

The World Health Organization's

INFORMATION SERIES ON SCHOOL HEALTH

Local Action Creating Health Promoting Schools

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World Health Organization



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MODEL CHARTER FOR A HEALTH-PROMOTING SCHOOL

Our school, *(insert name)* _____, through all our activities and structures, aims to assist students, families, staff and community members in experiencing physical, emotional and social well-being. We plan to do this by inviting individuals and local organizations to work with us in making our community more healthy.

To become a Health-Promoting School, we are committed to work jointly toward:

- **engaging health and education officials, teachers, students, parents, and community leaders in efforts to promote health**
- **providing a safe, healthy environment, both physical and psychosocial**
- **providing effective skills-based health education**
- **providing access to health services**
- **implementing school policies and practices that support health**
- **striving to improve the health of the community**

We intend to plan and coordinate these key features with school/community projects and outreach; health promotion programmes for staff; nutrition and food safety programmes; opportunities for physical education and recreation; and programmes for counselling, social support, and mental health promotion. In this way we are joining with schools around the world that are encouraged by the WHO Global School Health Initiative, and especially with other schools in the (district, province or nation), to become Health-Promoting Schools.

Name

Role, Organisation

Signed by:

Date

Adapted from Regional Guidelines: Development of Health-Promoting Schools – A Framework for Action, WHO Regional Office for the Western Pacific, and from Promoting Health through Schools: The World Health Organization’s Global School Health Initiative, WHO/HPR/HEP/96.4.

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Creating health in the school setting means more than preventing or treating disease. In a Health-Promoting School, health is created by students, teachers, parents, and other community members who are:

- *Caring for themselves and others*
- *Making decisions about and taking control of conditions and circumstances that affect health*
- *Creating social conditions that enable people to be healthy*
- *Improving students' understanding of health concepts and how to apply them*

Adapted from the Ottawa Charter, the First International Conference on Health Promotion, Ottawa, 1986

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To increase the number of schools that are truly "health promoting", the World Health Organization (WHO) has launched the Global School Health Initiative and an Information Series on School Health to assist schools, policy-makers, community leaders, teachers, parents and students as they develop Health-Promoting Schools. **Local Action: Creating Health-Promoting Schools** draws on the experiences, writings and guidance of teachers, programme managers and health professionals around the world. Their interest in sharing their experiences with others and their willingness to contribute have made this publication possible.

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FOREWORD

Investments in schools are intended to yield benefits to communities, nations and individuals. Such benefits include improved social and economic development and enhanced quality of life. In many parts of the world, such investments are not achieving their full potential, despite increased enrolments and hard work by committed teachers and administrators. This document describes how educational investments can be enhanced by increasing the capacity of schools to *promote health as they do learning*.

This document is a pivotal part of the technical series on school health promotion prepared for WHO's Global School Health Initiative, and is published jointly by WHO, UNESCO and Education Development Center, Inc. – the WHO Collaborating Center to Promote Health through Schools and Communities. WHO's Global School Health Initiative is a concerted effort by international organizations to help schools improve the health of students, staff, parents and community members. Education and health agencies are encouraged to use this document to strengthen health promotion efforts as part of the Global School Health Initiative's goal: to help all schools become Health-Promoting Schools.

Local Action is the first document in WHO's School Health Information Series aimed directly at the local level; it is meant as a practical, "how-to" guide for work on the ground – where change matters most. It is committed individuals working directly in schools and communities upon which change ultimately relies. While the conditions and challenges vary widely from one school to another, we sincerely hope that the guidance, experiences and tools included in this document serve as valuable resources to those committed individuals, and that schools in all contexts can find appropriate and unique ways to be health promoting.

We wish you luck in your efforts to improve the health and education of your school community. We also welcome any feedback you may have regarding the usefulness of this document, or any learning and insight you wish to share from your experience creating a Health-Promoting School.



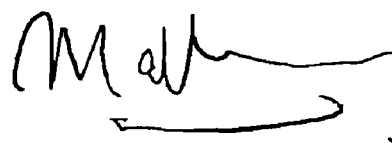
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Good health supports successful learning. Successful learning supports health. Education and health are inseparable. Worldwide, as we promote health, we can see our significant investment in education yield the greatest benefits.

— Dr. Desmond O'Byrne

Health Promotion, Noncommunicable Disease Prevention and Surveillance, WHO

In every community and country, children are the most important natural resource. They must be at the very heart of “development”. Their well-being, capabilities, knowledge and energy will determine the future of villages, cities and nations around the world. As educators everywhere know, a healthy child's vitality, inquisitiveness and readiness for new experiences can be unbounded.

In the past few decades, many countries have succeeded in reducing some of the gravest threats to our youngest children's health. Overall, children now live longer, are better nourished, have more up-to-date immunisations and are healthier than in the past. As a result, about 2.5 million fewer children die annually now than in 1990. As more and more children survive to school age, countries all over the world are seeing an increase in the number of children who attend school. In too many cases, however, ill health still prevents children from acquiring new knowledge and skills and from growing into productive, capable citizens who can help their communities grow and prosper. To achieve their potential, schoolchildren must participate fully in educational activities. To do this, they must be healthy, attentive and emotionally secure.

Schools can help promote the health of staff, families and community members as well as the health of students. Much is known today about the relationship between education and health. People everywhere can use this knowledge to help create Health-Promoting Schools. In almost every community, the school is a setting where many people learn and work, care for and respect each other. It is a setting where students and staff spend a great deal of their time. It is a setting where education and health programmes can have their greatest impact because they influence students at such important stages in their lives – childhood and adolescence. By creating schools that are health promoting, school leaders all over the world can foster health as actively as they promote learning.

Who is this manual for?

Local Action is primarily for school administrators, teachers and community leaders. It offers school leaders the organising ideas and activities to identify health issues in their school and community and take steps, through the school, to improve health and learning. **Local Action** also provides guidance and tools for generating ideas and developing action plans.

School teams can use these tools to:

- assess their resources, local health problems and opportunities
- involve members of the school – students and staff – and community in generating ideas and developing a vision for action
- define goals and objectives, and develop action plans to carry them out
- document progress and plan for the future.

The tools included in **Local Action** can be adapted to the cultural context and the resource base of the school. They will also help school teams to find and share ideas and materials about Health-Promoting Schools around the world. Many of these good ideas are described in this manual. Some of the specific examples may be more relevant to some countries than to others. School leaders are encouraged to study the examples and adapt the recommendations and strategies to the needs, resources and mandates of their individual schools.

This manual also offers guidance to district-level staff who make decisions and take action on behalf of local schools.

What is a Health-Promoting School?

[In China,] An important shift has been the involvement of the schools with the local community on health issues. Students have helped in cleanup campaigns in their neighbourhoods. They arrange to visit older citizens, particularly those who do not have families around them, and help in community education campaigns on such health issues as nonsmoking.

— C. Hong-Ying

Jin Ling Road Primary School
Shanghai, 1996

A Health-Promoting School views “health” as physical, social and emotional well-being. It strives to build health into all aspects of life at school and in the community.

From country to country, even within different regions and communities of one country, schools have distinct strengths and needs. By building on those strengths and drawing on the imagination of students, parents, teachers and administrators, every school can find new ways to improve health and address health problems. This is the heart of the process of becoming a Health-Promoting School.

Distinguished by six key features (WHO, 1996a), a Health-Promoting School:

1. Engages health and education officials, teachers and their representative organisations, students, parents, and community leaders in efforts to promote health, with

- families and community groups involved in the school
- community services, businesses and organisations linked to the school
- school/community projects and outreach
- health promotion for school staff

2. 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

3. provides skills-based 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 information and activities appropriate to children's intellectual and emotional abilities
- training and education for teachers and parents

4. 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 that will provide services
- nutrition and food safety programmes

5. 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

6. strives to improve the health of the community by

- focusing on community health concerns
- participating in community health projects

Fundamentally, a Health-Promoting School uses its full organisational potential to promote health among students, staff, families and community members.

A Health-Promoting School starts with its own resources, whether they are many or few. In WHO regions around the world – Africa, the Americas, Southeast Asia, Europe and the Western Pacific – schools are taking the kinds of steps that build the foundations of Health-Promoting Schools. Examples of what some schools are doing are outlined in Part II: Section B: Handouts and Transparencies, What in the World is a Health-Promoting School? Examples from Around the World.

Clean houses and yards, the school grounds looking neat and tidy, and improved toilets will all contribute to a better and healthier life for the village community as a whole.

— **B. Veneo and P. Doonar**
Health Promotion Specialists
Papua New Guinea, 1996

How Health-Promoting Schools improve health and education

The time, money and resources devoted to schools are among the most important investments that people make. Creating a Health-Promoting School offers a way for everyone in the community to reap the greatest rewards from their investment in schools.

Our investments in education pay off only if children attend school.

School attendance drops when children or their family members are ill, when the school is not clean or not equipped with sanitary facilities, when parents cannot afford to send children to school, when children have to work, or when students fear violence or abuse on the way to, from or in school.

Schools can do their job only if children who attend school are capable of learning.

Children who are ill, hungry, weakened by parasitic disease, malnourished, scared, or tired are not capable of learning well. Early or unintended pregnancy as well as violence, sexually transmitted diseases, emotional difficulties and other preventable health and mental health problems can interfere with learning in older children in whom much time and effort have already been invested.

Investments in education are more likely to pay off if the school uses its potential as an organisation to promote and protect health.

Through policies, structures, practices and environment Health-Promoting Schools help ensure high yield from investments in education by addressing such basic health requirements as:

- safe water and sanitary facilities
- protection from infectious diseases
- protection from discrimination, harassment, abuse and violence
- policies and actions that aim to prevent tobacco use, alcohol and substance abuse, and sexual behaviours that are likely to result in HIV/STI (sexually transmitted infections) and unintended pregnancy
- practices that foster active, healthy nutrition and conditions that are conducive to mental health.

Everyone gains when schools promote health

Creating a Health-Promoting School means applying a new way of thinking. It means finding opportunities to develop policies, practices and structures that include health promotion in everything done by the school and community. It means working together with a strong leader, with everyone having a chance to express ideas or opinions and then agreeing to collaborate toward common goals.

The impact of Health-Promoting Schools is far-reaching.

- **Children** enjoy enhanced physical, psychological and social well-being and the ability to take full advantage of every opportunity for education. They benefit from their parents' participation in the school. Children who learn skills to maintain health when they are young are able to apply them in their adult lives and pass them along to their children.
- **Schools** benefit by having parental and community input and support. They benefit by establishing links to important services and resources in the community. Broad participation from many sectors can reinforce classroom teaching by delivering consistent messages through mass media, community organisations, families and religious groups. School staff, who experience improved morale and skills, can do their jobs more effectively and improve their own health. School and health systems can maximise the efficient use of scarce resources as well as reducing waste.
- **Parents and community members** benefit by gaining a broader knowledge base about local health problems, learning important new health information and skills, and taking part in their children's education. They gain assurance that their neighbourhood school is open to their ideas and participation.
- **Community groups and organisations** benefit by having students and teachers involved in community activities. Working in collaboration with the school can also help organisations make their services or products known or accessible. Educated and healthy people are an asset to the community as a whole.
- **Businesses** can expect better-educated and more productive employees. Joint participation by schools and businesses also gives adults a mechanism for sharing information about what jobs are available in the community and the kinds of skills young people will need to find employment.
- **The nation**, with healthier and better-educated men and women, has a stronger basis for economic development.
- **The world** makes progress in guaranteeing fundamental human rights as elaborated in numerous international health and education conventions and declarations.

Improving education for girls significantly improves their own health and that of the whole community. The single most important factor predicting a child's health is the mother's level of education. Education strengthens women's ability to create healthy households, participate in the workforce, and contribute to their country's economy. Educated girls are more productive, are healthier, have higher self-esteem, and have better decision-making and negotiation skills. They also tend to delay their first pregnancy (which usually means they will have a safer pregnancy). The more education a girl has, the more likely her children are to survive and be healthy; data from 13 African countries between 1975 and 1985 show that a 10 percent increase in female literacy rates was accompanied by a 10 percent reduction in child deaths.

— Adapted from Focus on Women, Fourth World Conference on Women
Beijing, China, 1995

Why girls' education is key to everyone's health

Improving the health of all children is key to the individual and economic well-being of communities. Improving the health of girls is particularly important. It makes a dramatic difference in their lives and the lives of others. A Chinese proverb says, "**Women hold up half the sky.**" Worldwide, however, girls do not take up half the seats in school and the unfortunate effects ripple through the community and down the years.

Some facts

- 86 million girls – 13 million more than boys – have no access to primary school education.
- About 500 million children start primary school, but more than 100 million – two-thirds of them girls – drop out before completing four years of primary school.
- Of the world's one billion illiterate adults, two-thirds are women.

But it is not only poor health that keeps girls out of school. Sexual violence, discrimination and heavy workloads keep many more girls than boys at home. In many countries, a girl is fed less than her brothers, forced to work harder, given less schooling and denied equal access to medical care. A young girl who cares for younger siblings, cleans the house, cooks food, fetches water and wood, and helps out in the fields may have little time or energy to attend school. If she does get to school, she often faces discrimination in textbooks, assigned tasks, treatment by the teacher and from her male classmates and teachers, who may mistakenly believe that boys are smarter than girls. She may also face sexual exploitation, even from teachers and staff. Girls marry earlier than boys and face greater risks of dying in adolescence and early adulthood: pregnancy-related complications are the main cause of death for 15- to 19-year-old girls worldwide.

The chance to join a worldwide health movement

At the First Conference of the European Network of Health-Promoting Schools in 1997, participants resolved that "*Every child and young person in Europe has the right, and should have the opportunity, to be educated in a Health-Promoting School*". These words echo a movement that began in the early 1990s as a joint effort of the European Regional Office of WHO, the Council of Europe and the Commission of the European Communities. It has been further promoted by WHO's Global School Health Initiative and is now felt worldwide. If your school is ready to take action to become a Health-Promoting School, you may wish to contact your Ministry of Health or Ministry of Education to determine whether your country is already involved in developing a national and/or provincial network for the development of Health-Promoting Schools.

Whether or not you can tie into an existing network, the **WHO Information Series on School Health** provides advice on how to use important health issues as entry points for developing a Health-Promoting School. Documents in the series are listed on the back cover and are available on the World Wide Web at <http://www.who.int/hpr>. **Local Action** can be used in conjunction with each of these documents. Additional WHO publications that summarise school health research and offer guidance for local programs are listed in Annex A.

Rather than being judgmental and pedagogical, we looked for an approach based on a positive concept of health. We used the formal and informal opportunities that the school offers for promoting healthy behaviour.

— S. Meresman

Project Director, Health-Generating Schools
Argentina, 1996

Creating a Health-Promoting School requires broad support. Whether you are a principal or teacher, school staff person or head of a parent group, you and your colleagues in the school may take the first steps. To be successful, however, you need a much larger group of supporters and support from the community.

The very important first step toward building support is to share ideas and examples about what a Health-Promoting School is, what it does and what it offers students, families, teachers and the community as a whole. Schools, in exchange, will benefit from hearing what the community thinks about local health issues and how the school can help address them. Start with two actions:

- **Assemble a small group of people who share an interest in promoting health and improving pupil performance.**

Include the school principal or administrator, a school board member, interested teachers, students, a parent and other local leaders, such as religious leaders, local government leaders, or people who work with youth outside the school. Making contact with people who are involved in local health programmes or broader programmes to improve the education system can help you identify opportunities to promote health. Try to include some health professionals; they can talk about the health problems and emphasise the importance of and need for health promotion in schools.

The group that you assemble may become the School Health Team, that will lead and oversee the school's health promotion efforts over time (see also Chapter 3).

- **Increase your base of support by sharing ideas about Health-Promoting Schools and examples of health-promoting activities.**

It is important to approach a range of people: formal and informal leaders, women and men and students themselves. Actions like the following will help you get started:

- Convey an understanding of the basic threats to health that affect school performance in general and how creating a Health-Promoting School can benefit students, staff and the community. Meet with community leaders to discuss the basic ideas. Part 2: Section B describes these concepts.
- Talk with parents and students to share information and get their ideas.
- Invite the general public to an informational meeting.
- Write a flyer or brochure to help sell the idea of Health-Promoting Schools.
- Use other public-education techniques such as radio, speeches and posters.
- Make formal presentations using WHO materials.
- Hold a contest to develop a local theme or slogan.
- Sponsor a street display in a busy area of the community.

As you promote the idea of the Health-Promoting School and create interest in it, you will also identify the most likely supporters. These can be strong candidates for a Community Advisory Committee (see also Chapter 3). You may encounter controversy over sensitive health issues and the role of schools in addressing them. A Community Advisory Committee that represents all sectors of the community will be helpful in reconciling conflicting perspectives.

Helping Teenage Girls in Jamaica

A school-community collaboration, the Women's Centre Programme for Adolescent Mothers, was established to help teenage girls who drop out of school because of pregnancy by facilitating their re-entry into the school system after the birth of their babies. The centre allows girls to continue their education while providing counselling, family life instruction, and contraceptive services to delay a subsequent pregnancy. Since its inception in Kingston, the centre has spread throughout Jamaica and served over 7,000 teenage girls; 3,846 of these girls returned to school and 2,209 received vocational skills training. Only 49 girls, or 1.8% of the participants, were recorded to have had a second pregnancy before graduation or employment.

In Kingston, school leaders considered all of the six key features of a Health-Promoting School:

- ENGAGE HEALTH, EDUCATION, AND COMMUNITY LEADERS ✓
- PROVIDE A SAFE, HEALTHY ENVIRONMENT (PHYSICAL AND PSYCHOSOCIAL) ✓
- PROVIDE HEALTH EDUCATION ✓
- PROVIDE ACCESS TO HEALTH SERVICES ✓
- IMPLEMENT HEALTH-PROMOTING POLICIES AND PRACTICES ✓
- IMPROVE THE HEALTH OF THE COMMUNITY ✓

Adapted from Beverly Kerr, UNFPA, personal communication.

We diagnosed the health situation of each school and its community, looking not only at problems but also at opportunities for health. We then chose a particular health theme for in-depth study, such as diet, hygiene, or accidents.

— S. Meresman

Project Director, Health-Generating Schools
Argentina, 1996

By now, you and a small group of interested people in the school and community have begun to talk and work together to explore what a Health-Promoting School is and what it can do for your community. You have found some support in the community. You may see some opportunities for action.

You are probably asking yourselves – *Where do we go from here?*

This chapter describes key tasks for a school that wants to become a Health-Promoting School. Think of them as ways to respond to questions all schools – urban or rural – must answer, whether they have many or few resources. Commonly asked questions about the local planning process, with the main tasks and tools that will help you create a Health-Promoting School, are set out below.

Who will make this happen?

- *Establishing a School Health Team*
- *Assembling a Community Advisory Committee*

Tool 1.1

Tool 1.2

How do we gather the information we need?

- *Reviewing current school health-promotion efforts*
- *Assessing community health problems, policies and resources*
- *Health-Promoting Schools: Finding opportunities for action*

Tool 2.1

Tool 2.2

Tool 2.3

How do we develop an action plan?

- *Setting goals*
- *Defining objectives*
- *Developing the action plan*

Tool 3.1

Tool 3.2

Tool 3.3

How will we know how we are doing?

- *Demonstrating progress*
- *Collecting information*

Where can we go if we have questions or need help?

- *Obtaining training and technical assistance*
- *Linking local efforts to larger initiatives*

Who will make this happen?

Whatever we do in school to promote health is mostly through the efforts of teachers and students. We have observed a great improvement in civic pride and an increase in self-respect and respect for others.

— R. Magaña

Teacher

Belize City, Belize, 1996

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

Tool 1.1

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 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 needs, solicit ideas and encourage involvement
- Delineating roles and expectations of team members as well as frequency and times for meetings
- Working with the Community Advisory Committee
- Leading or coordinating 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

Use Tool 1.1, *Establishing a School Health Team*, to identify members of the team. Ask people you are working with to propose additional members and establish selection criteria. If you like, you can 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 has 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
- leaders of teachers' representative organisations
- teachers/staff
- students
- at least one parent
- a local nurse or health care provider from the school or the community
- a food service provider
- Parent/Teacher's Association representative

Work with school officials to find the best means of identifying a team leader. Ideally the leader will be a highly esteemed staff member – perhaps the school principal or a senior staff person. In smaller schools, School Health Teams may not include all of these people, but they should always include the school principal, at least one teacher and one parent, a health care provider and students.

Improving School Facilities

In Aguablanca, an extremely poor section of urban Cali, Colombia, schools worked to create more healthful school environments. Collaborating with nongovernment organisation (NGO) workers and community members, they created sanitary facilities, school buildings, and classroom lighting in 64% of the schools. Local school leaders considered several of the six key features of Health-Promoting Schools:

- ENGAGE HEALTH, EDUCATION, AND COMMUNITY LEADERS ✓
- PROVIDE A SAFE, HEALTHY ENVIRONMENT (PHYSICAL AND PSYCHOSOCIAL) ✓
- PROVIDE HEALTH EDUCATION
- PROVIDE ACCESS TO HEALTH SERVICES
- IMPLEMENT HEALTH-PROMOTING POLICIES AND PRACTICES
- IMPROVE THE HEALTH OF THE COMMUNITY ✓

Adapted from the Curriculum and Evaluation Design for Aguablanca's Comprehensive Educational Programme, 1993. Cali, Colombia: Carvajal Foundation

Community organisations can liaise with teachers. Once fears have been broken down—teachers' fears of community leaders and vice versa—the way ahead seems clearer. Parents can also work in partnership with teachers and break down fears and barriers of other parents.

— A. Murray

Killnarden Parents' Group
Ireland

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 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 organisations 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.

Use **Tool 1.2, *Assembling a Community Advisory Committee***, to create a list of candidates for the committee. Look for dedicated people who are:

- flexible and can adapt to new situations
- recognised for their interest in and experience with children and adolescents, education, or public health
- knowledgeable about the community
- capable of mobilising support.

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, organising groups, raising money, or public speaking. Then invite your candidates to be members of the committee. Ideally, the committee will be made up of interested individuals who will mobilise their experience, resources and constituencies to rally support for building a Health-Promoting School.

Think about including people who represent:

- health care (nurses, clinic workers, physicians, public health staff)
- families and youth
- labour/trade unions
- women's groups
- early childhood education
- municipal or local government
- recreation
- arts and crafts
- banking
- sanitation/public works
- law enforcement
- local businesses
- transportation
- NGOs, charities, development organisations

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. Whether in combination with the School Health Team or as a separate group, community advisors should include those people best able to advise and provide support to the school.

○ *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. You may want to modify the model charter that is on the inside front cover of this manual. 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. Each in its own way, the team and the committee can encourage communication among community and school representatives and with local, district/provincial, regional and national leaders.

Children Solving Problems: Participatory Epidemiology in Bolivia

Bolivian students aged 8–12 are often caretakers for their younger brothers and sisters. To develop their understanding of health issues, third-grade teachers asked students to make a calendar and record for 30 days the health of a sibling, cousin, or neighbour who was under five years old. If the child was well, they drew a smiling face. If the child was ill, they drew a frown and wrote underneath why the child was ill.

At the end of 30 days, the teacher reviewed the calendars, analyzed the information, and invited district personnel into the classroom to discuss ways in which older children, families, and schools could respond. These activities built children's skills in gathering information and applying math and reasoning skills, as well as their perception of themselves as active participants in their family's health status.

In Bolivia, local school leaders considered several of the six key features of Health-Promoting Schools:

- ENGAGE HEALTH, EDUCATION, AND COMMUNITY LEADERS ✓
- PROVIDE A SAFE, HEALTHY ENVIRONMENT (PHYSICAL AND PSYCHOSOCIAL)
- PROVIDE HEALTH EDUCATION ✓
- PROVIDE ACCESS TO HEALTH SERVICES ✓
- IMPLEMENT HEALTH-PROMOTING POLICIES AND PRACTICES
- IMPROVE THE HEALTH OF THE COMMUNITY ✓

From personal communication, Ann Fitzgerald, Health Education Program for Grades 3, 4, 5
Ministry of Education, Bolivia, 1998

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 mobilise?

As you answer these questions, you will gather the information you need to set your priorities for action.

Reviewing current school health-promotion efforts

Tool 2.1

Use **Tool 2.1, Reviewing current school health-promotion efforts**, to 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 has not worked. Find out if there are other Health-Promoting Schools in the area and share experience and information.

Use **Tool 2.2**, *Assessing community health problems, policies and resources*, to gather information and create a portrait of your school and community.

○ *Assessing community health problems*

While health problems can vary widely from place to place, there are major health problems found in many diverse communities throughout the world.

These major health problems, threatening the well-being of young people, their ability to stay in school and their health in later life, include:

- abuse of alcohol and other substances
- helminth (worm) infections
- HIV/AIDS and STI
- immunisable diseases
- malaria
- mental health issues, including such stresses as living in a war zone, being homeless, overwork, hunger, abuse or molestation
- micronutrient deficiencies (iron, iodine, vitamin A)
- oral health problems
- protein energy malnutrition
- respiratory infections
- sanitation inadequacies
- tobacco use
- unintended pregnancies
- unsafe water
- violence and injury (including sexual violence and workplace injuries)
- vision and hearing problems

Furthermore, there are health issues some communities can address through schools to have a broad impact on health and well-being across the community. Examples of priority issues include:

- attitudes toward people with disabilities or disadvantages
- threats to food supplies through soil degradation or pollution
- lack of mental stimulation for babies or young children
- deaths and ill health due to feeding practices of under-two year olds, including low rates of breastfeeding and dangerous weaning practices

Use **Tool 2.2** to collect information about health in your community. Go to sources of information 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.

O *Assessing current laws 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 and policies affect health. For example, review any existing policies on:

- school attendance requirements
- equal access to school for girls and boys
- child work/labour laws
- vaccination requirements
- maternity leave for teachers and staff
- pregnant girls attending school
- sexual harassment and exploitation
- women in school, the workplace, or public life
- AIDS policies in the school
- access to 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:

Students in terms of

- Health and well-being
- Safety
- Conduct
- Absenteeism
- Access to school
- Participation in class
- Repetition of academic years
- Learning and academic performance

Teachers and staff in terms of

- Health and well-being
- Safety
- Absenteeism
- Job satisfaction and staff turnover
- Morale
- Participation in community life
- Quality of teaching

Community in terms of

- Health and well-being of individuals and families
- Economic vitality and employment
- Safety
- Transmission of disease
- Health, law enforcement and social services
- Opportunities for civic participation

Children Versus Mosquitoes

Mosquitoes that transmit dengue thrive in rubbish dumps. So leaders at the Lawrence T. Gay Memorial Primary School in St. Michael, Barbados, set this goal: Reduce the amount of garbage left for daily collection. Adopting the theme "Reduce, Recycle, and Reuse", the school set apart plastics, paper, and noncombustibles. Combustible materials were incinerated and the ashes were applied to the garden beds as fertiliser. Plastic drink bottles were reused as vases, aquaria, candle holders in the crafts programme, and funnels in the school garden.

Students assumed the role of health inspector, searching their surroundings and looking for mosquito-breeding places, collecting larvae for study, informing the local authorities, and eliminating breeding sites. Parents reported that their children had taught them some new habits at home. District public health inspectors arranged visits to the local neighbourhood. They gave the students firsthand knowledge of healthy practices and instructed the janitor and school-meals staff about vector control and safe food-handling methods. In addition, the school integrated health concepts and strategies with social studies, mathematics, and agricultural science, and encouraged pupils to express themselves through art, poetry, composition, and craft.

In St. Michael, local school leaders considered all of the six key features of Health-Promoting Schools:

- ENGAGE HEALTH, EDUCATION, AND COMMUNITY LEADERS ✓
- PROVIDE A SAFE, HEALTHY ENVIRONMENT (PHYSICAL AND PSYCHOSOCIAL) ✓
- PROVIDE HEALTH EDUCATION ✓
- PROVIDE ACCESS TO HEALTH SERVICES ✓
- IMPLEMENT HEALTH-PROMOTING POLICIES AND PRACTICES ✓
- IMPROVE THE HEALTH OF THE COMMUNITY ✓

Adapted from V. Beckles, 1996

Pupils now take the initiative in self-care. They have a better sense of being healthy and of what health is all about. They even inspect each other for traces of dirt on their hands, face, teeth, hair, and clothing.

— R. Santos

Department of Health
The Republic of the Philippines, 1996

○ 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

Use **Tool 2.3**, *Health-Promoting Schools: Finding opportunities for action*, to apply what you learned about your community and to generate ideas about what you can do to address problems.

Keep in mind that few communities have the resources to build programmes that include all characteristics described in **Tool 2.3**. A Health-Promoting School can demonstrate its dedication to the dual goals of health and learning by reorganising the use of current resources, reconsidering priorities and linking programmes that have traditionally been separate. Communities can take small steps within each of the six key features: taken together, these steps will help reach larger goals. Combinations of strategies, targeting a few common goals, 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, think also about recruiting people and adapting programmes, materials and skills for new efforts. Review **Tool 1.2**, *Assembling a Community Advisory Committee*, to see what resources – besides the candidates themselves – the categories suggest to you.

Working Together in China

In Shanghai, China, the Jin Ling Road Primary School and community authorities worked together to improve health. The school drew up a set of health-behaviour standards for pupils that are closely monitored by teachers: correct posture for reading and writing, carrying a handkerchief, washing hands before eating, and a prohibition against dropping litter and spitting. The school's health standards included social and personal behaviour, such as cultivating a wide range of interests, taking part in social activities, and showing friendliness toward other pupils. The school encouraged health standards at home: boiling drinking water and having adequate light for reading (which is very important in locales where eyesight problems among children are common). Schoolchildren also worked on improving sanitation and the physical environment by extending the school's "green belt".

Neighbourhood authorities reinforced the importance of these standards with parents. An event called "parents' school", held once a year for the past four years, provides information about eye care, diet, child psychology, and other health issues.

Local school leaders considered all of the six key features of Health-Promoting Schools:

- ENGAGE HEALTH, EDUCATION, AND COMMUNITY LEADERS ✓
- PROVIDE A SAFE, HEALTHY ENVIRONMENT (PHYSICAL AND PSYCHOSOCIAL) ✓
- PROVIDE HEALTH EDUCATION ✓
- PROVIDE ACCESS TO HEALTH SERVICES ✓
- IMPLEMENT HEALTH-PROMOTING POLICIES AND PRACTICES ✓
- IMPROVE THE HEALTH OF THE COMMUNITY ✓

Adapted from C. Hong-Ying, 1996

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 and how will it do so? The development of an Action Plan (goals, objectives and steps) will help you answer these questions.

Setting goals

Tool 3.1

Given the information you have collected, what have you learned about opportunities to create health and which do you want to work on first? If you are successful, what will our school and community look like in one year? In three years?

Gather key people in the school and community, including members of the Community Advisory Committee, for brainstorming sessions on these issues. Use **Tool 3.1, Setting goals** to focus your discussion and record the results.

Try to narrow your list of possibilities or goals by focusing on issues that the community would agree are important.

Short- and Long-Term Plans in Papua New Guinea

When the Gomore Community School in Papua New Guinea was designated a Health-Promoting School, the board of management, teachers, children, and members of the community took a new look at the school curriculum and its contribution to the village. School leaders tackled the most important health issues affecting the school and community. To improve the standard of toilets, they asked parents and youth groups to dig pits. Donors provided lumber, cement, and other materials. Finance came from parents, the provincial government, and the local community. Teachers set health rules for children and inspected them daily for general cleanliness, oral hygiene, proper treatment for cuts and sores, and other health needs. Next they planted and maintained a garden to improve nutrition for the children and raise money. Parents, teachers, youth, and the women's fellowship created and looked after the garden and started an information campaign, including signboards, in the community. Future plans include planting more trees for shade, growing grass on the school grounds, planting flower gardens, and placing carving and playground equipment around the school.

In Papua New Guinea, local school leaders considered several of the six key features of a Health-Promoting School:

- ENGAGE HEALTH, EDUCATION, AND COMMUNITY LEADERS ✓
- PROVIDE A SAFE, HEALTHY ENVIRONMENT (PHYSICAL AND PSYCHOSOCIAL) ✓
- PROVIDE HEALTH EDUCATION
- PROVIDE ACCESS TO HEALTH SERVICES
- IMPLEMENT HEALTH-PROMOTING POLICIES AND PRACTICES ✓
- IMPROVE THE HEALTH OF THE COMMUNITY ✓

Adapted from B. Veneo and P. Doonar, 1996

Objectives are actions to be taken to achieve your goal. They should be specific and measurable.

Start with one goal that you selected with **Tool 3.1**. Write the goal at the top of **Tool 3.2, Defining objectives**. Use blank copies of this tool to set objectives for each goal.

To determine your objectives, look at **Tool 2.3**. How can the key features of a Health-Promoting School help you set objectives to reach your goal? Consider the **Opportunities** and **Actions** of each key feature and discuss ideas they suggest and the people who might be involved. Discuss existing programmes and resources that might contribute to achieving your goal (see **Tool 2.1**), policies that might help or need to be modified, and community resources that might be sought and employed (see **Tool 2.2**). Do they suggest objectives that can lead to your goal?

Although you may be able to take action towards only one or two goals, each goal you successfully reach (a school feeding programme, improved latrines/toilets, treatment of parasitic diseases) can produce convincing examples that change is possible and encourage further action.

Tanzania: Health and Sanitation through Schools

The HESAWA (Health through Sanitation and Water) School Health and Sanitation Package, a community mobilisation project, took a three-step approach to improving health and sanitation through schools:

- (1) screening schoolchildren to identify their main health problems (a survey conducted by senior students);*
- (2) calling a meeting with parents to analyse problems and identify underlying causes; and*
- (3) agreeing on actions to be taken collectively and individually.*

The programme made more sanitary facilities available (latrines, dish racks, refuse pits, and bathrooms) and promoted the use of locally available materials. Community members also worked together to find solutions and to prevent health problems. The programme was sponsored by the United Republic of Tanzania and the Swedish International Development Authority.

In Tanzania, local school leaders considered several of the six key features of a Health-Promoting School:

- ENGAGE HEALTH, EDUCATION, AND COMMUNITY LEADERS ✓
- PROVIDE A SAFE, HEALTHY ENVIRONMENT (PHYSICAL AND PSYCHOSOCIAL) ✓
- PROVIDE HEALTH EDUCATION
- PROVIDE ACCESS TO HEALTH SERVICES
- IMPLEMENT HEALTH-PROMOTING POLICIES AND PRACTICES ✓
- IMPROVE THE HEALTH OF THE COMMUNITY ✓

Adapted from E. S. Mwashu, undated

Use **Tool 3.3, *Developing the action plan***, to become more specific. For each objective, ask what steps you need to carry out. Which steps will you take in Year 1, in Year 2, in Year 3? Are there other goals, with their own objectives? Should they 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 steps in Year 1? Try to match people's skills and experience with the steps. Perhaps members of the Community Advisory Committee can help with specific steps. 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.

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. Many health promotion initiatives can be funded from current budgets and built into ongoing staff responsibilities. Others may 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)
- fundraising projects/days that bring everyone together to raise funds for a selected project
- income-generating activities in the school, making and selling of healthy meals
- partnerships with private enterprises
- international agencies (for example, technical resources and seed money)
- volunteers to donate time, skills and energy

Holy Redeemer Upper School does not have all the resources necessary to provide [a broad health programme] to our children, but the tools we do have are time, motivation, and dedication.

— **R. Magaña**

Teacher

Belize City, Belize, 1996

How will we know how we are doing?

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, publicise, and celebrate your school's achievements
- show others the process your team used so that others can learn from your experiences

Demonstrating progress

The School Health Team can collect **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 learned?

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 an NGO might have useful resources or be willing to help (see also Chapter 4).

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

Note: Someone on the team who is good at recording information needs to oversee the job of monitoring. The assigned monitor should involve others in the process.

Improving Mental Health in Rawalpindi, Pakistan

Focusing on mental health, students work together to promote their own health as well as the health of their families and communities. The programme is reinforced through the use of slogans, essay and speech contests, mental health committees, parent-teacher associations, and managerial training workshops for district education officers. Programme evaluation indicates improved grades, increased attendance, fewer dropouts, and increased general and mental health case referrals.

In Rawalpindi, local school leaders considered all of the six key features of a Health-Promoting School:

- ENGAGE HEALTH, EDUCATION, AND COMMUNITY LEADERS ✓
- PROVIDE A SAFE, HEALTHY ENVIRONMENT (PHYSICAL AND PSYCHOSOCIAL) ✓
- PROVIDE HEALTH EDUCATION ✓
- PROVIDE ACCESS TO HEALTH SERVICES ✓
- IMPLEMENT HEALTH-PROMOTING POLICIES AND PRACTICES ✓
- IMPROVE THE HEALTH OF THE COMMUNITY ✓

Adapted from M. H. Mubbasher, T. Y. Sasraf, S. Afghan, and N. N. Wig, 1989

Where can we go if we have questions or need help?

Obtaining training and technical assistance

You can find additional resources beyond the local community to support your work in creating Health-Promoting Schools (see also Chapter 4 and Chapter 5). 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 United Nations (UN) agencies that have resources to contribute to your effort. 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 Center, Inc., in the United States, the WHO Collaborating Centre for Promoting Health through Schools and Communities (<http://www2.edc.org/hhd/index.html>). The WHO Global School Health Initiative website — <http://www.who.ch/hpr> — provides information about Health-Promoting Schools and links to other Internet resources 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, 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 they have learned. For other staff, for parents and community members, training provides a common language and shared concepts, and can help build a larger working group.

Linking local efforts to larger initiatives

Professionals, practitioners, parents and youth who 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 (see Chapter 4). WHO is supporting the development of global and regional networks to disseminate information and develop support for the establishment of Health-Promoting Schools (see Chapter 5).

WHO's Healthy Cities Programme and Healthy Islands 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 levels support local efforts and provide incentives. In the WHO Western Pacific Region, for example, national or district-level departments publicly recognise 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 if such incentives are available in your region. If not, consider creating them, as they provide a kind of recognition that helps keep people striving for measurable results.

Health education that leads to good health practices should be everyone's business.

— V. Beckles —

Teacher, Barbados, 1996

If you work at the district level, you can support local efforts in important ways. Within your own agency, you can mobilise 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 (see also Chapter 5). 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 organising 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
- 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 fertilisation” so that schools can learn from one another
- support professional development by providing or organising in-service training, locally or regionally
- provide consultative support to participating schools
- include local schools in a district-wide network
- organise 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 organise a district/national evaluation
- provide evaluation support and expertise
- ensure that all local projects are monitored

Focusing Resources on Effective School Health (FRESH)

Support for the development of Child Friendly
and Health-Promoting Schools

Education and health support and enhance each other. Neither is possible alone. Together, they serve as the foundation for a better world.

World Health Organization

At the World Education Forum in Dakar, Senegal, April 2000, WHO, UNICEF, UNESCO and the World Bank proposed to work together to Focus Resources on Effective School Health (**FRESH**). In doing so, they are helping schools become "Child Friendly Schools", i.e., schools that provide a learning environment that is friendly and welcoming to children, healthy for children, effective with children and protective of children. The implementation of an effective school health and nutrition programme is an important step towards creating a child friendly and health promoting school.

Positive experiences by WHO, UNICEF, UNESCO and the World Bank suggest that education and health workers, teachers, students, parents and community members should work together to implement effective school health and nutrition programmes consisting of at least four core components:

1. Health-related school policies
2. Water and sanitation as first steps in creating safe and protective physical and psychosocial environment
3. Skills-based health education focusing on knowledge, attitudes, values and life skills needed to make and act on positive health-related decisions, and
4. Access to or linkages to health and nutrition services.

These four components should be made available together, in all schools. They are a starting point for developing effective school health programmes as a component in broader efforts to develop Child Friendly Schools

WHO strengthens school health programmes through a variety of Departments, Regional Offices and Initiatives. WHO's Global School Health Initiative has four strategies to foster the development of Health-Promoting Schools.

- Research: Evaluation research and expert opinion is analyzed and consolidated to describe the nature and effectiveness of school health programmes.
- Building capacity to advocate: Research findings are jointly published with other UN agencies and partners to help people advocate for improved school health programmes
- Strengthening national capacities: Collaboration between health and education agencies is fostered and countries are helped to implement programmes that can improve health through schools.
- Creating networks and alliances: Networks for the development of health-promoting schools are initiated. Global alliances are formed, such as the alliance with Education International (EI), to enable teachers' unions worldwide to improve health through schools and with United Nations Agencies such as UNAIDS and UNESCO.

Part II: Tools to Use and Handouts/Transparencies

Section A. Tools to Use

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Tool 1.1

Establishing a School Health Team

Directions: Write down the names of possible members in each section. Discuss as a group what each candidate offers in terms of potential interest in promoting health through the schools, openness to adapting and expanding his or her role in the school, specific skills, and influence in or outside the school community. Work with school officials in deciding how to select team members, ensuring that there is a balance of men and women, boys and girls, and if relevant, ethnic diversity. Use the last column to indicate with a check mark (✓) who is selected to join the team.

SECTOR	NAMES	SKILLS/INTERESTS	DECISION
ADMINISTRATORS			
	Headmaster		
	Principal		
TEACHERS			
	Classroom teachers (mainly primary schools)		
	Subject teachers (mainly secondary schools)		
	Science, health education, mathematics, physical education, language arts, history, geography		
	Teachers' representatives and organisations		
	Others		
HEALTH CARE			
	Physicians		
	Nurses		
	Clinic workers		
	Others		
STAFF			
	Counsellors		
	Caretakers		
	Food handlers		
	Drivers		
	Others		
STUDENTS			
PARENTS/FAMILY MEMBERS			
OTHERS			

Tool 1.2 Assembling a Community Advisory Committee

Directions: Write down the names of possible members in each section. Discuss as a group what each candidate offers in terms of potential interest in promoting health through schools, connections and influence in the community, and skills. Work with school officials in deciding how to select team members, ensuring that there is a balance of men and women and, if relevant, ethnic diversity. Use the last column to indicate with a check mark (✓) who is selected to join the committee.

SECTORS	NAMES	SKILLS / INTERESTS	DECISION
HEALTH CARE			
Physicians			
Dentists			
Nurses			
Health educators			
Family planning staff			
Mental health staff			
Social service staff			
Public health staff			
Clinic workers			
Infant health workers			
Reproductive health workers			
HIV/STD prevention workers			
Drug and alcohol prevention workers			
Helminth prevention workers			
FAMILY AND YOUTH GROUPS			
Parents' groups			
Women's groups			
Social groups			
Religious groups			

Tool 1.2 Assembling A Community Advisory Committee

Directions: Write down the names of possible members in each section. Discuss as a group what each candidate offers in terms of potential interest in promoting health through schools, connections and influence in the community, and skills. Work with school officials in deciding how to select team members, ensuring that there is a balance of men and women and, if relevant, ethnic diversity. Use the last column to indicate with a check mark (✓) who is selected to join the committee.

SECTORS	NAMES	SKILLS/INTERESTS	DECISION
Social services			
Relevant NGOs			
EARLY CHILDHOOD EDUCATION			
Informal groups			
Childcare programmes			
Pre-school programmes			
VILLAGE OR MUNICIPAL GOVERNMENT			
Senior officials			
Housing programmes staff			
Youth programmes staff			
Sanitation/public works staff			
Recreation staff			
Law enforcement/Police			
Transportation staff			
LOCAL BUSINESSES			
Health insurance Workers			
Media representatives			
Street vendors			
Private enterprises (particularly targeting youth)			

Reviewing current school health-promotion efforts

Tool 2.1

Directions: This tool is designed to help schools assess current efforts that can be the foundation for new efforts. The four headings express principles that underlie the creation of health. For each section, fill in examples from your school.

Caring for themselves and others . . . Most schools already provide opportunities for students and school staff to care for themselves and others. List examples of current efforts:

Making decisions and taking control of circumstances that affect health . . . Most schools already engage students and school staff in making decisions and taking control of circumstances that affect health. Examples of current efforts:

Creating social conditions that enable people to be healthy . . . Most schools already involve students and school staff in fostering conditions in society that promote the health of all its members. Examples of current efforts:

Improving students' understanding of health knowledge and skills and how to apply them . . . Most schools already work to strengthen students' and school staff health knowledge and skills and how to apply them. Examples of current efforts:

Assessing community health problems, policies and resources

Tool 2.2

Directions: Based on your knowledge of health problems, use the list below to note those that are common in your community. Circle a number to indicate how serious each condition is:

- | | |
|----------------------------|----------------------------|
| 1 = not a problem | 3 = somewhat of a problem |
| 2 = a fairly small problem | 4 = a serious problem |
| | 5 = a very serious problem |

Then describe ways in which each problem affects students, teachers/staff, and the community in terms of health and well-being, absenteeism, academic performance, repetition of grade levels, economic vitality, quality of teaching, and burden on health services.

A. Health Problems

Health problems	How serious	Effect on students, teachers, school, and community
Alcohol and other substances	1 2 3 4 5	
Immunisable diseases	1 2 3 4 5	
Injuries	1 2 3 4 5	
Helminth (worm) infections	1 2 3 4 5	
HIV/AIDS and STI	1 2 3 4 5	
Malaria	1 2 3 4 5	
Mental health problems	1 2 3 4 5	
Micronutrient deficiency	1 2 3 4 5	
Oral health problems	1 2 3 4 5	
Protein energy malnutrition	1 2 3 4 5	
Respiratory infections	1 2 3 4 5	
Sanitation	1 2 3 4 5	
Tobacco	1 2 3 4 5	
Unintended pregnancies	1 2 3 4 5	
Unsafe water	1 2 3 4 5	
Violence	1 2 3 4 5	
Vision and hearing problems	1 2 3 4 5	
Other _____	1 2 3 4 5	
	1 2 3 4 5	

Assessing community health problems, policies and resources

Tool 2.2 (continued)

Directions: Use the list below to note any policies—or lack of policies—that affect the health of students, teachers/staff, and community. Consider those that concern school attendance; equal access to school for girls and boys; child work; maternity leave for teachers and staff; sexual harassment and exploitation; women in school, the workplace, or public life; AIDS policies in the school; violence; alcohol, tobacco, and other drug use, production, marketing, and distribution. Also think about how actual practice, as opposed to official policy, has an effect on health.

B. Policies

Policies	Effect of policy <i>and</i> practice on students, teachers, school and community
National policies	
_____	_____
_____	_____
_____	_____
District policies	
_____	_____
_____	_____
_____	_____
Local policies	
_____	_____
_____	_____
_____	_____
School policies	
_____	_____
_____	_____
_____	_____

Assessing community health problems, policies and resources

Tool 2.2(continued)

Directions: List community resources that support health and people who might be interested in working with the local schools.

C. Community Resources

Community resources	Name of contact person
---------------------	------------------------

Clinics, hospitals, health care providers	
---	--

_____	_____
_____	_____
_____	_____
_____	_____

Infant health, child nutrition, family planning, HIV prevention, other public health programmes	
---	--

_____	_____
_____	_____
_____	_____
_____	_____

Parent education, parent health promotion projects	
--	--

_____	_____
_____	_____
_____	_____
_____	_____

National health promotion efforts	
-----------------------------------	--

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

NGOs, international projects	
------------------------------	--

_____	_____
_____	_____
_____	_____

Tool 2.2 (continued)

Assessing community health problems, policies and resources – *An Illustration*

If you were in a community like St. Michael, Barbados, where the Lawrence T. Gay Memorial Primary School was seriously affected by dengue fever, you might use Tool 2.2 in this way.

A. Health Problems

Health problems	How serious	Effect on students, teachers, school, and community
School/community-based injuries	1 2 3 4 5	
HIV/AIDS and STI	1 2 3 4 5	
Violence	1 2 3 4 5	
Unintended pregnancies	1 2 3 4 5	
Alcohol, tobacco, and other drugs	1 2 3 4 5	
Helminth (worm) infections	1 2 3 4 5	
Micronutrient deficiency	1 2 3 4 5	
Protein energy malnutrition	1 2 3 4 5	
Unsafe/inadequate sanitation/water	1 2 3 4 5	<i>Allows bacteria to breed</i>
Poor oral health	1 2 3 4 5	
Vision and hearing problems	1 2 3 4 5	
Malaria	1 2 3 4 5	
Respiratory infection	1 2 3 4 5	
Mental health problems	1 2 3 4 5	
Other _____	1 2 3 4 5	<i>Debilitates children, staff</i>

B. Policies

School policies

Lack of a school policy on garbage separation and incineration

Effect

- *Increases illness and absenteeism (through dengue fever) for students, teachers, and staff*
- *Affects quality of teaching*
- *Drains health care resources*
- *Decreases productivity in workplaces throughout the community*

C. Resources

Clinic, hospital	<input type="checkbox"/>
Public health inspector	<input checked="" type="checkbox"/>
Parent educators	<input checked="" type="checkbox"/>
National health promotion effort	<input type="checkbox"/>
NGOs, international projects	<input type="checkbox"/>

Tool 2.3

Health-Promoting Schools: Finding opportunities for action*

Directions: Schools create health in a variety of ways. Below is a list of Opportunities and Actions based on the six key features of a Health-Promoting School. Use it to stimulate your thinking about the best ways to achieve your goals. Those that are relevant can be developed into Objectives. Depending on your goals some of the Opportunities and Actions will be relevant for your school; some may not be.

Key Feature 1 A Health-Promoting School Engages Health, Education And Community Leaders

Opportunity We encourage family and community involvement in the life of the school.

- Action**
- Families are involved in making decisions about health-promoting activities.
 - Our curriculum contains health-related activities that involve children working with their families.
 - Local groups with an interest in child and adolescent health and health organisations providing services in the community participate collaboratively in school activities.

Other:

Opportunity We make efforts to build links with the community.

- Action**
- Students and teachers participate in local events (cultural, sports, festivals) on a regular basis.
 - The school informs the local community about its health initiatives through local media, school open days, and students providing "health-promoting school" displays at community functions.

Other:

** Adapted from WHO, Health-Promoting Schools: Regional Guidelines. Development of Health-Promoting Schools, a Framework for Action. Developed by the Regional Office for the Western Pacific, 1996.*

Key Feature 2

A Health-Promoting School Provides A Safe, Healthy Environment (Physical and Psychosocial)

Opportunity We provide sufficient sanitation and water.

- Action** There are enough toilets/latrines for males and females
 Safe, clean water is available for drinking and handwashing
 There is enough water for washing facilities and sanitation
- Other:**

Opportunity We uphold practices that promote a sustainable environment.

- Action** We recycle renewable resources such as paper, glass and aluminium
 We discourage the use of disposable plastic containers
- Other:**

Opportunity Students are encouraged to take care of the school facilities.

- Action** We have an adequate garbage disposal system
 Students take part in beautifying the school: painting, planting, cleaning up the school grounds
- Other:**

Opportunity We create safe physical surroundings and reduce hazards in and near the school

- Action** Removing breakable glass in doors, concrete/asphalt under playground equipment, and holes/ruts on playing fields
 Maintaining playground equipment in good repair and safe laboratories for sciences
 Adding safety features and protection equipment as necessary
- Other:**

Opportunity We enrich learning by making the physical conditions the best they can be

- Action**
- There is adequate ventilation in all school areas where students gather
 - Basic shade or heating is available
 - Care is taken to reduce noise disturbance
 - We identify existing standards and, with local authorities, we explore ways of obtaining resources to meet those standards
 - Physical features support learning (lighting, seating, furniture)

Other:

Opportunity We support the emotional health and social needs of students and staff (WHO, 1996g)

- Action**
- The school supports and values the development of children's creativity as well as academic abilities
 - The educational activities provided correspond to the realities of children's lives
 - Teachers do not use harsh discipline or corporal punishment; they are supportive of and respectful toward students
 - Students take part in the school decision-making process
 - Students are active participants in their learning
 - Students and teachers learn to recognise signs of possible emotional strain and discuss ways of being aware of, calling attention to and providing support for people suffering emotional strain
 - The school provides an atmosphere of "informal care" that allows staff members to work and meet in a respectful, positive way (Dutch Center for Health Promotion and Health Education, 1995)

Other:

Opportunity We create a nurturing climate of care, trust, and friendliness that encourages student attendance and involvement.

- Action**
- The school actively discourages physical and verbal abuse and violence, among students and staff and toward one another
 - The school promotes equal respect for men and women, boys and girls, and for people with different ethnic backgrounds and sexual orientations

Other:

Opportunity We provide support and assistance to students who are at a disadvantage compared to their classmates

- Action**
- We recognise that some students have special needs, and we work to provide appropriate facilities, learning aides, and programmes to students with disabilities or other disadvantages
 - We respect students who are disabled and integrate them into all aspects of school life

Other:

Opportunity We value all our students and respect their differences.

- Action**
- The school provides opportunities to celebrate cultural, religious, and tribal diversity through food, costume, dance, craft, displays, festivals, and exhibitions
 - The curriculum provides opportunities for students to learn about cultural, religious, racial, and other forms of diversity
 - The school promotes tolerance and equality between boys and girls and between children of different ethnic, religious and social groups (WHO 1996g)

Other:

Key Feature 3

A Health-Promoting School Provides Skills-based Health Education

Opportunity Our curriculum approaches health issues in a coherent and holistic way.

- Action**
- The curriculum is interesting, engaging and relevant
 - It places an emphasis on student participation
 - It reflects issues that students can relate to in their own communities, draws on students' experience and supports their routine health-care management
 - It provides developmentally appropriate learning experiences for children
 - Sufficient time each week is allocated to health in the overall curriculum
 - It advocates teaching methodologies that encourage children to work together in activities that help them to acquire understanding and that provide opportunities for them to take action

Other:

Opportunity Our curriculum is designed to improve students' understanding and practice.

- Action**
- Students gain a basic understanding, relevant to their age and culture, of nutrition; disease prevention and hygiene; physical activity; safety; emotional health; oral health; sexuality (including HIV/AIDS); alcohol, tobacco and other substance abuse prevention; and environmental health issues
 - Students have opportunities to learn and practice life skills in problem solving, decision-making, effective communication, interpersonal relationships, coping with stress and critical thinking
 - Students have opportunities to practice resistance and refusal skills to use in avoiding alcohol, tobacco and other substance abuse and unwanted sexual activity

Other:

Opportunity Our teachers are adequately prepared to play a role in Health-Promoting Schools.

- Action** Preservice and inservice training programmes on health promotion are provided to teachers
- Teachers and staff are supported, on an ongoing basis, with information about the availability of health resources and skill building to help promote and use these resources

Other:

Key Feature 4

A Health-Promoting School Provides Access To Health Services

Opportunity We make basic health services available to students and staff.

- Action** We actively seek immunisation for students
- Health screening is provided: vision, hearing, dental
- Health records on children's health status are kept by the relevant authorities
- We have a first aid kit and provide training in its use
- Counselling and support services are available for socially and emotionally distressed students and those with medical problems

Other:

Opportunity Local health services contribute to our school's health program

- Action** There is consultation between health-service personnel and teachers about the design and implementation of a health-related curriculum
- Health-service personnel complement the work of teachers by participating in delivering relevant aspects of the curriculum
- Health-service agencies provide training programmes for teachers on specific topics
- Local health services support schools in explaining and implementing local health campaigns

Other:

Key Feature 5 A Health-Promoting School Implements Health-Promoting Policies And Practices

Opportunity Our school ensures that girls and boys have equal access to school resources.

Action We have reviewed customs and practices about play space, equipment, teacher time and other resources and, where necessary, have taken action to make the school equitable

Other:

Opportunity We have a policy on healthy food.

Action Healthy, locally grown food is available
 Teachers act as role models by eating healthy food in school
 Healthy food choices are made available at school social events
 We comply with food safety standards

Other:

Key Feature 6

A Health-Promoting School Improves The Health Of The Community

Opportunity We provide a safe environment for the school community.

- Action**
- Teachers and students are respected and have a voice in the policies and practices of the school
 - Girls are protected from sexual exploitation
 - All students are protected from sexual harassment
 - We undertake periodic safety audits of all buildings and equipment and repair them as needed
 - With the local community, we take action to minimise local traffic hazards (related to traffic and drug dealing)
 - We put procedures in place to see that students are protected from unwanted visitors in school
 - In selecting new play and sporting equipment, we take safety into account and ensure that guidelines for use are in place
 - We have a plan for responding when students are injured on school property

Other:

Opportunity We attend to the educational needs of parents in order to influence the well-being of students.

- Action**
- The school provides parents, where appropriate, with specific educational services (literacy education, parenting skills, prevention education for HIV/STI, violence, etc.)
 - The school informs parents about the health and social issues their children are learning about in school so parents can support these efforts
 - The school serves as a link to services that are available in the community

Other:

Opportunity Other key stakeholders also have the chance to gain skills needed in health-promoting schools

Action Training sessions are made available for parents, key health and education personnel of relevant agencies, and local community members to expand their role in school health

Other:

Opportunity We have a safety plan for natural or other disasters

Action Teachers and administrators are trained in relevant procedures
 Students and school staff practice emergency responses

Other:

Opportunity We have policies on a variety of other health-related issues.

Action sun protection
 health screening
 school closure in event of emergency
 HIV/AIDS and STI education and related discrimination
 tobacco use
 weapons in school
 kinds of food served in school
 nondiscrimination
 control of helminth and other parasites
 nutrition

Other:

Tool 3.1

Setting goals

Directions: This tool is designed to assist you in using the information you have collected using **Tool 2.1** and **Tool 2.2** to clearly describe **issues that could be addressed** (for example: *sanitary facilities are insufficient; the level of violence and verbal abuse in the school is high*) and to set **goals** that you are likely to achieve (for example: *Provide sufficient sanitary facilities; reduce levels of violence and verbal abuse*)

List issues that have emerged as important. If it is helpful, make notes.

You may not have sufficient resources to address all of the issues listed. To narrow down the list and establish practical goals for your programme, discuss which issues the community most wants to address, which issues have the most significant impact on health and education, which issues the School Health Team and Community Advisory Committee are most eager to address? Discuss which issues can realistically be addressed given the resources available to the school and community? Are there other considerations to take into account?

Based on your discussion, identify 2 - 3 issues and write these below as goals for your programme.

Goal

Goal

Goal

Note: For many health problems, scientists and practitioners have identified the most effective prevention and treatment measures. Your programme might be strengthened by drawing on these findings. Many WHO publications summarise school health research and offer guidance for local programmes (see Annex B).

Tool 3.2

Defining objectives

Directions: Objectives are actions to be taken to achieve your goal. They should be specific and measurable. This tool is designed to help you identify objectives. Start with one goal that you selected with **Tool 3.1**. Use the blank copies of this tool following this page to set objectives for each goal. How can you draw on the key features of a Health-Promoting School to meet these goals more effectively? Look back at the examples and the Opportunities for Action that you identified in **Tool 2.3**. These can be thought of as objectives that you could set to meet your goals.

Bear in mind existing programmes and resources that might contribute to achieving your goal (see **Tool 2.1**), policies that might help or need to be modified, and community resources that might be sought and employed (see **Tool 2.2**). Think about setting objectives that allow you to use available resources efficiently and are most likely to lead to your goal.

Tool 3.2

Defining Objectives

Goal

Increase the availability of safe water

○ ENGAGE HEALTH, EDUCATION AND COMMUNITY LEADERS

Objective 1 By [date], families will be given the opportunity to participate in determining the kind of safe water supply that will be available at the school

Objective 2 By [date], three activities will be added to the school curriculum that involve children working with their families to assess the safety of their water supply and how to maintain its safety

○ PROVIDE A SAFE, HEALTHY ENVIRONMENT

Objective 1 By [date], the school will provide safe clean water for drinking and handwashing

○ PROVIDE SKILLS-BASED HEALTH EDUCATION

Objective 1 By [date], the school curriculum will provide sufficient information to enable students and staff to maintain a clean, safe water supply at the school and at home

○ FACILITATE ACCESS TO HEALTH SERVICES

Objective 1 By [date], the school will meet with local health authorities to look at ways that clean, safe water can be made available in the school and community

○ IMPLEMENT HEALTH-PROMOTING POLICIES AND PRACTICES

Objective 1 By [date], the school health team will agree on a policy that supports the implementation and maintenance of a clean, safe water supply at school

○ STRIVE TO IMPROVE HEALTH IN THE COMMUNITY

Objective 1 By [date], students and staff will provide training sessions for parents and other community members about how to create and maintain a clean safe water supply locally

EXAMPLE

Goal

○ ENGAGE HEALTH, EDUCATION AND COMMUNITY LEADERS

- Objective 1
- Objective 2
- Objective 3

○ PROVIDE A SAFE, HEALTHY ENVIRONMENT

- Objective 1
- Objective 2
- Objective 3

○ PROVIDE SKILLS-BASED HEALTH EDUCATION

- Objective 1
- Objective 2
- Objective 3

○ FACILITATE ACCESS TO HEALTH SERVICES

- Objective 1
- Objective 2
- Objective 3

○ IMPLEMENT HEALTH-PROMOTING POLICIES AND PRACTICES

- Objective 1
- Objective 2
- Objective 3

○ STRIVE TO IMPROVE HEALTH IN THE COMMUNITY

- Objective 1
- Objective 2
- Objective 3

Tool 3.3**Developing the action plan**

On this form copy one of your goals and one objective you have selected to meet this goal. Think about one year's time. Identify the steps needed to achieve each objective, who will take responsibility for the completion of the step, when the step will be completed, and what resources will be required. Make additional copies of this page to create an action plan for additional goals, objectives, and years.

GOAL**Year #****Objective #****STEPS****PERSON(S)
RESPONSIBLE****TIME TO COMPLETE****RESOURCES REQUIRED/COST**

Tool 3.3 **Developing the action plan – An Illustration**

On this form copy one of your goals and one objective you have selected to meet this goal. Think about one year's time. Identify the steps needed to achieve each objective, who will take responsibility for the completion of the step, when the step will be completed, and what resources will be required. Make additional copies of this page to create an action plan for additional goals, objectives, and years.

GOAL: REDUCE THE AMOUNT OF GARBAGE LEFT FOR COLLECTION

Year # ONE Objective # INTRODUCE GARBAGE SEPARATION

STEPS	PERSON(S) RESPONSIBLE	TIME TO COMPLETE	RESOURCES REQUIRED/COST
Incinerate combustibles	Principal, janitor, food services staff	6 months	Containers
Recycle plastic containers	Principal, janitor	1 year	Building supplies
	Principal, teachers, staff, students	3 months	Receptacles for plastic containers, collector/recipient of materials

How do health problems affect school performance?

Young people's health problems vary around the world, but any health problem can prevent their learning and participating fully in school activities.

- Parasite infections (roundworm, whipworm, hookworm, schistosome, and other flukes, and/or guinea worm) consume a child's nutrients. Parasites cause malnutrition and delays in physical development, tissue and organ damage, and pain, diarrhoea, and related health problems. All of these symptoms interfere with children's attendance and performance at school.
- Iron deficiency anemia is associated with impaired thinking and poorer school performance.
- Various infections, including malaria and respiratory diseases, account for frequent absenteeism.
- Students with mental health problems may fail academically, be rejected socially, and have a poor self-image.
- Unintended pregnancy forces many girls to drop out of school. Early pregnancy has major health risks for the girl and her child and disrupts the physiological, social, and intellectual development of young girls.
- Especially in areas with high rates of diarrhoea and respiratory infection among younger children, girls often miss school because they are expected to help take care of their preschool brothers and sisters or an older relative.

What can schools do to promote health?

- Pull together the richness and resources of the community/individuals, agencies, services, religious organisations, and business.
- Provide a setting to introduce health information and health-promotion strategies to the community and teach healthy behaviours that will be applied throughout life (safe food handling, hand washing, not smoking, not abusing alcohol or using illicit substances).
- Provide education and curricula that help students acquire the knowledge, attitudes, values, and skills needed to practice a healthy lifestyle and create conditions conducive to health.
- Involve families and community groups in school activities.
- Offer or provide referrals to services that promote health and prevent disease.
- Establish and advocate for policies and management practices that foster respect, self-esteem, and opportunities to achieve success.

What in the World is a Health -Promoting School? Examples from around the World

In thousands of communities around the world – Africa, the Americas, Southeast Asia, Europe and the Western Pacific– schools are taking steps to promote health and to create the foundations of Health-Promoting Schools. Here are some examples of what schools are doing in:

Australia	<i>Providing sunscreen lotion and hats to pupils</i>
Barbados	<i>Integrating health lessons into social studies, math, and science classes</i>
Bolivia	<i>Involving students in keeping track of family health status</i>
Botswana	<i>Involving school children in health and development activities for younger, preschool children</i>
China	<i>Improving the lighting in classrooms</i>
Côte d'Ivoire	<i>Setting up food programmes at school to increase girls' attendance</i>
Fiji	<i>Organising cleanup campaigns for school grounds and surrounding areas</i>
India	<i>(Gujarat State) Involving teachers and pupils in regular monitoring of pupils' weight and height</i>
Jamaica	<i>Offering treatment for helminth infections at school</i>
The Netherlands	<i>Involving students in developing school health policy</i>
New Guinea	<i>Organising school staff and students to dig pits for toilets on or near school grounds</i>
Pakistan	<i>Offering a mental health programme that involves students, families, and communities</i>
The Philippines	<i>Planting school gardens to supply the food programme</i>
Tanzania	<i>Inviting parents into the school to discuss health promotion possibilities</i>
Thailand	<i>Inviting visiting nurses to school to provide immunisations</i>
Uganda	<i>Twinning children in school with older children: helping to promote health and safety of younger "school brother" or "school sister"</i>
Zambia	<i>Organising school-based anti-AIDS clubs to raise awareness in both school and the community</i>

Building support for a Health-Promoting School: A role for everyone

School staff can:

- Offer workshops or information sessions for parents and community members
- Circulate printed materials from government agencies
- Structure school activities to promote relationships with family members and community groups
- Work with students to analyze and understand the positive *and* negative impacts of mass media

Students can:

- Produce a school health newsletter for peers and parents
- Gather for group discussions on health issues
- Participate in and publicise health-promotion projects such as school gardens or artworks

Parents can:

- Form a parents' council or group
- Organise health-promoting activities
- Produce a newsletter to share information or resources
- Provide links to community organisations
- Invite nonactive parents to become involved

Community members can:

- Offer awards for creative health promotion
 - Sponsor or publicise school efforts
- Advocate for improvement with other community leaders

Annex A

Selected WHO Publications

Active Living: An Essential Element of a Health-Promoting School, WHO/NMH/HPS/00.5

Food Environment and Health: A Guide for Primary School Teachers

Strengthening Interventions to Reduce Helminth Infections as an Entry Point for the Development of a Health-Promoting School, WHO Information Series on School Health, Document One, WHO/SCHOOL/96.1 - WHO/HPR/HEP/96.10

Violence Prevention: An Important Element of a Health-Promoting School, WHO Information Series on School Health, Document Three, WHO/SCHOOL/98.3 – WHO/HPR/HEP/98.2

Healthy Nutrition: An Essential Element of a Health-Promoting School, WHO Information Series on School Health, Document Four, WHO/HPR/HEP/98.3 – WHO/SCHOOL/98.4

Tobacco Use Prevention: An Important Entry Point for the Development of Health-Promoting Schools, WHO Information Series on School Health, Document Five, WHO/SCHOOL/98.5 – WHO/HPR/HEP/98.5

Preventing HIV/AIDS/STI and Related Discrimination: An Important Responsibility of Health-Promoting Schools, WHO Information Series on School Health, Document Six, WHO/HPR/HEP/98.6 – WHO/SCHOOL/98.6

Promoting Health Through Schools – The World Health Organization's Global School Health Initiative, WHO/HPR/HEP/96.4

Promoting Health Through Schools: Report of a WHO Expert Committee on Comprehensive School Health Education and Promotion, WHO Technical Report Series 870

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