

School Health Program (SHP)

A Strategic approach for improving health and education in Afghanistan

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A Strategic Approach for Improving Health and Education in Afghanistan

Definition: “It is the branch of community medicine, which deals with the provision of preventive, promotive, curative and rehabilitative services to the students, teachers and other related staff in the school environment.”

Child Development and Role of School

Development of children and quality of their learning depends on a number of factors, including their own health status. Health promoting behavior inculcated by the school not only contributes in physical development and health care of students, its spin-off improves awareness about health issues among the parents and local community as well. Strong relationship between health of students and their learning had inspired planners and educators to hundred years ago in developed countries to launch health related interventions in schools. Gradually, developing countries are also realizing importance of school health program for quality education and over health of the society, and are introducing its various components in their education systems.

Concept of School Health Program

Improving the health conditions and process of learning among school children through school based health and nutrition programs is not a new concept. At present, most of the developed countries have institutionalized school health programs as an integral part of their education systems.

A number of national and international agencies have decades of experience in this area. School Health Programs are primarily based on two pertinent premises. *Firstly, the relationship of quality of learning with the health conditions of students, and secondly, responsibility of the state to facilitate smooth physical and mental growth of children for their future role as productive members of the society.* A third dimension emphasized in certain situations is the potential contribution of students in dissemination of health and hygiene education messages to their parents and community at large. This phenomenon is also termed as child to child, and child to community transmission of information relating to health care and disease control.

Global experiences link success in school health program with partnership between various departments and agencies, including Education, Health, and Environment. Partnership and networking between relevant departments and agencies provide an opportunity for concerted action to broaden the scope of school health programs and make them more effective and beneficial for the target groups. Effective school health programs will transform schools into child-friendly environment, and contribute significantly to the promotion of Education for All.

Why School Health Program? : Rationale and Significance

Education sector not only trains or prepares human resources needed for the economy; it also produces leadership for various spheres of life. The leadership coming out of the educational institutions influences social and political dynamics in the country. Teachers, professors, and education managers enjoy respect in the community, and they have the potential to contribute

significantly as catalysts of social change and development. There is large number of children and young people of age 5-24 are enrolled in educational institutions in Afghanistan. Health sector cannot afford to ignore this large group of students and teachers in Afghanistan. There is a need to reach out this important population group, the future builders of Afghanistan. School Health Program will yield following benefits to the country:

- Reduction in dropout rate (Illiteracy, Poverty and health issues)
- Enhancement of quality of education and learning outcomes
- Improvement in health conditions of young population
- Disease control and an overall improvement in health conditions in the society at large.

There is an urgent need to plan and launch a comprehensive School Health Program under the auspices and partnership of Ministries of Health, Environment and Education, and with the technical support from various UN agencies and other donors and professional organizations.

Basic components or pillars of SHP

A number of factors influence the physical and mental health of school children, and their learning process. These factors include health conditions of the children themselves, physical and social environment in their school, quality of life of their parents, their own knowledge about health promoting practices, and availability of health services around them. Modalities and delivery forms of school health related interventions can be grouped into following categories:

- a. School Health Environment.**
- b. School Health Education.**
- c. School Health Services.**
- d. School Nutrition Program.**

School Health Environment:

School environment plays a pivotal role in the retention and learning outcomes of students. Availability of proper facilities is a pre-requisite for creating a healthy environment in a school. Provision of following facilities contributes in creating a conducive environment for the children in the school:

- Safe clean drinking water (with regular water quality monitoring)
- Gender and culturally appropriate sanitation/toilet facilities
- Adequately spacious class rooms
- Comfortable seating arrangements
- Play grounds etc.
- A child friendly environment
- Access for disabled and physically challenged

In the absence of above facilities, overall health and mental concentration of students will be negatively affected. Many children are likely to leave the school due to its uncomfortable and unattractive environment.

School Health Education:

Young children are at a greater risk of various infections and diseases. Schools have the responsibility to educate their students and foster among them healthy and hygienic behavior. They need to warn their students about various health risks, and guide them how to protect themselves and others against diseases and other forms of ill-health by adopting health and hygiene promoting habits and practices. Education of students on health and hygiene issues, through integration of health and hygiene information messages into the curriculum, and training of teachers on following themes form part of the School Health programs:

- Education about cleanliness, personal hygiene, and sanitation
- Preventive information against various non- communicable common diseases
- Prevention against communicable diseases, including H1N1 and Hepatitis,
- AIDS Prevention Education
- Guidance and Counseling for adolescent students on puberty issues
- Anti-drugs and anti tobacco education
- Healthy food (balanced diet) and clean drinking water
- Sports and Physical education
- Population education and Adolescence Education
- Environment education
- Life skills based education

Provision of information, knowledge, and skills to the children on above subjects enable them to develop healthy behavior and protect themselves from diseases and practices which can make them vulnerable to various hazards in their life.

School Health Services:

Young children are prone to many diseases. In the developing countries, where health services for the general public are poor and overall knowledge about health care is low, parents and teachers are unable to detect health problem of children which impede their learning as well. Provision of health services to the children and young students in following forms fall under this category:

- Health screening (medical checkup) of students on regular basis
- Referral of students with health problems to medical centers for treatment or rehabilitation
- De-worming campaigns.

A number of children can be saved from losing interest in their studies and dropping out of school when their learning difficulties or disorders are detected through health screening and addressed at early stages. Collaboration between health and education sectors is crucial for this component of school health program.

School Nutrition Programs:

Nutritional level affects overall health, and consequently the pace of learning among the children. In Afghanistan, a substantial ratio of children is malnourished, particularly in underdeveloped areas, and among the disadvantaged groups. Nutritional inputs can increase both attendance and quality of education. Provision of following inputs to schools can be grouped under nutrition component of school health program.

- Good supplements for malnourished children
- Food as incentive to enhance
- Enrolment and attendance
- Promotion of use of iodized salt
- School feeding or school lunch program for all students in schools

In the developed countries, school lunch or school feeding program are widely supported. In a number of neighboring countries, school feeding program are in being implemented.

Implications of not launching School Health Programme (SHP)

As explained above, school health programmes contribute in improving both health indicators among children as well as enhancing efficiency of the education system. Undernourishment due to poverty, illiteracy, and lack of awareness about health and nutritional aspects contribute toward deterioration of health conditions of the children from disadvantaged groups. In the absence of a Comprehensive school health programme, following problems will continue to emerge:

- Learning environment in schools will not improve
- Parents and teachers will not be aware of the prevalence of various ailments and disorders among the children, which affect their learning, & can be treated at early stages.
- A number of children will face difficulty in their studies due to physical disorders, and may leave the school without knowing nature of their health problem.
- A considerable proportion of children will remain malnourished, particularly from disadvantaged groups, and their smooth physical and mental growth will be inhibited.
- Children and their parents, particularly in rural areas, will be more vulnerable to various diseases and infections.
- Higher drop out rate will lead to wastage of resources and will negatively affect efficiency of education system
- Overall health indicators among next generations will remain low.
- Social and economic disparities among different segments of the society will widen.

A ceremony for launching of School Health Pr

Experts believe that investment on school health programmes yield higher social returns, in the areas of education, productivity of human resources, their health, and environmental protection in a given country.

UN Support for School Health Program:

UN is committed to assist member states in the achievement of Millennium Development Goals (MDGs), Education For All (EFA), and other international norms and Conventions aimed to improve quality of life of the people. On the occasion of World Education Forum in Dakar (Senegal), in April 2000, four UN agencies (WHO, UNICEF, UNESCO and World Bank) signed a framework titled “Focusing Resources for Effective School Health Program (FRESH) to affirm their commitment for the School Health Program. A number of UN agencies have been supporting different components of School Health Program, although a holistic approach has been lacking. Agencies contributing towards this program include WHO, UNICEF, WFP, UNFPA, UNESCO, UNODC and UNDP.

S.No	Activity/component of SHP	Supporting Agencies
1	Water and Sanitation facilities (provision of water pumps and toilets etc.) and water quality monitoring	UNICEF
2	Health Screening	UNICEF WHO
3	Hygiene, sanitation and environment education	UNICEF, WHO, UNDP, UNFPA
4	AIDS Prevention Education, Adolescence Education	UNESCO, UNAIDS, UNICEF
5	AIDS Prevention Education, Adolescence Education	UNICEF, UNESCO, UNFPA
6	Drug Education	UNODC, UNESCO
7	Population Education	UNFPA, UNESCO
8	Food for education- School Feeding programs	WFP
9	Training of teachers on Health Education	UNICEF WHO
10	Advocacy and policy dialogue for SHP and material development on health education	UNESCO, WHO

School Health Program (SHP) has been envisaged in the Joint UN Program on Health and Population (2008-09). As is evident from its name, School Health Program requires collaborative work between two sectors, namely education and health. As is evident from above, a number of UN agencies have been supporting different components of School Health Program, although a holistic approach has been lacking. These entire individual agency based scattered interventions can be harmonized and inter-linked to form a focused program of school health. However, this can be achieved with strong interest and leadership of Govt. of Afghanistan, and increased coordination among UN agencies under One UN or Delivering as One approach.

Health Education interventions by Ministry of Education:

An important component of School Health Program (SHP) is Health Education. In collaboration with UN agencies like UNDP, UNESCO, UNFPA, and UNICEF special training manuals and supplementary reading material for teachers should be prepare and teacher training workshops organizing on following themes:

- Environment education
- Population education
- AIDS Prevention Education
- Life Skills Based Education (LSBE)

What needs to be done? Proposed Strategic Actions

Afghanistan needs to take concrete steps for launching of a country program of School Health, and then its institutionalization and sustainability. Types of strategic actions to be taken for implementation of School Health Program in Afghanistan are listed below:

- Legislation and policy reforms for provision of health and nutritional support to all children in schools.
- Formulation and enforcement of equitable standards of school facilities for all schools
- Resource mobilization for School Health Program (SHP)
- Coordination mechanisms between Health and Education sectors
- Institutional capacity development, i.e. technical and administrative support to the relevant organizations and institutions at national, provincial, and district level.
- Advocacy and research in favor of increased attention to education and health of school children.
- Sustainability mechanisms, to ensure that projects launched are consequently integrated into the regular system.

Desired Actions at National level

There is an urgent need for advocacy and consultations with key officials in the Ministries of Education and Health for institutionalization of School Health Program in the country. Outcome of this consultation may be in the form of a clear national policy on school health program. Other actions at the federal level may include development of advocacy material on SHP, organization of orientation seminars for key officials, and preparation of curriculum for training of teachers on this theme etc. Main actions are listed below.

- Units on SHP: Separate units or sections on School Health Program may be established at the federal level, in both relevant Ministries i.e. Ministry of Education and Ministry of Health
- Advocacy: Policy dialogue with Ministry of Education, Ministry of Health and Environment including orientation of key officials on the concept and rationale of SHP. Decision makers should be convinced to invest on different components of school health program.
- Material Development: Preparation and production of advocacy and teaching-learning material on school health program, for the officials, educators, school heads and teachers.
- Students Curricula: Integration of new and more explicit messages relating to health, nutrition, HIV and AIDS Prevention Education and Population Education in the textbooks for students. Teacher Training Curricula: Inclusion/enrichment of health education or school based health related activities and approaches in the teacher training curriculum
- Research work: Studies on pertinent issues and indicators relating to health status of school children, and building a data base.

Desired Actions at Provincial level

Following the pattern at the federal level, provincial governments should also take policy actions and concrete steps for planning and launching of school health program. Few are listed below:

- **Coordination Mechanisms:** Provinces should constitute Steering Committees or Task Forces for policy level work on School Health Program. These Committees should include representatives from both Health and Education sectors.
- **SHP Units:** Provincial Departments of Education and Health should establish School Health Units to plan, implement, and monitor interventions relating to School Health Program
- **Consultation:** Policy dialogue with provincial departments of education for launching of a pilot project of school health.
- **Pilot Projects:** Provincial governments should formulate and launch pilot projects, either focusing on selected districts, or few interventions for the whole province, e.g. School Feeding or Health Screening etc. Lessons learnt and experience gained from pilot phase may lead to the replication and up scaling.
- **Networking:** Identification, mapping and networking of relevant provincial level institutes and organizations which can extend technical support (in the area of school health) at the district level.

Mechanisms for coordination between various actors of SHP may be instituted. Roles and responsibilities of various departments and officials at different levels may be spelled out along with allocation of necessary budget required for this program. Relevant focal point organizations at provincial level should also undertake the tasks of material development, training, and research in this important area.

Desired Actions at District level

District governments and public sector offices at district and sub district level play a pivotal role in the implementation of interventions relating to School Health Program. Few important actions are listed below.

- **Orientation:** District education authorities, District level Health staff and district Nazims need to be provided orientation about the concept and rationale of school health program, including roles and responsibilities of different departments.
- **Visits of Health staff:** Periodical visits of medical doctors to the schools for undertaking following tasks:
 - a) Annual/or six-monthly Medical checkup of all students, particularly their eyesight, weight, and other indicators of fitness
 - b) Informative lectures on health, hygiene, and nutrition etc. for the students
 - c) Special lessons in Secondary/higher secondary schools on issues and diseases related to adolescence (e.g. STIs, AIDS Prevention etc)

- Capacity building: Orientation of school heads for organizing school-based health and nutritional interventions and provision of necessary financial and administrative support to the schools for this purpose.
- Teacher Training: Organization of short courses for training of school teachers in methodologies for communication of key messages on health and population to the students in the class rooms. Training may also cover basic steps for health screening of students in the absence of medical staff.
- Informative Material: Provision of resource material on population and health issues to the teachers and students
- Community Involvement: Sensitization of Parent Teacher Associations (PTAs) and/or School Management Committees (SMCs) on school health program for mobilization of support of local communities for the program.
- School level interventions: Possible interventions at the school level may include:
 - a) De-worming campaigns,
 - b) Anti-smoking drive,
 - c) Drug education,
 - d) Sports and physical education etc.
 - e) Food as incentive to enhance enrolment and attendance
 - f) Special food supplements for malnourished children
 - g) Promotion of use of iodized salt
 - h) Provision of water and sanitation/toilet facilities and promotion of hygiene education
 - i) Training of teachers to undertake screening
 - j) Health screening by teachers themselves in the absence of medical staff
- Role of Civil Society: Partnership with civil society organizations and CBOs to promote school health and population education etc.

Political will and partnership building for School Health Program:

Success of any future country wide School Health Program will largely depend on two factors. Firstly, the will and determination of political leadership to invest on this important area which will affect health and education of next generations in Afghanistan. Secondly, interest and willingness of various stakeholder organizations at national and international levels to join hands to collectively plan and implement this unique program, which cannot be implemented by one Ministry or Department alone. International community, including donors, UN agencies, and professional institutions to come forward to build a partnership for School Health Program.

BENEFITS AND OUTCOMES OF A SCHOOL HEALTH PROGRAMME

Responds to a new need: The success of child survival programmes and the greater efforts by many governments and communities to expand basic education coverage have resulted both in a greater number of school-aged children, and in a greater proportion of these children attending school. In many countries, targeted education programmes have ensured that many of these new entrants are girls for whom good health is especially important. Thus, the school is now a key setting where the health and education sectors can jointly take action to improve and sustain the health, nutrition and education of children previously beyond reach.

Increases the efficacy of other investments in child development

School health programmes are the essential sequel and complement to early child care and development programmes. Increasing numbers of countries have programmes that ensure that children enter schools fit, well and ready to learn. But school aged children continue to be at risk of ill health throughout their years of schooling. Continuing good health at school age is essential if children are to sustain the advantages of a healthy early childhood and take full advantage of what may be their only opportunity for formal learning. Furthermore, school health programmes can help ensure that children who enter school without the benefit of early development programmes, receive the attention they may need to take full advantage of their education opportunity.

Ensures better educational outcomes

Although schoolchildren have a lower mortality rate than infants, they do suffer from highly prevalent conditions that can adversely affect their development. Micronutrient deficiencies, common parasitic infections, poor vision and hearing, and disability can have a detrimental effect on school enrolment and attendance, and on cognition and educational achievement. In older children, avoidance of risky behaviours can reduce dropping out due, for example, to early pregnancy. Ensuring good health at school-age can boost school enrolment and attendance, reduce the need for repetition and increase education attainment. Good health practices can also promote reproductive health and help avoid HIV/AIDS.

Achieves greater social equity

As a result of universal basic education strategies, some of the most disadvantaged children – girls, rural poor and children with disabilities – are for the first time having access to school. But their ability to attend school and to learn there is compromised by poor health. These are the children who will benefit most from health interventions, since they are likely to show the greatest improvements in attendance and learning achievement. School health programmes can thus help modify the effects of socioeconomic and gender-related inequities.

A highly cost effective strategy

School health programmes help link the resources of the health, education, nutrition, and sanitation sectors in an infrastructure – the school – that is already in place, is pervasive and is sustained. While the school system is rarely universal, coverage is often superior to health systems and has an extensive skilled workforce that already works closely with the community. The accessibility of school health programmes to a large proportion of each nation's population, including staff as well as students, contributes to the low cost of programmes. The high effectiveness of these programmes is a consequence of the synergy between the health benefit and the educational benefit. The effectiveness is measurable in terms not only of improved health and nutrition, but also of improved educational outcomes, reduced wastage, less repetition and generally enhanced returns on education investments.

Improving Health Knowledge, Attitudes, and Skills: In an increasingly technological world, young people need to develop fundamental skills to acquire information (e.g., to read), to analyze information (e.g., through mathematic and scientific methods), and to communicate information (e.g., to write). In addition to these fundamental skills, each society must continue to decide which information is most important for each generation to comprehend. Especially during the past several decades, humans have painstakingly developed an enormous amount of knowledge they could use to protect their own health, the health of families for which they will become responsible, and the health of communities in which they will reside. For example, we have learned how to prevent what previously had been widespread communicable and non communicable diseases, as well as newly emerging and re-emerging ones. We have learned how to manage factors that erode and strengthen our mental health. And, we have learned how to control environmental toxins that endanger our homes, our communities, and our world. What knowledge can be more important to give young people than knowledge they can use throughout their lives to keep themselves and others alive and healthy, productive, and content? Modern school health programs can improve specific knowledge and attitudes about health. They also can help young people develop related life skills including communication and interpersonal skills, decision making and critical thinking skills, and coping and self-management skills. These programs can be designed to help students develop good character by promoting such core ethical values as caring, honesty, fairness, responsibility, and respect for self and others. Through such programs, schools not only provide knowledge, they also help young people contemplate how to live their lives.