

Department of Civil and Environmental Engineering

Environmental Health



Scotland Chikwawa Health Initiative

# Health Promoting Schools Training Package for School Stakeholders

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## GENERAL HEALTH PROMOTING SCHOOLS TRAINING PACKAGE FOR SCHOOL STAKEHOLDERS

### 1.0. Introduction

In implementing HPS the first step is orienting school stakeholders on HPS. For school staff and community members training in the concept, goals and skills of health promotion contributes to success. It is apparent that training increases knowledge and capacity; builds commitment; strengthens relationship among participants and adds momentum to the HPS. 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 based on the baseline assessment, training of the key feature of HPS, 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 learners skills and their own responses in sensitive areas.

Training for teachers boost their skills in classroom creativity and curriculum delivery especially when the curriculum offers new information, a chance o practice new skills and opportunities to apply what they have learnt. Teachers trained in new approaches and methods need to be supported by policies and structures. So it is important that on returning to the school following a training course teachers are able to practice their new skills and understanding and reflect on how their work fits into the school strategies and their new learning will be disseminated and adopted for other staff, for parents and community members, training provides a common language and shared concepts and can help building a larger working group.

### 2.0. Objectives

#### 2.1. Aim

To impart knowledge in HPS team about the HPS concepts which will empower and help them in creation of a health promoting school.

#### 2.2. Objectives

By the end of the orientation participants:

- Should know the origin of HPS
- Should know HPS concepts: What it is, Significance of HPS, how it works, components, who is involved and also duties and responsibilities of the HPS team.
- Should be able to develop school health policies, structure and school improvement plans with regards to HPS.
- The participants should be able to connect HPS as a component to a healthy setting approach project.
- Should be able to identify ways of ensuring HPS sustainability.

- Participants should be able to identify tools to monitor HPS progress.
- Should commit to HPS Charter (Agreement).

### 3.0. Method of delivery

- The training session will be done in Chichewa and English
- Microsoft office PowerPoint will be used to guide the HPSC facilitating the lesson. Other necessary tools like handouts, demonstrations and group discussions will be used to ensure audience participation.
- Understanding will be tested by asking a few questions and giving the team opportunity to ask questions.

### 3.1. Targeted group: HPS team

The orientation targets the HPS team of the each school which comprises of 13 members as follows:

- Head teacher
- 3 teachers (Including School SHN coordinator)
- 3 female learners
- 3 male learners
- 3 PTA members

### 3.2. Approach and time frame

The training will be done in three groups of mixed members from the three schools.

#### Group 1

The first orientation phase will be of the school staff in the HPS teams of the three schools. These include: Head teachers and teachers. In total there will be 12 participants (3 Head teachers and 9 teachers).

#### Group 2

The second orientation phase will involve the 3 PTA members of each school. Hence total participants will be 9.

#### Group 3

The final orientation phase will be for Learners in the HPS team of each school. In total there will be 18 learners, 6 learners from each respective school with gender balance.

Orientation of each group tentatively will take a day. Hence the orientation aspect will occur in 3 days.

### 3.3. Documents to be used in orientation package preparation

- Malawi Government School Health and Nutrition guidelines: Together for Healthy Productive Schools. Ministry of Education Science and Technology, Ministry of Health And Ministry of Agriculture and Food Security, October 2009.
- World health Organization (Year).Local Action: Creating Health Promoting Schools Information series on School health Manual. Geneva.
- Mfera primary, Mfera Secondary and Nkudzi HPS baseline reports.

#### 4.0. Content of the training package

The facilitator will explain on the following aspects:

#### 4.1. HPS concept

##### 4.1.1. What is the health promoting school?

A health promoting school is ‘a school community that takes action and places priority on creating an environment that will have the best possible impact on the health of students, staff and the wider school community’. A health promoting school takes action to ‘promote and protect the health of its members, where health encompasses the dimensions of social, physical, intellectual, mental and emotional wellbeing’. 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.

##### 4.1.2. Where did the health promoting schools approach come from?

The *health promoting schools* movement was started by the **World Health Organisation** (WHO). The approach grew from the WHO initiative for health promotion as described in the **Ottawa Charter for Health Promotion**<sup>1</sup>. The *health promoting schools* approach applies the principles and five action strategies of the Ottawa Charter to the school setting. Schools around the world are now using the *health promoting schools* approach to ensure the conditions for schooling are the best they can be. In Malawi this aspect is addressed by School health and Nutrition programme, however implementation is not in a holistic way as it is supposed to be in a HPS.

##### 4.1.3. 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.

###### 4.1.2.1. Reduces absenteeism of learners and even teachers

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 a when students fear violence or abuse on the way to, from or in school.

###### 4.1.2.2. Children who attend school are capable of learning, hence schools do their job

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.

#### *4.1.2.3. Investments in education are more likely to pay off if the school uses its potential as an organization 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.

#### **4.2. What are the impacts of Health-Promoting Schools?**

There are two key purposes of health promoting schools: *to enhance educational outcomes; and to facilitate action for health by building health knowledge and skills in the cognitive, social and behavioural domains.* Everyone gains when schools promote health:

- **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 organizations, 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 maximize 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 neighborhood school is open to their ideas and participation.
- **Community groups and organizations** benefit by having students and teachers involved in community activities. Working in collaboration with the school can also help organizations 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.

### 4.3. Values and principles

Below are some of the guiding principles to be adapted by schools involved in health promotion as stipulated in the Malawi SHN guidelines. In implementation of School Health and Nutrition the following principles should be followed:

#### 4.3.1. Child rights and protection

The rights of the child to have access to safe SHN services must be observed and protected, in accordance with the fundamental human rights of all citizens set out in the Constitution of the Republic of Malawi.

#### 4.3.2. Sustainability

The SHN Strategy advocates the sustainable use of local resources wherever possible. This recognition of the importance of environmental sustainability includes proper sanitation, water protection, personal hygiene, food security and sustainable energy supplies. The Strategy also promotes sustainable land and animal husbandry practices.

#### 4.3.3. Community mobilization and participation

Local communities and leadership must be mobilized, empowered and trained with appropriate SHN knowledge and resources.

#### 4.3.4. Equity

Equality and equity for all ages, races and genders must be respected. Learners with special needs or other vulnerabilities must be treated fairly in all aspects of SHN initiatives.

#### 4.3.5. HIV

The special needs of those infected and affected by HIV must be considered so they can access SHN initiatives equitably.

#### 4.3.6. Advocacy

All SHN strategies and subsequent programmes must be well-publicized both locally and in the national media in order to gain widespread support.

#### 4.3.7. Confidentiality and privacy

Every person must have the right to personal privacy and confidentiality, as stated in Section 21 of the Malawi Constitution.

#### 4.4. Key elements of the HPS package

The following is a summary of all the components of HPS which the HPSC will elaborate to the team: School based healthy policy, School physical environment (*Grounds and location, Water and sanitation, Productive school environment, Healthy eating*), School social and

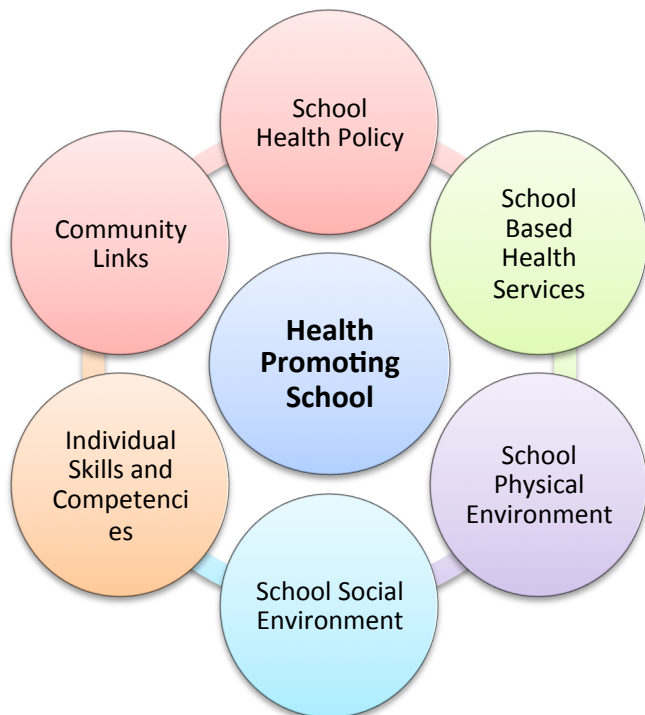


Figure 1: Key elements of Health Promoting Schools

environment, Health services, Individual health skills and action competences and Community links (Figure 1).

##### 4.4.1. School based healthy policy

The term ‘policy’ is most commonly understood to be a set of **regulations, rules or procedures**. Examples of this sort of policy include what to do in the event of bullying in the school, or expectations about appropriate behaviour for students or teachers. However, not all ‘policy’ is about regulations, rules and procedures. The term ‘policy’ can also refer to a **set of decisions and actions, or statements of intended action**.

Policies are developed to ensure the identification, mobilization and coordination of resources. An overall policy should be supported by school administration and management as well as teaching practice that help creates a healthy psychosocial environment for students and staff. A school based healthy policy is necessary in creating a health promoting school. other school based policies can be in the following areas: 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, sexual reproductive health and health services.



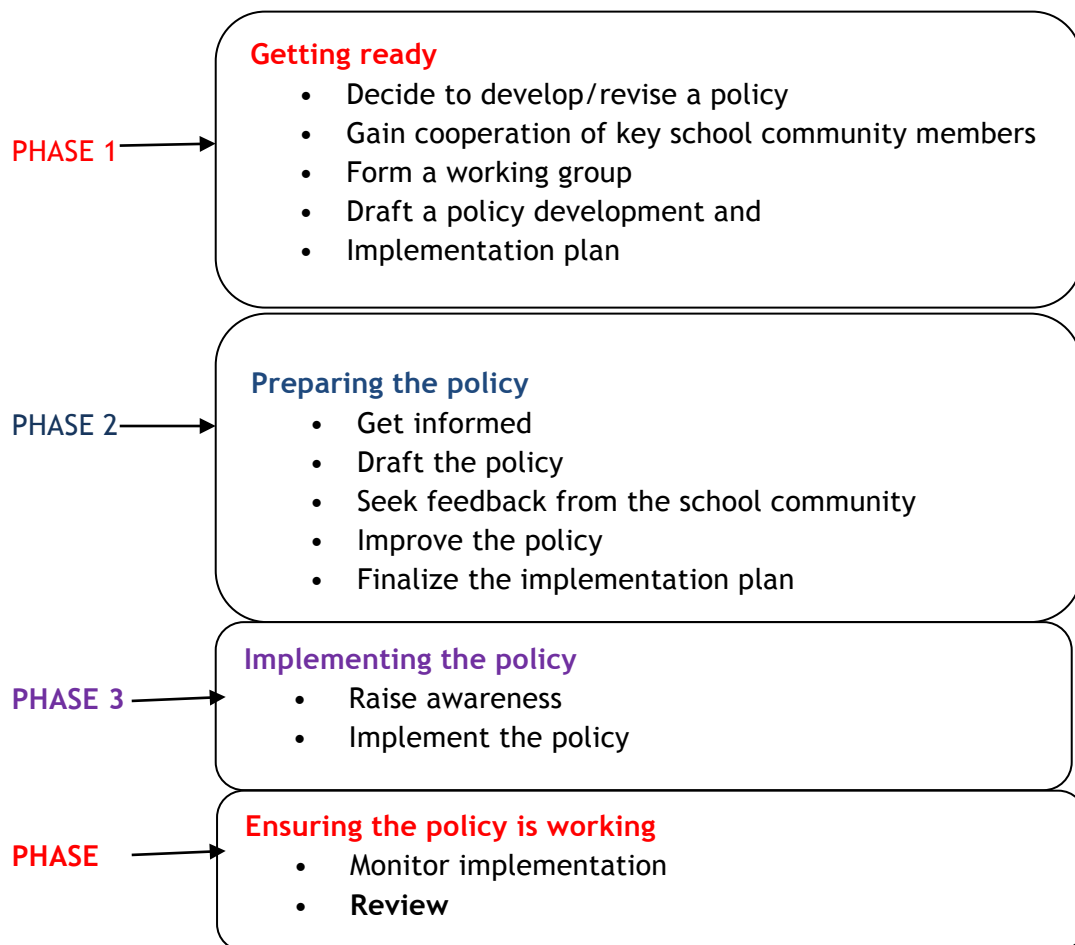
#### 4.4.1.1. What can School-based policies do?

- Provide a set of procedures for managing incidents
- Clarify expected behaviours and roles of school community members
- Create a supportive school environment
- Demonstrate to the school community that the school is committed to health.

#### 4.4.1.2. How to develop or revise policy?

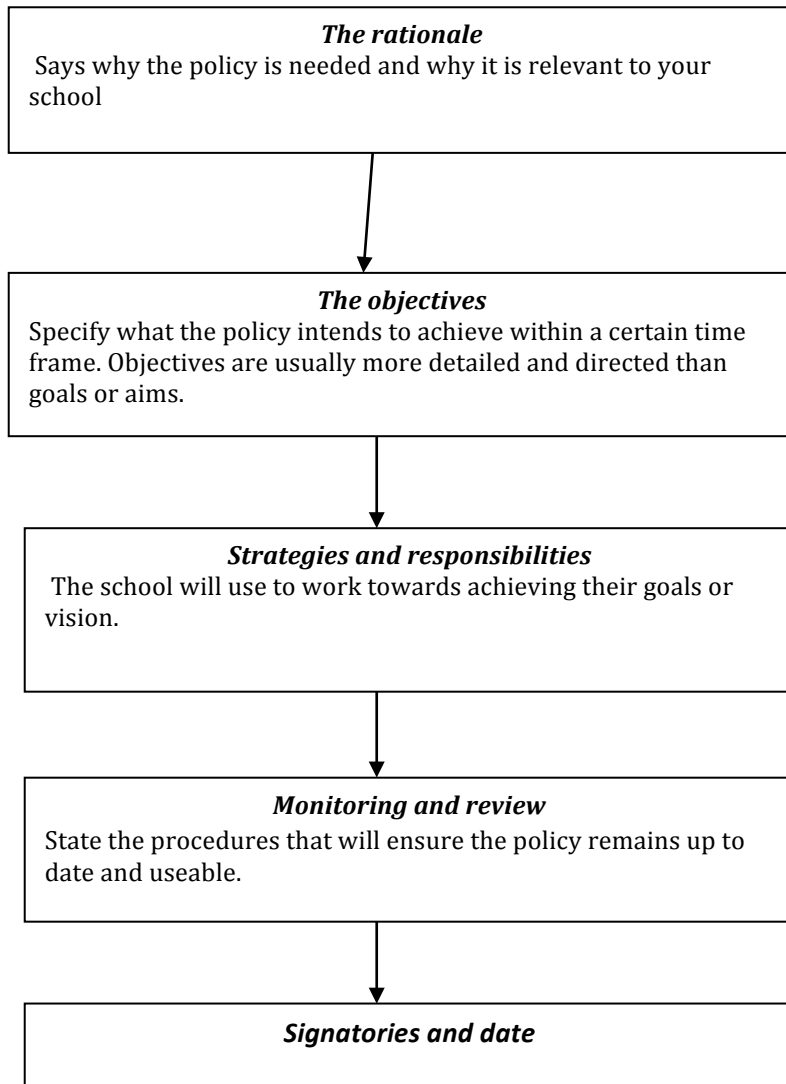
If you have ever tried to change the way things are, you will know how difficult it can be to sustain the change. Developing policy and documenting it can be a powerful tool in the change process.

Overview of steps to develop written policy and other supporting document



#### 4.4.1.3. Content of school based policies

The facilitator will briefly explain on the content of school based policies.



One member from each school will give an example on one of their existing policies. And the group will be asked to analyse the missing contents. And then give them handouts of a policy example which is below.

## EXAMPLE OF A POLICY

### Primary/Secondary school

#### School smoke free policy

##### Rationale

Smoking is an addictive habit that generally starts in childhood. Smoking causes an appalling amount of preventable death, disability and suffering. Passive smoking is now also known to be harmful to health. As a health promoting school, ..... High School acknowledges its responsibility to provide a healthy learning and working environment for its students, staff and other school visitors. The school also wishes to support the health benefits of a smoke free environment by ensuring students have access to relevant and comprehensive education about smoking.

##### Objectives of the Policy

- To protect school community members from environmental tobacco smoke
- To demonstrate the school's commitment to promoting the health of its students, staff and the community it serves
- To educate students and staff about the serious health risks of smoking and the substantial benefits of choosing not to smoke
- To provide support for those who wish to stop smoking
- To effect savings through reduced fire risk, cleaning

##### The Policy

..... (**Name of school**) will be a nonsmoking environment, both indoors and outdoors, as from ..... (**Date**). The regulations which support the smoke-free policy of our school are listed below.

##### Curriculum, teaching and learning

- Students will have access to relevant comprehensive and effective **health education** about smoking prevention and cessation at appropriate points throughout their time at school.
- Teachers will be provided with opportunities for **professional development** that will enhance their capacity to provide effective health education.
- The school will aim to ensure that adequate **resources** are available within the school to support the teaching of smoking education programs.
- The school will ensure that any smoking education programs offered are consistent with the accepted principles of drug education in schools.

##### School organisation, ethos and environment

- Students may not smoke while on the school premises, while wearing the school uniform or

while engaged in school-related activity outside the school grounds.

— Staff, including teaching, support and other nonteaching staff, may not smoke while on the school premises and/or while engaged in school-related activity outside the school grounds.

— Students and staff who wish to stop smoking will be encouraged and supported by their colleagues and employer.

— Students and staff who wish to continue smoking and who envisage any difficulty complying with policy should discuss the matter with the principal. They will be given support in adapting to the smoke-free conditions of the school but should be aware that the policy will be enforced.

**Partnerships and services**

— **Visitors** to the school, including parents and suppliers will not be permitted to smoke on school premises.

— Persons using the school premises under a lease or hire agreement, for whatever purpose at any time are not permitted to smoke on the school premises.

— Support to assist smokers who wish to quit, including staff, students and visitors to the school, are welcomed to contact the school to get information/referral to a stop-smoking program offered by community and government organizations. If required, the school may be able to arrange stop-smoking programs by these organisations to be offered at the school.

**Implementation of the policy**

— Members of staff will be given a copy of the policy.

— Parents will be informed via the school newsletter.

— Members of staff will inform visitors, new students, and new staff as appropriate.

— Signs and notices will be posted around the school.

— The smoke-free policy will be enforced.

*(Please note, to keep it short, this example policy does not outline procedures and consequences for students and staff who do not follow the ‘no smoking’ rules. If you are considering developing a smoke-free policy, such procedures should be clearly outlined in the document.)*

**Monitoring and review**

— The policy will be monitored annually by the Principal, Parents and Friends’ Association and the *Health Promoting School Working Group*.

— It will be reviewed, and if necessary revised, every two years.

Signed.....(Principal)

Date //

To ensure understanding on the content of the policy, policy review checklist will be used. The team will be given this handout, another school will present their policy and the team will analyse using the checklist.

**Policy /content review checklist**

<b>Policy review/ Content checklist</b>		<b>Y</b>	<b>N</b>
		<b>ES</b>	<b>O</b>
	Name of policy:.....		
1	Does the policy provide some background information or a rationale (i.e does the policy say why it has been developed)?		
2	Does the policy clearly state its intended outcomes/goals/aims/objectives?		
3	Is the policy presented in language that is easily understood by the whole school community?		
4	Does the policy use appropriate terminology and definitions?		
5	Are procedures/rules/regulations or plans stated clearly and unambiguously?		
6	Does the policy incorporate/recognise the role of (where relevant):		
	classroom teachers		
	Administration		
	Parents		
	Students		
	support staff (for example, teacher aides, volunteers, guidance officers, school nurse, grounds staff)		
	students outside agencies?		
7	Does the policy reflect necessary legal expectations?		
8	Is the policy consistent with state or federal government department policy/guidelines?		
	(refer to Education Queensland, Catholic Education or the Association of		
9	Independent Schools of Queensland documents)		
10	Has the policy been reviewed recently (i.e. within the past 12 to 24 months)?		
11	Were all groups within the school community involved in the development, Implementation and review of the policy?		
12	<b>A revision of the policy is strongly recommended if the response to any of the above questions ‘no’</b>		

#### 4.4.2. School physical environment

The physical environment refers to the buildings, grounds and equipment in and surrounding the school. It includes the building design and location; the provision of natural light and adequate shade; the creation of space for physical activity; and facilities for learning and healthy eating. In addition to this it also refers to basic amenities such as maintenance and sanitation practices that prevent transmission of disease; safe drinking water availability; air cleanliness; as well as any environmental, biological or chemical contaminants detrimental to health.

##### 4.4.2.1. Grounds and location

The school health and nutrition guidelines stipulate the following characteristics on grounds and buildings:

- **Position of the school** should not be near a busy road, market and beer halls.
- **Safe, permanent, well-maintained structures** should be recommended for shelter from the climate and optimum environment for concentration. School building walls and floors should not have cracks, and the roof should be waterproof.
- **Safety of the buildings** - Window panes should not be broken to avoid accidents and injuries.
- **Cleanliness** - School building floors, roof and walls should be clean.
- **Space** - the classroom space should be adequate for the number of children and not crowded.
- **Lighting** - Classrooms should have enough light for reading & studying.
- **Ventilation** - the buildings should have adequate windows on both sides which provide a well-ventilated learning environment.
- **Fencing** should be included around the school buildings to promote safety of learners and protection of the school land from unmanaged animals. The fence can be grown as a mixed live hedge with different heights of shrubs and thorns.
- **Grounds** - Grounds should be free from hazardous objects like sharp stones, broken glasses, tree stumps, tall grass, and holes.

##### 4.4.2.2 Water and sanitation

Clean water and adequate sanitation facilities help reinforce the health and hygiene education in school allowing students to practice what they learn. They also make the school more welcoming and can increase school attendance and retention, especially amongst girls who require the privacy of single sex toilets particularly during menses. Availability of water, hand washing facilities and sanitary facilities foster good health at the schools.

**Toilets** - should be enough according to the number of learners. The Malawi SHN guidelines stipulate ratios varying between 1 latrine to 25 boys and 1 latrine to 20 girls to 1:60 for boys and 1:50 for girls. Toilets should be safe, clean, well-maintained, gender and age sensitive, well-ventilated and provide adequate lighting. It is also preferred that toilets are designed to properly recycle into compost so that there is no waste produced. Latrines should be at least 20m away from class rooms.

**Hand washing stations** -should be functioning properly (i.e. filled with water at all times and soap provided at all stations) at all toilets and food preparation areas.

**Water supply**- Schools should have adequate safe water for drinking and cleaning for the learners every day of the year. Safe use of refuse and grey water in compost systems, other recycling systems and rubbish pits.

#### **4.2.2.3. Productive school environment**

The Malawi SHN guidelines stipulates role modeling sustainable and productive land use as a teaching resource primarily through agricultural practical work. It also encouraged that schools should find out how they can achieve productive land use from their own resources unlike being donor dependent.

**There are many benefits to having a productive environment around a school:**

- To make maximum use of the land and other local resources using a low-input model that has high diversified outputs.
- As a platform for creative teaching and learning for teachers, learners and the surrounding communities. Productive Environments can be used for: Demonstrations and role modeling. Career and professional development.
- To grow food, medicines, building supplies, fences, fuel - learners are actively involved in learning about sustainable production and therefore they learn the necessary skills for producing resources they need; they consume the food and medicines which improves their diet and thus their health; they mimic the school model in their lives; the school has supplies it needs for building, energy and protecting the school environment.
- To provide products for sale to benefit the school and its community, and to showcase the economic benefits of sustainable land use design. Surplus food can be sold to raise revenue for the school, or distributed to those in need.
- To develop life skills and positively influence :( Food choices and eating habits. Attitudes and beliefs towards certain foods, whether based on culture, religion, taste or local availability. Food production and preparation skills. Independence, self-confidence, self-esteem. Teamwork and awareness of gender issues. Health choices, including HIV issues and medication.)
- To provide a platform for environmental health issues, including:
  - Solid and liquid waste/resource management (reduces waste, reuse where possible, repair or recycle).
  - Water, sanitation, environmental hygiene, communicable diseases.

#### **4.4.3. School Social Environment.**

The school should be a place where all students are free from fear, exploitation, and where codes against misconduct exist and are enforced. When students do not feel safe inside or on their way to school because they are subject to violence, abuse or neglect, the consequences for children, staff, the school and the wider community are many: vandalism against school and community property increase, abusive behavior toward school staff escalates, conflict among peer groups heightens and, in general, children are unable to learn, less likely to attend and more likely to eventually drop out of school. Preventing and stopping all forms of aggression (physical, sexual and verbal) is a first step to making children feel safe in school. Having clear rules and procedures for responding to aggressive acts and ensuring that students, staff and parents are aware of and enforce these rules and procedures are essential.

The following aspects shall be emphasized:

- freedom from abuse and violence
- a climate of care, trust and respect
- social support and mental health promotion
- opportunities for physical education and recreation

#### **4.4.4. Healthy eating**

School food services should be integrated into a schools effort to manage its environment. It could be coordinated with health and nutrition education and with other components of the health-promoting school to reinforce lessons on healthy eating and ensure nutrition support. If there is school based feeding programme, it should be given before school, 10:00 am or lunch if class goes through. General healthy eating following 6 food group model should also be promoted. Schools should not only depend on external sponsored feeding programmes which leaves the schools in suspense when projects phases out rather community based feeding programme and household based feeding should be promoted.

Food-borne disease prevention should be a priority of school food services. Most food-borne diseases are preventable with proper food preparation and handling. Food vending at school premises needs to be well-managed, all vendors must be trained by health teams in Health and Nutrition related to Food Vending It is important to educate school children and food handlers so that they can take specific measures to make food and water



#### 4.4.5. Health services

Malawi school health and nutrition guidelines (2009-2012), state that school children should be provided with comprehensive school health services which are both school and community based to ensure that their diverse needs and those of their families are met. The health services in package are such as:

- (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
- Promotive and preventive health services

Education, role modeling healthy lifestyles, physical assessments, records indicating health issues, targeted preventative treatments for micronutrients, deworming, bilharzias.

- Disease surveillance
- Identifying illness/disease
- Simple ailments treated properly
- Proper referral and follow up as needed

#### 4.4.6. Individual health skills and action competences

This refers to both formal and informal curriculum and associated activities, where learners gain age-related knowledge, understandings, skills and experience, which enable them to build competences and taking action to improve the health and well being of them and others in their community, and which enhances their learning outcomes.

- Curricula that improve students' understanding of factors that influence health and enable them to make healthy choices and adopt healthy behaviors 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
- The schools should provide opportunities for extending classroom activities aligned to health promoting schools framework.

Approaches such as teaching and learning using locally available resources (TALULAR) and Permaculture (a method of designing sustainable systems while making the most of our resources) are becoming more widespread and are encouraged.

#### 4.4.7. Community links

This component refers to the partnerships formed between the school and the wider community. It recognises the central role of families in supporting learning, contributing to school activity and influencing school policy and procedures. Schools using a *health promoting schools* approach make sure opportunities are created to maximise family and student participation in school decision-making. Schools actively solicit parent involvement and engage community resources and services to respond more effectively to the health-related needs of learners. Appropriate consultation and participation with these stakeholders enhances the health promoting school and provides students and staff with a context and support for their actions.

This component also refers to the mutually supportive relationships that exist and can be built between the school and organizations, businesses, government and nongovernment agencies. These groups can improve outcomes for students through the provision of information, resources, and other services.

### 4.5. Taking Action

#### 4.5.1. Who will make this happen?

##### 4.5.1.1. Formation of a Health Promoting School Committee

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. 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.

A small group of people who share an interest in promoting health and improving pupil performance is assembled. Some of the team members should be strong leaders, but others might represent a particular interest or expertise. It includes the school head teacher, interested teachers, students, parents 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. 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.

##### 4.5.1.2 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

#### 4.5.1.3 Roles and responsibilities of the team

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

- Providing leadership in 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

Below are the responsibilities of the respective team members:

Focal persons	Responsibilities
<b>Head Teacher/SHN coordinator</b>	<ul style="list-style-type: none"> <li>• Coordinating school-level HPS activities</li> <li>• Liaising with the local community on HPS resource mobilization</li> <li>• Planning and implementing HPS activities.</li> <li>• Ensuring that school follows the HPS (SHN) Guidelines.</li> <li>• Collect; compiling, and analyzing, data, and reporting</li> </ul>
<b>Teachers</b>	<ul style="list-style-type: none"> <li>• Implementing curriculum and all school programmes</li> <li>• Helping organize age-appropriate activities</li> <li>• Using environment to support the curriculum</li> <li>• Providing role model by following HPS principles around at home</li> <li>• Ensuring adherence to guidelines</li> <li>• M&amp;E of HPS activities</li> </ul>
<b>Learners</b>	<ul style="list-style-type: none"> <li>• Actively participate on HPS subcommittee</li> <li>• Reporting any malpractices to the teachers and SMC</li> <li>• Actively learn about HPS by taking part in age-appropriate HPS activities</li> </ul>

Focal persons	Responsibilities
Parent Teacher Association (PTA)	<ul style="list-style-type: none"> <li>• Providing moral support for productive school environment</li> <li>• Providing material support in the form of seeds, seedlings, land, water, tools, labour etc.</li> <li>• Ensuring produce and profit from the garden is used appropriately</li> <li>• Provide security and maintenance of HPS materials and resources at the school.</li> </ul>

## 4.5.2. Where do we go from here?

### 4.5.2.1. Raising awareness of HPS activities amongst parents and the broader community

Creating publicity about the HPS activities within your school is essential. 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. 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.
- 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.
- Hold a contest to develop a local theme or slogan.
- Street display in a busy area of the community.

**Note:** 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. 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.

#### 4.5.2.2. Resources for HPS

Resources are essential to achieve HPS. All schools (urban or rural); whether they have many or few resources they can create an HPS. Commitment and use of locally available resources is a great input to sustainability of HPS. External input is also essential, but the stakeholders should properly use of external resources and be accountable. Activeness of the school team is another resource which ensures community resource mobilization.

#### 4.5.2.3. Monitoring and Evaluation (How will we know we are doing it?)

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 achievement
- 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 storytelling, 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.

## 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
- Checklist or 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.

### *4.5.2.4 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. Ministries of health or education may have a representative who is participating in School Health and Nutrition. The advisory team is also another easiest source of information and help.

After training the school will sign the HPS charter in Annex 1.

**ANNEX 1: 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 healthier.

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 or nation), to become Health-Promoting Schools.

<b>Signed by</b>	<b>Name</b>	<b>Role</b>

*Commissioned by Scotland Chikwawa Health Initiative WHO/HPR/HEP/96.4*

## ANNEX 2: 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 (r) who is selected to join the team.

	Name	Skills / Interest
<b>ADMINISTRATORS</b> Headmaster		
<b>TEACHERS</b> 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		
<b>STUDENTS</b>		



