activities for strengthening Health Promoting Schools at national, provincial and local levels.**

1. **Advocacy**
   - Study and understand policy system
• Identify key policy-maker and method to reach
• Prepare information
• Identify and prepare advocates at all levels

2. Identification of resources
• Human, material, financial and others to support health promoting schools

3. Capacity building
• Pre-service and in-service, for teachers and others
• Include managerial capabilities

4. Create coordinating mechanism at all levels
• Advisory council
• Joint multi-sectorial committee and sub-committee
• Focal point/executive unit

Advocacy

Creative advocacy is needed: to convince policy-makers to lend their support; to translate the concept of health promoting school into action, and to develop and implement school policies that enhances and supports the implementation of the entire range of components of health promoting schools.

Policy-makers need to be convinced that:

• Children and young persons are vulnerable to a range of health problems that can be prevented through a good health promotion programme.

• A child’s attendance at school is affected not only by the child’s own health but also that of the child’s family, thus reducing the value of investments in education.

• The best opportunities for positively influencing the health of the school-aged population are found in schools. Schools are excellent entry-points to inculcate in young people the knowledge, attitudes, values, skills and services they need to be healthy and remain healthy.

• Healthy children besides effectively contributing to their own development, also contribute to the development of their community and nation and as tested in various parts of the world, has demonstrated that school health education and promotion is politically and economically feasible, viable and cost-effective.

• Promoting health through schools is one of the most efficient and effective ways to improve children’s lives.

To deliver these messages to policy and decision-makers, it is important to plan activities on how to do it and to prepare a good brief for school health promotion through the following activities:

• Study and understand the process of national policy development and how priority is assigned to different issues, including how to reach key decision-
makers. Clearly identify how you would use their roles and responsibilities to influence political support, policy development and implementation across sectors at all levels.

- **Gather, organize and analyze** relevant information on health problems and behaviour of school children including on tobacco and alcohol use, substance abuse, teenage pregnancy, violence, HIV prevalence as well as evidence on effective intervention in schools to deal with these problems. This can be used as an advocacy tool also by health workers, teachers and other organized groups and political parties. To increase wider utilization, this information could form part of the background papers presented at various meetings. Where the information is not available, action should be initiated to generate the required data.

- **Identify and nurture** prime movers and group of advocates for school health promotion at various national and local levels and present the available information to them in a clear, concise, understandable, persuasive and convincing manner.

**Identification of resources**

Human, material, financial and other community resources to support school health promotion must be identified. The private sector and organizations that address specific issues such as HIV/AIDS, women development, poverty alleviation, tobacco and alcohol use prevention, nutrition and environment protection, would provide partial support when their interests are met.

Resources are especially needed for advocacy to train teachers and other school personnel, to develop curriculum and other training guides as well as to provide facilities like safe water and sanitation where these do not exist.

**Capacity building**

Capacity building requires collaboration among many individuals and organizations. It includes pre-service and in-service training for teachers, training follow-up support and infrastructure development, to plan, implement, monitor and evaluate school health programmes. Capacity building will include managerial capabilities such as on programme development, coordination, partnerships, monitoring, supervision and evaluation of the programmes. Such training should be extended to cover school health advocates and other implementers quitting organizations other than the ministries of health and education such as NGOs.

**Organization and coordinating mechanisms**

One of the essential elements of the process of strengthening comprehensive school health education or fostering the development of Health-Promoting Schools is the creation of a strong, high-powered and multi-sectoral coordinating mechanism at all levels - national, state, provincial and local. These coordinating mechanisms should be charged with the responsibility to formulate and transform policy into action. Guidance should be
provided for programme development, implementation, monitoring and evaluation as well as for linkages with the key players involved in establishing health promotion in schools.

At National Level, it would be useful to set up (1) an advisory council; (2) a joint (multi-sectoral) committee and sub-committees; (3) a focal point to act as an executive unit.

The Advisory Council made up of relevant sectors, academics and professionals from the education, health, environment and urban planning sectors, influential public figures and policy-makers, would advise on policy matters and provide guidance on programme direction. The council would meet at least three times a year but as often as necessary.

The Joint Committee, an inter-agency, interdisciplinary and multi-sectoral committee would include members such as Ministers of Education, Health, Environment, Member – Planning, representatives of national organizations such as medical and teacher associations, NGOs, other organized groups and relevant development agencies. The joint committee would play the lead role in developing policy papers and strategies for review by the advisory council, as well as coordinating implementation of comprehensive school health education and promotion planning and programming. To enable the joint committee to function effectively, the inter and intra-ministerial and agency roles, responsibilities and accountability for managing the programme at various levels should be clearly defined. The joint committee could meet as often as necessary but not less than four times a year.

The joint committee would co-opt needed expertise as well as assign specific tasks to sub-committees. Areas such as teacher preparation and motivation, curriculum and resource materials, physical and environmental facilities in schools, enrollments, resources mobilization, teaching/learning approaches, linkages with communities would need to be considered by sub-committees. Membership of various sub-committees should draw on the available experts for a particular subject.

A focal point as an executive unit would be responsible for the short-term and day-to-day planning, implementation and coordination of health promoting schools programme. This unit could be established preferably in the Ministry of Education with a technical counterpart in the Ministry of Health, relevant sectors and agencies. In addition to working with the joint committee members, the unit could also draw on the expertise resources outside the formal sectors.

At Regional and Provincial Level, a similar set up should be established at regional or provincial level to facilitate programme
development, implementation, monitoring and evaluation of health promoting schools programme.

**Who will make this happen?**

Health Promoting School implementation key managerial process

1. Establish school health team
   - Including teachers, other staffs, students and parents
   - Identify roles and activities
2. Assembling community advisory committee
   - Including all sectors
3. Team building and networking
   - Create charter, commitment
   - Provide forums
4. Develop health promoting schools plan
   - Information gathering and analysis
   - Set goals, define objectives, develop action plan
5. Set up information system for monitoring and evaluating support.

It takes committed people to build a Health-Promoting School. Two groups in particular are needed: a School Health Team and a Community Advisory Committee.

**Establishing a school health team**

A central school team takes the lead and is made up mostly of school staff and students already working with you to promote the concept of Health-Promoting Schools. Team activities will include:

- Providing leadership in advocacy and developing a shared vision and an action plan that school officials can accept and support,
- Working with school officials to ensure that a School Health Team Leader is designated to oversee the activities in carrying out the action plan and that responsibilities for implementing activities are clearly defined,
- Keeping good records and descriptions of what happens,
- Working with parents to identify their needs, solicit their ideas and encourage their involvement,
- Delineating roles and expectations of team members as well as frequency and times for meetings,
- Working with the Community Advisory Committee,
- Leading or co-ordinating plans to provide information to school staff and community members and to arrange for training,
- Establishing links with district education personnel, local health officials, and provincial or national network or ministry-level staff.

**Steps:** Ask people you are working with to propose additional members and establish selection criteria. If you like, you could ask for volunteers. Review the names and make selections based on criteria that are acceptable to school officials. This central, hard-working team will be responsible for ongoing leadership, management and coordination of the action plan. Ideally, the School Health Team
should have between 8 and 14 members. Suitable candidates:

- are smart, energetic and can make things happen,
- embrace the idea of a Health-Promoting School,
- understand the importance of health education, health services, efforts to create a healthy environment and other health promotion actions in establishing a Health-Promoting School,
- are interested in ideas and approaches that show promise of success. A new role for the schools and strong community participation,
- can work well in a team,
- can make a commitment to work over a long period of time,
- will make up a gender-balanced team of men and women, boys and girls.

Some of the team members should be strong leaders, but others might represent a particular interest or expertise. Try to include:

- Administrators
- A local nurse or health care provider from the school or the community
- Leaders of teachers' representative
- A janitor or custodian
- Organizations
- A food service provider
- Teachers/staff
- A school board member
- Students
- Parents

Work with school officials to find the best means of establishing a team leader. Ideally the leader will be a highly esteemed staff member - perhaps the school principal or headmaster or a senior staff person. In any case, the principal should be on the team.

Assembling a community advisory committee

The Community Advisory Committee complements the School Health Team. It is made up of leaders in the wider community who understand the health-related issues affecting the community and school or who have access to resources that can contribute to health promotion. Committee members can help broaden the impact of health promotion efforts, improve health services and reinforce relationships between the school and the community at large.

They can work with the School Health Team to:

- advocate for developing a Health Promoting School with leaders, staff and members of their own organizations and agencies;
- reach into all parts of the community, sharing information about the Health-Promoting Schools project and building support for the work;
- encourage additional community groups to express their views and become involved in health issues;
- help identify potential strengths in the community and obtain resources for project activities;
- help assess health problems and opportunities that affect health in the community.
Steps:

(a) Create a list of candidates for the Committee: look for dedicated people who are:

(1) Flexible and can adapt to new situations;
(2) Recognized for their interest in and experience with children and adolescents, education or public health;
(3) Knowledgeable about the community; and
(4) Capable of mobilizing support.

Think about including people who represent:

- Health care (nurses, clinic workers, physicians, public health staff)
- Arts and crafts
- Families and youth
- Labour/trade unions
- Sanitation/public works
- Women’s groups
- Early childhood education
- Law enforcement
- Municipal or local government
- Transportation
- NGOs, charities, development organizations
- Banking
- Local businesses

(b) Once you have a list that represents all the important sectors, discuss what each candidate might bring in terms of leadership or professional ability, capacity to work as part of a group, connections to the community or to other leaders in the district, or such skills as writing, interviewing, reading current research, organizing groups, raising money or public speaking.

(c) Then invite your candidates to be members of the committee. Ideally, the committee will be made up of interested individuals who will mobilize their experience, resources and constituencies to rally support for building a Health Promoting School.

The most manageable size for the committee is between 15 and 25 members. In smaller communities or as an alternative to forming both a School Health Team and a Community Advisory Committee explore the usefulness of a single group comprising the School Health Team and selected community representatives.

Team-building and networking

Once members of the School Health Team and Community Advisory Committee are selected, each group can be oriented to the purpose and can discuss tasks of building a Health Promoting School. This will be time well spent. It helps build team identity and promotes a climate of participation, increasing members’ sense of ownership and collaboration:

- A charter that has the buy-in of team and committee members is critical to the success of the action plan. Be sure to create and sign a charter for your own school, and share the charter with others in your school, the community, and district health and education agencies.
- Moving people away from familiar practices toward new ones is a challenge. A vision
or a big idea, especially one that they have been part of creating, can motivate people to act. Do not underestimate the power of team building and networking in communicating the vision and concept of Health Promoting Schools.

- Exchanging ideas, experience, and materials over time improves programmes and sustains people’s commitment. To avoid duplication of effort and help everyone work toward the common cause, the team and the committee need to divide their outreach efforts and communicate frequently with each other. The team and the committee, each in its own way, can encourage communication among community and school representatives and with local, district/provincial, regional, and national leaders.

The first thing to do is to have a charter, which estimates the school’s commitment to make it a health promoting one.

**How do we gather the information we need?**

The next task is to learn as much as you can about the status of health programmes and health problems in your school and local area. What is your school already doing to promote health? Which local health problems can be prevented or lessened? Where are the opportunities for action? What resources do you have to address these matters? What resources can you mobilize? As you answer these questions, you will gather the information you need to set your priorities for action.

**Step One: Reviewing current school health promotion efforts**

Identify what your school or community is already doing to improve health. Most schools have some health promotion activities in place; finding the opportunity to expand them is a fundamental task of a Health Promoting School. Find out what is working and what is not. Find out if there are other Health Promoting Schools in the area and share experience and information.

<table>
<thead>
<tr>
<th>Form 4.1: List of Current SHP Activities</th>
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<tbody>
<tr>
<td>Activities</td>
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<tr>
<td>1. Related to prevention:</td>
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<td>2. Related to practices</td>
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<td>3. Related to care:</td>
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<tr>
<td>4. Related to environments/sanitation:</td>
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30
Step Two: Assessing community health problems, policies, and resources

Gather information and create a portrait of your school and community.

(a) Assessing community health problems

Health problems can vary widely from one locality to another. Yet the following major health problems are found in many diverse communities throughout the world, and they threaten the well-being of young people, their ability to stay in school and their health in later life:

- Abuse of alcohol and other substances
- Immunizable diseases
- Helminth (worm) infections
- HIV/AIDS and sexual inadequacies
- A protein energy malnutrition
- Respiratory infections
- Sanitation inadequacies
- Tobacco use
- Malaria
- Mental health issues, including such stresses as living in a war zone or being homeless, overwork, hunger, abuse, or molestation
- Micronutrient deficiencies (iron, iodine, Vitamin A)
- Oral health problems
- Unintended pregnancies
- Violence and injury (including sexual violence, workplace injuries)
- HIV/AIDS and sexual inadequacies
- Unsafe water
- Vision and hearing problems

To collect information about health in your community, go to sources like school nurses’ records, clinic or hospital records, local health department data, and the district health department. If records and data are unavailable, or if you want to supplement existing information, members of the School Health Team can distribute surveys or conduct interviews with individuals or groups of students, parents, nurses, teachers, and community representatives to identify the health problems that most concern the community.

<table>
<thead>
<tr>
<th>Form 4.2: List of Health Problems</th>
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<tr>
<td>Health Problems</td>
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</table>
(b) Assessing current laws, regulations and policies

Local efforts to improve health can be helped or hindered by current laws and policies. Find out how national, district, community or school laws, regulations and policies affect health. For example, review any existing policies on:

- school attendance requirements
- equal access to school for girls and boys
- child work/labor laws
- vaccination requirements
- maternity leave for teachers and staff
- pregnant girls attending school
- sexual harassment and exploitation
- women in school, the work place, or public life
- AIDS policies in the school
- distribution of condoms
- violence and abuse (sexual, physical, mental)
- production, marketing, distribution and use of alcohol, tobacco and other substances.

These laws and policies have a direct impact on:

1. **Students**, in terms of health and well-being, safety, conduct, access to school participation in class, repetition of academic years, learning and academically.

2. **Teachers and staff**, in terms of health and well-being, safety, absenteeism, job satisfaction and staff turnover, morale, participation in community.

3. **Community**, in terms of health and well-being of individuals and families, economic vitality, safety, transmission of disease, burden on health, law enforcement, and social services, opportunities for civic participation and employment.

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### Form 4.3: List of Policies and their Effects

<table>
<thead>
<tr>
<th>Policies</th>
<th>Effects of policy and justice on students, teachers, school communities</th>
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<tbody>
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<td>1.</td>
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### (c) Assessing resources

By reviewing the resources in your community, you can find people or programmes that are already engaged in health promotion as well as individuals who might be interested in working with the schools. Think about:

- clinics, hospitals, and health care providers
- infant health, child nutrition, family planning, HIV prevention, safety and other public health programmes
- parent education and parent health promotion projects
- national health promotion efforts
- NGOs and international projects

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### Form 4.4: List of Community Resources

<table>
<thead>
<tr>
<th>Resources</th>
<th>Contact Persons</th>
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<tbody>
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<td>1.</td>
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</table>
Step Three: Finding opportunities for action

Apply what you learned about your community and to generate ideas. Keep in mind that few communities in the world have the resources to build programmes that include all the characteristics described. A Health Promoting School can demonstrate its dedication to the dual goals of health and beam by reorganizing the use of current resources, reconsidering priorities and linking programmes that have traditionally been separate. Communities can take small steps within each of the 6 key features knowing that these steps together will help them reach the larger goals. Combinations of strategies are more effective than single measures. For instance, school feeding programmes are closely tied to nutrition education and community participation and can succeed only if facilities are sanitary and practices are healthy. Sexuality education is more likely to succeed when the school environment respects gender equity and where social norms favour the delay of sexual activity and the use of condoms.

Communities can support and strengthen school programmes, and schools can serve as a resource in many community projects. As you consider possible areas for change, you also think about recruiting people and adapting programmes, materials and skills for new efforts. Review previous step to see what resources - besides the candidates themselves - the categories suggest to you.

| Form 4.5: List of Opportunities for Actions based on Six Key Features of a Health Promoting School |
|-----------------------------------------------|--------------------------------------------------|
| Opportunities | Possible actions for each activity |
| 1. | |
| 2. | |
| 3. | |
| 4. | |
| 5. | |
| 6. | |

How do we Develop an Action Plan?

Once you have knowledge of and information about health-related needs and opportunities in the school and the larger community, the next step is to make plans for change. But which changes does your school want to make?
Step One: Setting the goal

Gather key people in the school and community, including members of the Community Advisory Committee, for brainstorming sessions, using 3 main questions to decide which goals you might make a priority:

- Given the information we have collected, what have we learned about opportunities to create health and which of these do we want to work on first?
- How can we use the key features of a Health Promoting School to act on these opportunities effectively?
- If we are successful, what will our school and community look like in one year? In three years?

Focus your group’s brainstorming and record the results. Try to narrow your list of possibilities or goals by focusing on opportunities that the community would agree as important.

<table>
<thead>
<tr>
<th>Form 4.6: Setting the Goals</th>
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<tbody>
<tr>
<td>List six priority opportunities as goals for a period of one year (or two years, three years etc.)</td>
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Step Two: Defining objectives

By identifying goals and objectives, your school and community can begin to create a Health Promoting School. Start with one of the goals that you selected.

An objective is a clear statement expressed in terms of the specific, measurable results that will be evident when you’ve taken steps to accomplish it. How do the key features of a Health Promoting School help you set some objectives to reach your goal? Think about each key feature and discuss the ideas it suggests and the people who might be involved. What objectives could you set that will lead you to your goal?

Think about setting objectives that will be the most feasible, that will allow you to use readily available resources, expend resources most efficiently and have the greatest impact in promoting health. You may be able to take action in only one area at first. But even a few successful short-term projects (a school feeding programme, nutritional supplements, first aid, improved latrines/toilets, treatment of parasitic diseases, protecting a well, painting and planting, a healthier psychosocial environment) can produce convincing examples of good practice fairly soon. These will encourage and benefit the community and show that change is possible. Long-term projects (household and food hygiene, water treatment, vector control, demonstration gardening, an in-school health service centre) are more ambitious but very valuable to work toward over time.

Look at the example of setting the goal and objectives below:
Example of Goals and Objectives

Goal: Provide sufficient sanitation and water
Objectives:
1. Install four washing and toilet facilities on school property, two for girls and two for boys.
2. All students are informed on how to use washing and toilet facilities properly.
3. Students grade 4 and above are assigned in-group to clean the washing and toilet facilities.

Step Three: Developing the action plan

For each objective, ask what activities you need to carry out to achieve this. Which activities steps will you undertake in Year 1, in Year 2, in Year 3? Are there other goals, with their own objectives, that should be part of the plan, even if you don’t get to them until Year 3?

Review the plan and discuss with school officials how assignments will be made. Who will be responsible for each of the activities in Year 1? Try to match people’s skills and experience with the activities.

Perhaps members of the Community Advisory Committee can help out with specific activities. Define precise responsibilities for the School Health Team, the Community Advisory Committee and others so that everyone knows the roles to be played and who is carrying them out.

You will need to think about funding and support. Planners and educators sometimes consider health promotion to be an “extra” and do not allocate funds to school health initiatives. This is an ongoing challenge for any school. However, many health promotion initiatives can be funded by current budgets and built into ongoing staff responsibilities. Others will not require additional funding. When you need funding from outside the school budget, you can explore options like:

- community contributions (for example, cost sharing, donations, and technical assistance);
- fund-raising projects that bring everyone together for a day to raise funds for a selected project;
- income-generating activities in the school, such as the production and sale of healthy meals;
- partnerships with private enterprises;
- international agencies (for example, technical resources and seed money), and
- a volunteer to donate time, skills and energy.

Form 4.7.: The Action Plan

<table>
<thead>
<tr>
<th>Goal:</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Years:</td>
<td>Objectives:</td>
</tr>
<tr>
<td>Steps</td>
<td>Persons responsible</td>
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How progress can be assessed

To sustain the commitment of everyone involved, a Health-Promoting School needs to demonstrate success in meeting its goals. Conducting regular reviews of your team's efforts is a way to:

- gain information about the programme that can guide your future actions;
- demonstrate, publicize, and celebrate your school's achievements;
- show others the process your team used so that others can learn from your experiences.

**Step One: Demonstrating progress**

The School Health Team can collect and process information to show the steps and activities that have led to change. Think of gathering information that will answer these questions: How many people were involved? How many people were affected? Did the intended steps actually occur? If not, why not? Did anything unexpected occur? What do people conducting the programme and people affected think about it? What resources were used, and were they adequate? How can the action plan be improved? Anecdotally, through story telling, find out what people gained from participating. What were the benefits and lessons learnt?

**Outcome evaluation**, a more elaborate and long-term kind of monitoring measures the difference the programme makes in individual behaviour, the environment, or student/community health outcomes. To lay the groundwork for this kind of monitoring, save your preliminary assessment data about health status and community resources to use as a basis for comparison. Document the situation before changes are made, record events as changes occur and use information you collect later to show what has been achieved as a result of your projects.

If you decide to conduct outcome evaluation, plan it from the very beginning with the creation of specific and measurable outcome objectives. District and national agencies, a local university or a non-governmental organization (NGO) might have useful resources or be willing to help.

**Step Two: Collecting information**

Written material is useful to document your efforts. Use the worksheets in this manual as checklists, checking off steps, as they occur to show that you have completed a process. Other sources of information include:

- written records that team members keep, such as a log or diary of key events
- minutes from meetings
- reports from small group discussions
- questionnaires that you ask others to complete (keep them simple)
- interviews with people who worked on the programme or were affected by it
- a drawing or flowchart that shows a picture of what happened
- any media coverage, newsletters, reports, or journals that mention your work
- children's or adolescents' work
Where support can be obtained

**Step One: Obtaining training and technical assistance**

You can find additional resources beyond the local community to support your work in creating Health Promoting Schools. Provincial and national networks of Health Promoting Schools are developing in an increasing number of countries. Additionally, WHO representatives in countries or in WHO Regional Offices can provide information about Health Promoting Schools and can link you to other UN agencies that has resources to contribute to your effort. The ministries of health or education may have a representative who is participating in a regional network for the development of Health Promoting Schools. Another resource is Education Development Centre, Inc., in the United States, the WHO Collaborating Centre for Promoting Health through Schools and Communities. The WHO Global School Health Initiative has a website at www.who.ch that links to other internet resources.

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**CHECKLIST AND STEPS TAKEN**

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for school health promotion. Among these sources and among university faculty, trained health educators and experts from international agencies, you will find people who can assist local schools.

For school staff and community members, training in the concepts, goals and skills of health promotion contributes to success. Training increases knowledge and capacity; builds commitment; strengthens relationships among the training participants; and adds to the momentum for the Health Promoting School. It strengthens a School Health Team’s ability to address particular problems, bolster action plans, and carry out the steps needed to meet objectives and decide how to evaluate progress.

Depending on the needs of individual schools, training on the key features of Health-Promoting Schools, a particular curriculum, overall skill building, new technologies, or other topics will be useful. Certain health issues are often controversial or sensitive; teachers and other school personnel frequently benefit from training on building students’ skills and their own responses in sensitive areas.

Training for teachers boosts their skills in classroom creativity and curriculum delivery, especially when the curriculum offers new information, a chance to practice new skills, and opportunities to apply what teachers have learned. For other staff and for parents and community members, training provides a common language and shared concepts, and can help build a larger working group.

Step Two: Linking local efforts to larger initiatives

Professionals, practitioners, parents, and youth that are or have been involved in building a Health Promoting School have information, experience and ideas to share with other local leaders. In some countries, national and provincial staff are also supporting local development of and commitment to Health Promoting Schools and are even creating networks of local schools that are striving to become Health Promoting Schools. WHO is supporting the development of global and regional networks to disseminate information and develop support for the establishment of Health Promoting Schools.

WHO’s Healthy Cities and Healthy Island initiatives also offer support for the development of Health Promoting Schools and can serve as good links to broader health promotion efforts.

Changes in schools are more likely to be sustained if policies at the district and national level support local efforts and provide incentives. In Indonesia, for example, national or district-level departments publicly recognize and award certificates to schools that have achieved milestones in becoming health promoting. Schools can win bronze, silver, or gold awards when they meet specific criteria. Find out whether such similar incentives are available in your country. If not, consider creating them, as they provide a kind of recognition that helps keep people striving for measurable results.
What are the roles of district-level leaders?

If you work at the district level you can support local efforts in important ways. Within your own agency, you can mobilize support for Health Promoting Schools and encourage collaboration between health and education groups. What you do specifically will depend on geography, ease of communication, availability of staff, your existing relationships with individual schools and the existence of a local, provincial or national network. Schools can benefit from your support in all of the following ways:

In helping schools get started, district personnel can:

- advocate for national policies that support Health Promoting Schools
- promote district policies, rewards, incentives and acknowledgements that support local school efforts
- create a line item in the budget to support the development of Health Promoting Schools
- assist in organizing a School Health Team at local schools and a Community Advisory Committee
- reinforce the key features of Health-Promoting Schools and promote them in communities to help the schools articulate a vision
- provide data on local health problems and risk behaviours
- conduct public-awareness activities in the district
- link schools to local, provincial, and national networks
- distribute WHO materials and publications that support local school efforts

In providing technical assistance and support, district personnel can:

- assist School Health Teams with planning and budgeting
- assist schools in carrying out local-level projects
- identify model programmes and encourage “cross fertilization” so that schools can learn from one another
- support professional development by providing or organizing in-service training, locally or regionally
- provide consultative support to participating schools
include local schools in a district-wide network
organize regional support groups if appropriate
link schools to national policy-makers and to staff in the ministries of health and education
provide support to establish international links

In providing support for evaluation of local projects, district personnel can:

establish criteria for a district/national evaluation
initiate or help organize a district/national evaluation
provide evaluation support and expertise
ensure that all local projects are monitored

Networking contributes to:
- Diffusion of new knowledge, strategies, intervention and research;
- Motivating people to implement innovations
- Sharing of knowledge and experience;
- Advocacy for school health;
- Improving the technical components of school health programmes.

Establishing networks of Health Promoting Schools

WHO's Regional Networks of health promoting schools may well be the most comprehensive and successful international efforts to mobilize support for school health promotion.

The first network was initiated by the European Regional Office of WHO, in 1991, in collaboration with the Council of Europe and the Commission of the European Communities. Networks were started in the Western Pacific in 1995 and in Latin America and Southern Africa in 1996. In 1997, meetings were held to develop networks in the South-East Asia Region and in the northern countries of the Western Pacific.

It is proposed that each Network will be composed of public and private organizations, interested in planning and working together, toward the goal of helping schools become Health Promoting Schools.

Networks promote the development of technical, managerial and financial aspects of school programmes. They are effective means for joint problem solving, through information sharing and exchange of ideas, experiences and educational materials at international, national and local levels.

Networks can take on many different forms and use different approaches. Some common ways of networking are through consultative meetings and references, newsletters, exchange visits, exchange materials and peer evaluation.

Developing networks of health promoting schools in the South-East Asia region

The 10 countries of the South-East Asia Region of WHO presents a diverse picture of socio-cultural,
religious, economic and political situations. The pace of their progress towards the development of health promoting schools also varies considerably. In some countries like in Thailand, the concept of health promoting schools has been researched in selected schools for wider application. In many countries the concept is yet to be advocated effectively for policy support. Despite various constraints there are several successful experiments being conducted at local levels that have important health promotion components for enhancing the health of students.

At the Intercountry Consultation on Health Promoting Schools, 1997, participants from countries of the South-East Asia Region expressed that building a regional network was both feasible and necessary and recommended that the Member Countries should establish a regional network of health promoting schools. In their vision of building such a network, participants decided that the goal should be:

"To promote the health and well-being of school children, their families and communities through increasing the capacity of Member Countries to develop health promoting schools."

The network should be a forum for a group of government-designated focal points to share experiences, information, resources and work towards the development and sustainability of health promoting schools in the Region.

It was envisaged that the network would regularly review the status of implementation of health promoting schools in the Region with the view to strengthening the capacity of health promoting schools and supporting other schools to become health promoting schools. In order to facilitate the translation of the decision made by the network into action at the national level, the membership of the network would comprise persons designated by the Ministries of Health and Education. These designated persons would have the responsibility to report back to the Ministries on the decisions of the network and facilitate their implementation. The specific tasks of the network would include:

- defining mechanisms which will facilitate regular communication between Member Countries;
- ensuring wider diffusion of project experiences, research findings and other information to Member Countries on health promoting schools;
- maximizing on the opportunities presented by the regional and national forums and meetings such as ASEAN and SAARC and by administrative meetings to advocate school health;
- building partnerships with other UN agencies, international agencies and national bodies to foster the concept of health promoting schools;
- supporting countries to develop a national network around the existing comprehensive school health education structures;
providing guidelines and mobilizing resources for the development of health promoting schools;  
- identifying areas of research in Member Countries and facilitating the conduct of research in support of the development and strengthening of health promoting schools;  
- Facilitating the documentation and sharing of success stories and case studies on health promoting schools.

It was envisaged that the regional network would meet periodically with support from international organizations such as WHO, UNESCO etc.

Recognizing that the effective functioning of the regional network would depend on the formation and operation of national networks, participants called on Member Countries to seriously explore the possibility of developing networks as soon as possible. In order to effectively respond to the national needs of health promoting schools, membership of the existing national bodies should be expanded to include representatives of institutions such as National Planning Board, Ministry of Finance, Informal Education, NGOs, representatives of professional bodies, Ministry of Women Affairs and Social Welfare, Ministry of Religious Affairs, Public Works and Population. The need to recognize the gender perspective while recruiting people to the national network was emphasized. While members would naturally come from different professions and backgrounds, the main criteria for selection would be their high level of interest, enthusiasm and commitment to health promoting schools.

Strategies and action that need to be taken for establishing national level networks would vary from country to country. In general, the following is applicable.

(i) Strongly advocate to policy-makers on the need to establish health promoting schools and support national and regional networks;

(ii) Integrate the principles embedded in the concept of health promoting schools into current comprehensive school health planning documents (as in Bhutan) and into ongoing school health pilot projects (as in Bangladesh);

(iii) Orient and train school health and education of officials, on the concept of health promoting schools and what needs to be done to establish such schools and promote networking through meetings and workshops;

(iv) Prepare national guidelines for establishing health promoting schools;

(v) Establish a national level multi-sectoral committee to initiate the development of health promoting schools; and

(vi) Secure fund support for establishing and maintaining health promoting schools.

The guidelines provided in this document for creating health promoting schools and the information gained from experiences of other
Regions should set the tone for initiating such a network which would then also serve as a support for all countries to establish and maintain health promoting schools.

**WHO support for a regional network of health promoting schools in the South-East Asia Region**

WHO encourages countries in South-East Asia to use the concept of the Health Promoting School to improve both education and health. WHO also encourages countries to work together in international, national, provincial and local networks to diffuse the concept and improve health through schools.

WHO/SEARO and WHO/HQ will jointly assist countries that want to develop Health Promoting Schools to form regional and national networks for their development.


Mwasha, E. S. (undated). HESAWA School Health and Situation Package: An Effective Tool for Sensitizing and Mobilizing, Communities to Participate Actively in Community Based Health/Development Projects. Mwanza, Tanzania: Zonal HESAWA Coordination Office.


Promoting Schools CA Framework for Action. Regional Office for the Western Pacific.


Factors Affecting Female Schooling, in Sub-Saharan Africa: A Literature Review (reference unavailable).