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**GUIDELINES FOR THE IMPLEMENTATION OF THE
HEALTH PROMOTING SCHOOLS INITIATIVE (HPSI)**

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Introduction

Health is closely interlinked to education. Good health and good education are not only ends in themselves, but also means which provide individuals with the tools to lead productive and satisfying lives. It is commonly believed that 'a child's ability to attain her or his full potential is directly related to the complimentary effect of good health, good nutrition, physical activity and quality education. To attain their educational achievements, children must fully participate in educational activities. Therefore, they must be healthy, attentive and emotionally secure. The Health Promoting School Initiative, (HPSI) is based on the interrelationship between education and health. It aims at increasing the number of schools which are truly health promoting and hence contributes to the overall development and well-being of children, teachers, parents and the community. Successful implementation of HPSI therefore, using collaborative and participatory approaches, contributes to the achievement of the global goals of education for all (EFA) and health for all (HFA).

Purpose of this guide

The purpose of this document is to provide guidelines that should be used by persons who are responsible for developing and implementing strategic school health programs. This information will facilitate the development of the Health Promoting School Initiative (HPSI) and identification of appropriate activities at national, regional/provincial, district, sub district, community and school levels.

Health Promotion

Health promotion in schools is a priority in the region. It is an investment that each society should undertake in order to generate and strengthen the creative and productive capacity of all young people. WHO defines Health Promotion as

'the process of enabling people to increase control over, and to improve, their health'. It can also be described as a means of increasing individual and collective involvement and participation in health actions. Health promotion is a combination of tools (i.e. educational, legal, and fiscal), which can be applied appropriately basing on the situation.

The key guiding principles of Health Promotion are:

- Health is a resource for development.
- Peace, social stability, social justice, respect for human rights, and equity are pre-requisites for health.
- Health development requires actions within and beyond the health sector. Participation and involvement of individuals and communities is central to successful health development.
- Actions require integration of different but complimentary approaches, methods and players.

The guiding principles of health promotion can be applied in a school setting to improve health among the school community. The strategies for Health Promotion include:

- skills development among both students and teachers to foster empowerment for healthy behavior;
- mediating between competing interests in a school setting and neighboring community;
- creation of conditions that support healthy behavior in the school community;
- mobilization of resources and social support for health promotion in schools.

Background to the development of school health initiatives

The Health Promoting schools concept was adopted by the World Health Organization (WHO) in 1995, as part of a settings approach to health improvement. Different and interrelated initiatives have been developed over the years to promote the concept. These include:

(1) The Global School Health Initiative (GSHI)

The Global School Health Initiative, was launched with an aim of mobilizing and strengthening health promotion and education activities at the local, national, regional and global levels. The Initiative is designed to improve the health of pupils, school personnel, families and other members of the community through healthy school environment.

The main goal of GSHI is to increase the number of Schools which are truly “Health Promoting”. A Health Promoting School is one that has the capacity to:

- Foster healthy learning using all its potential and opportunities at its disposal;
- Engage health and education personnel, teachers, students, parents, and community leaders in efforts to promote health;
- Provide a safe and healthy environment for all (both physical and psychosocial) through collaboration with community and school programs. These promotion programs include but are not limited to health education, nutrition and food safety, opportunities for physical education, activity and recreation, school health services, counselling, social support and school/community projects and outreaches.

- Provide for the health of school personnel and their families, community members as well as pupils' families, and works with community to promote health and education;
- Implement school policies, practices, and other measures that support health, respect the individual's self-esteem, provide opportunities for success, acknowledging good efforts and intentions as well as personal achievements.

(2) The Health Promoting School Initiative (HPSI)

The Health Promoting Schools Initiative (HPSI) is based on actions recommended in both the Ottawa Charter for Health Promotion and the Jakarta Declaration for Promoting Health. The Initiative strives to increase international, national and local capacity for the development of Health Promoting Schools.

The Health Promoting Schools initiative is school-based and school-owned and encourages partnership between health and education with the aim to identify the health needs of schools and their communities and to provide a framework to develop programs that address these health needs using the whole school.

Successful school health interventions have demonstrated effectiveness in improving health conditions significantly. Improved health supports effective learning. Children can easily acquire and adapt new knowledge and skills required for health development. School children can also be effective agents for passing on health knowledge and skills to the community.

(3) Focusing Resource on Effective School health (FRESH)

WHO, UNICEF, UNESCO and The World Bank have developed a partnership to Focus Resources on Effective School Health (FRESH). The FRESH approach was

launched at the World Education Forum in Senegal, April 2000. The approach is based on the principle that there is a core of cost effective activities that can and must be implemented in schools, to become 'child friendly' learning environments. This common agenda captures the education, health, nutrition and overall development goals of all partners. The FRESH approach recommends availability of the following four components in schools:

Health-related policies. School-based policies that should ensure a safe and secure physical and a positive psychosocial environment. The policies should address issues such as the abuse of students, sexual harassment, school violence and bullying.

Safe water and sanitation facilities. This is vital especially in creating a healthy school environment that addresses the needs of the girl child.

Skills-based health education. This approach to health, hygiene and nutrition focuses on the development of knowledge, attitudes, values and life skills needed to make and act on the most appropriate and positive decisions concerning health.

School-based health and nutrition services. Schools can effectively deliver basic health and nutritional services as long as the services are simple, safe, affordable, and address common health problems that are recognized as important in the community.

Supporting strategies for achieving the above include effective partnerships between the Education and Health sectors; teachers and health workers; schools and community groups; pupils and persons responsible for school health programs.

Recommended actions for developing HPSI at Regional, National and Local Levels

The following actions are recommended at the different levels to foster the development and implementation of the Health Promoting Schools Initiative.

AFRO Regional office level

- Several general activities shall be implemented at this level; these include:
 - Establishment of an inter-organizational working group involving actors like WHO, UNICEF, UNESCO, NGOs, professional associations etc
 - Advocacy to enlist support
 - Resource mobilization
 - Research, documentation and dissemination of HPSI experiences.
- Facilitating exchange of experiences and technical resources between countries in order to accelerate the initiation and implementation of HPSI. This may include exchange of materials and expertise as well as holding of workshops/meetings. Inter-country, sub-regional and regional networking activities should be carried out for this purpose as well.
- Assisting countries to plan and develop HPSI programmes and activities.
- Compilation and dissemination of prototype HPSI packages;
- Training of HPSI focal points from selected countries;
- Provision of technical support to countries to promote school health initiatives.
- Monitoring and reviewing the HPSI process and proposing scale-up interventions.
- Supporting the information/ strengthening of 34 HPSI networks at national level and 2 at sub-regional level.

WHO/AFRO shall develop a Checklist and mechanism for monitoring and evaluating HPSI activities at country level and share it among participating countries.

National (Country) level

- Development, review and/or adjustment of relevant supportive policies;
- Formation of a Working group, Steering committee or Task force to spearhead the development of the HPSI;
- Advocate with relevant Ministries especially Education and Health, politicians, professional associations on the importance of HPSI and required actions;
- Establish mechanisms to foster collaboration between the Ministries of Education and Health in the national development of HPSI such as inter ministerial and inter agency coordination.
- Designation of at least two focal persons, one in Ministry of Education and another in the Ministry of Health to coordinate the HPSI;
- Develop strategic and operational plans; and monitor their implementation;
- Train National/State, and district level co-ordinators;
- Carry out operational research, documentation and dissemination of country HPSI experience;
- Facilitate formation of in-country HPSI networks; and participate in sub-regional HPSI networks;

District, Provincial (or State) level

In many countries, districts, provincial (or state) authorities may be responsible for identifying and/or supporting schools to implement the HPSI. However the main activities at this level should include:

- Liaising with the national authorities on the development of new or review of existing school health plans;
- Undertaking advocacy and resource mobilization in support of HPSI;
- Assessment of current school health programs, resources and needs;

- Determining the package of interventions relevant for a specific school setting basing on the needs;
- Constituting networking and co-ordination mechanisms;
- Co-ordinating district level support for HPSI in schools;
- Coordinating the training of those who will co-ordinate school level activities;
- Organizing operational research and ensuring utilisation of results;
- Documenting, and disseminating experiences.

School level:

With the support of district, provincial/state or (even national) level authorities, the school should;

- Understand the HPSI and its principles;
- Adopt the HPSI strategy and identify key actors;
- Assess the status of HPSI, (on age and sex basis), resources and priorities for action;
- Define the HPSI mission/goal;
- Formulate or review existing school health policy;
- Select focal person and patron for the HPSI;
- Identify mechanisms for relating HPSI activities to the School curriculum;
- Develop an implementation plan (including a resource mobilization and utilization);
- Establish management, monitoring and evaluation systems for HPSI activities;
- Collect data and record experiences and share these with other schools;

Key interventions at school level

HPSI interventions at school level should include a minimum package comprising:

- Implementation of the school health policy or rules and regulations as appropriate;
- Development of a safe, healthy environment (physical and psycho-social) which includes:
 - adequate, functioning toilets/Latrines);
 - safe water for drinking and hand washing;
 - appropriate means of waste disposal;
 - relation between boys and girls that are respectful, non-discriminatory;
 - a fully gender sensitive environment;
 - healthy relations between pupils and teachers etc;
 - conducive learning environment; and
 - personal security.
- Provision of school health and related services which includes:
 - appropriate, confidential counselling and other psycho-social services;
 - nutritional and food services;
 - screening for infections;
 - referral of cases as necessary; and
 - first aid services
- Health education services with a focus on:

- development of life skills to promote adoption of positive behaviour that enable individuals to deal effectively with the demands and challenges of everyday life;
 - common diseases, their causes and ways of prevention;
 - knowledge, attitudes, beliefs, and values related to the development of healthy behaviour and health-promoting conditions;
 - provision of learning experiences that allow pupils to practice acquired skills and model behaviour; and
 - adolescent friendly health services to include but not limited to prevention of HIV/AIDS, and substance abuse, and promotion of Mental health, and Reproductive Health
- Out-reach services for communities surrounding the school: (Countries are advised to select relevant interventions/approaches depending on experiences, resource availability and prevailing circumstances).

Steps in the developing the Health Promoting Schools Initiative

(1) Baseline Survey (s) on School Health: Prior to implementation of the HPSI, it is important to establish a baseline. Therefore, if such information is not available at country level, a baseline survey to determine needs and available/required resources for HPSI implementation should be undertaken. Results of the survey will inform policy makers, funding agencies and implementers on HPSI processes.

(2) Vision Statements and Strategic Planning: To create HPSI, a vision and a strategic plan are required;

- The vision requires the involvement of various professionals, agencies and communities and reflects the purpose and strategies required for an HPSI programme.
- An HPSI strategic plan outlines how to realise the vision. Development of such a plan should involve all stakeholders.

(3) Advocacy: Advocacy for HPSI involves analysis and presentation of information on the linkages between health and education (in the School Setting);

- Advocacy for HPSI is required in order to ensure:
 - Relevant Policy development and support of school health activities
 - Increased commitment to HPSI Programmes at all levels
 - allocation of adequate resources for implementation of the HPSI
- Advocacy is required at all levels (international, regional, national, district etc.) and with all potential stakeholders to enlist acceptance, support for and implementations of HPSI;
- Advocacy can be carried out by anyone familiar with/committed to HPSI;
- An advocacy package incorporating HPSI concepts, strategies and benefits should be developed for use in advocacy activities at all levels to ensure consistency.

(4) Networking and collaboration: Realising the HPSI vision necessitates networking and collaboration among various partners. Networking fosters exchange of information and enhances cooperation between the players at different levels. Networks can be achieved through but not limited to consultative meetings, newsletters, conferences, exchanges of materials and visits and peer evaluations.

- Networks and collaboration can help to:
 - disseminate knowledge, strategies and interventions;
 - motivate people to implement interventions;
 - share experience;
 - advocate for school health;
 - share resources.
 - It is therefore important that mechanisms for networking and collaboration be developed, regularly reviewed and adhered to as the HPSI progresses;
- (5) Resource Mobilization:** Countries, states/provinces and local communities should develop policies and mechanisms that ensure sustained financial support for HPSI. Resources should come from multiple sources because the activities relating to HPSI are often cross-cutting among the education, health, agriculture, social services and other sectors.
- Primary funding from government ministries and other sources should be sought, for example income generating initiatives can be set up in schools, private enterprises can make contributions to specific or even general HPSI activities.
 - Community contributions should be mobilized from NGOs, CBOs and related institutions.
 - UN agencies may also be contacted to fund specific or general HPSI activities.
 - Transparent, accountable and long term resource mobilization mechanisms should be developed to ensure sustainability of program activities.

(6) Capacity Building: Individuals (focal points, teachers, PTA members etc.) and institutions involved in HPSI need to acquire the skills, information, orientations and resources required for implementing HPSI activities;

- Capacity building strategies include training and infrastructure development for HPSI.
- Capacity building should be carried out in a participatory manner in order to achieve maximum effectiveness.

(7) Operational Research: Operational Research should be incorporated into all HPSI activities. Data should be collected before, during and after programme implementation. Operational Research should be conducted to:

- determine which strategies are effective for implementing HPSI in specific situations;
- facilitate the documentation of HPSI experiences for sharing and advocacy purposes.

HPSI programs should collaborate with local academic and/or research institutions to ensure use of sound data collection, analysis report writing and dissemination.

(8) Monitoring and Evaluation: The monitoring process, and indicators should be developed and agreed upon.

- Regular monitoring of HPSI implementation should be undertaken at all levels.
- Evaluation of the impact should be considered.

Ten Common Activities of a Health Promoting School Initiative

1. **Health education** the life-skills method should be used because it enables to translate what is learnt in school to real life situations.
2. **Improvement of the physical facilities** including safe water, clean and appropriate toilet facilities, waste disposal facilities, opportunities for physical activity and recreation, counselling services to foster mental health.
3. **Set Policies** and carry out practices that facilitate respect individual self-esteem, support personal achievement and facilitate positive gender relations.
4. **Provision of health services** to treat simple conditions and referral of cases which need further medical attention. Some conditions that should be handled at school include de-worming, treatment of cuts and bruises, screening for various diseases and conditions and referral of complicated cases.
5. **Prevention of major disease** conditions by pupils, teachers and others within and around the community. This may include prevention and control of cholera, malaria, HIV/AIDS and other conditions depending on the specific situation.
6. **Out-reach to communities** through which pupils share the knowledge and skills they require at school with youth out of school, parents and other community members. School children are an effective avenue for transmitting health knowledge and skills to the community.
7. **Modelling and demonstration of health best practices.** These may include toilet and safe water facilities, hygiene behaviours like hand washing, disease prevention activities like use of insecticide treated nets and growing of nutritious foods.

8. Involving students, teachers, parents and communities in planning and development of appropriate health promoting school interventions. These may include latrine/toilet construction, participation in health days, school outreach activities.

9. Inter-school or within school health competitions. The competitions may be held monthly or annually and the best pupils, classes or school rewarded and recognized for the achievement.

10. Have facilities and practices that take care of the special needs of the girl child. These include separate toilets for girls, menstruation pads when required and also have senior woman and man teachers to advise students on sexuality and growing up.

Examples of school health activities

Box 1: Protection from environmental tobacco smoke

Environmental tobacco smoke is harmful, especially to children. Schools develop policies that promote smoke free schools. If schools and other public places are designated smoke-free, young people and particularly smoking teachers will have far fewer places to light up. This can help reduce smoking in the school environment. Children who grow up seeing smoking all around can wrongly conclude that tobacco smoking is not very harmful; and that it is socially acceptable.

Box 2: Providing school health services: School health services help to treat problems and to prevent, reduce and monitor them. The services include specialised health professional like a dentist. These visit the school on a regular basis and provide emergency treatment and health education.

School nurses help raise awareness of health problems among students, teachers and school staff, and refer sick students when necessary. School nurses:

- regularly de-worm students;
- manage health emergencies like asthma and or injury;
- recognise severe diseases such as malaria, severe diarrhoea and respiratory infections and refer.
- track illness among students thus identifying potential environmental problems in the school.

Ideally, school nurses are trained on environmental health issues relevant in their communities.

Box 3: Provision of Sanitation facilities

Provision of adequate sanitation facilities creates a friendly school environment. Irresponsible disposal of human excreta is the biggest source of disease. Proper disposal of faecal materials in schools is dependent on:

- informed and responsible students;
- supervision of young students;
- a fence or structure to stop animals from defaecating in areas where children play;
- convenient location of clean toilets;
- Separate toilet facilities for girls.

Different toilet/latrine systems are used in different countries depending on cultural, environment and economic conditions. Education and health officials ensure that construction of toilets/latrines is technically appropriate and acceptable.

Box 4: Outreach community based activities

A health promoting school involves students, school staff, families and community members in health improvement activities. For example, pupils help to create cleaner and safer environments in school and neighbouring communities. Joint planning and implementation of community health outreaches is also undertaken.

Box 5: School Feeding

Schools provide free or subsidises nutritious meals to children. This relieves short term hunger and contributes to mental and physical development. School feeding programs also enable parents to learn about proper feeding for children. The composition of the school meals is usually based on local foods available in the community. Students also get to learn about healthy eating habits which they share with their families/community.

Indicators for monitoring a health promoting school. The following checklist can assist schools assess their HPSI programs;

The formal curriculum

- Extent of integration of health education across the curriculum
- Classroom time devoted to each topic area and its distribution across years
- Training and support to teachers
- Quality and availability of teaching resources
- Involvement of external agencies and individuals in curriculum

School Health Policies and rules

- No smoking policy in school ground or at school functions
- Availability of prevention intervention such as Mosquitoes nets supplied and their use encouraged
- Availability of protective equipment for sports and physical education
- Extra curricula programs(sports, music dance and drama)
- Increased availability and promotion of healthy foods and reduced availability of high fat or high sugar foods in school

Physical environment

- Clean and well maintained buildings and ground, free of dangerous materials (for example, asbestos).
- Adequate light and ventilation in the classrooms and dormitories
- Facilities for social interactions and quiet work
- Safe facilities for sports, physical education and other recreation
- Availability and accessibility of safe drinking water.
- Clean, functioning and adequate toilets/latrines for both boys and girls.
- Availability of hand washing facilities
- School facilities catering for the needs of pupil with physical disabilities.

Social environment

- Extent and nature of student involvement in decision making
- Proactive programs to reduce bullying and violence
- Proactive programs to enhance a positive psycho-social school environment
- Peer support programs

School – community collaboration

- Nature and extent of parental involvement encouraged by the school.
- Frequency and nature of health promotion programs for school staff.
- Involvement with local community leaders in promoting health (for example, preventing cigarette sales to minors).
- Frequency and nature of out-reach services.
- Frequency and nature of involvement of government, non-government, community and commercial agencies with school.
- Frequency of teacher-parent meetings and health issues discussed at those meetings.

Health services

- First aid and other support for those with chronic disease (for example asthma)
- Screening according to National Health guidelines (country specific)
- Referral for those with complicated illness (including those with a drug addiction, mental health problem, social adjustment difficulties)
- Counselling and conflict resolution for staff-staff, staff-student and student-student problems

Annex 1

PROTO-TYPE PROGRAMME COMPONENTS (suggested checklist)

- Programme background (HPSI concept and history)
- Situation analysis and problem statement
- Key strategies
- General and specific objectives
- Activities (with time frames) for operationalizing the programme
- Expected outputs/Results
- Programme management and co-ordination mechanisms
- Programme monitoring and evaluation
- Budget and resource mobilization

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