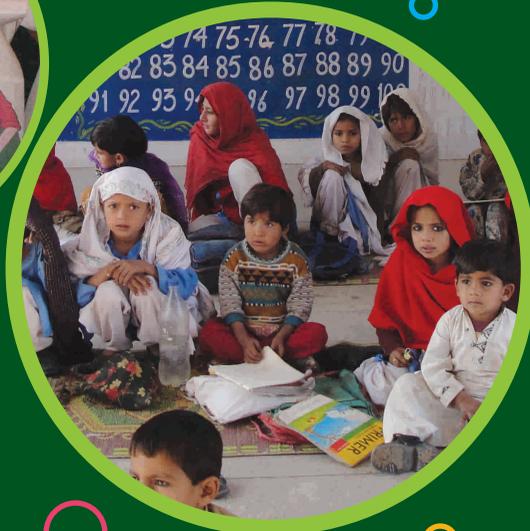


# SCHOOL HEALTH PROGRAMME:

*A Strategic Approach for Improving Health and Education in Pakistan*



**Ministry of Education, Curriculum Wing**  
Government of Pakistan, Islamabad

In Collaboration With:

**United Nations Educational, Scientific and Cultural Organization (UNESCO)**

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#### 1. Child Development and Role of School

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

#### 2. Concept of School Health Programme

Improving the health conditions and process of learning among school children through school-based health and nutrition programmes is not a new concept. At present, most of the developed countries have institutionalized school health programmes as an integral part of their education systems. A number of national and international agencies have decades of experience in this area.

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

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

#### 3. Why School Health Programme?: Rationale and Significance

Education sector not only trains or prepares human resources needed for the economy; it also produces leadership for various spheres of life. The leadership coming out of the educational institutions influences social and political dynamics in the country. Teachers, professors, and education managers enjoy respect in the community, and they have the potential to contribute significantly as catalysts of social change and development. According to latest statistics issued, over 34 million children and young people of age 5-24 are enrolled in 228,304 educational institutions in Pakistan (*Pakistan Economic Survey (2008-09), Ministry of Finance, Govt. of Pakistan, Islamabad, page 161*). Health sector can not afford to ignore this large group of 34 million students and 1.28 million teachers in Pakistan. There is a need to reach out this important population group, the future builders of Pakistan. School Health Programme will yield following benefits to the country:



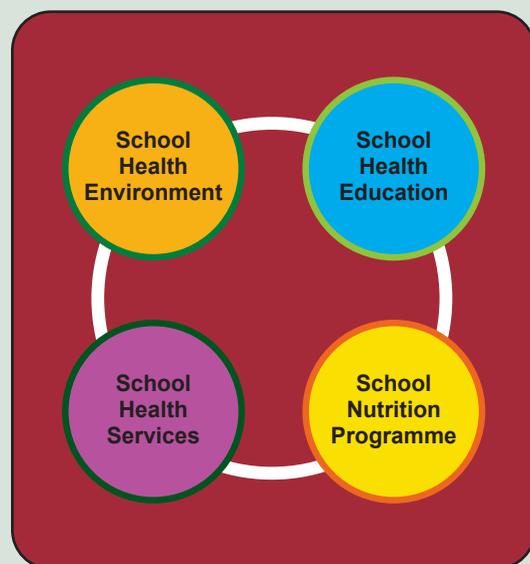
- Reduction in drop out rate
- Enhancement of quality of education and learning outcomes
- Improvement in health conditions of young population
- Disease control and an overall improvement in health conditions in the society at large.

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

#### 4. Basic components or pillars of SHP

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

1. **School Health Environment.**
2. **School Health Education.**
3. **School Health Services.**
4. **School Nutrition Programme.**



Detailed information about each component is given below:

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

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



Safe drinking water is essential for health of children. To improve school environment, UNICEF is building toilets and installing water pumps in schools.



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

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



Dental care: Teacher has organized demonstration in the class as how to brush teeth. A number of diseases are linked with bad dental care.

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

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



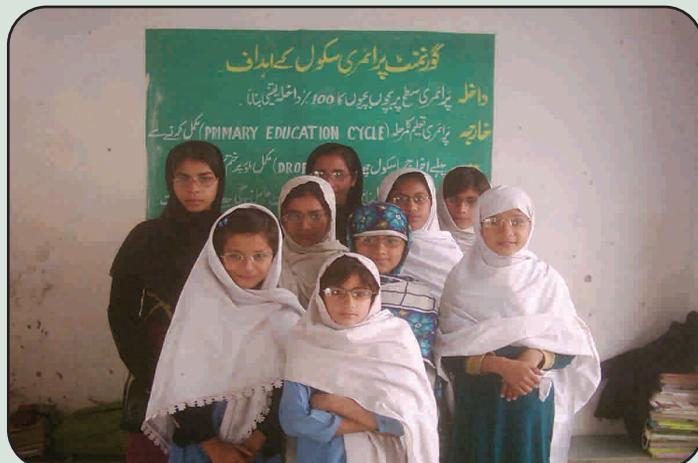
## School Health Services:

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

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

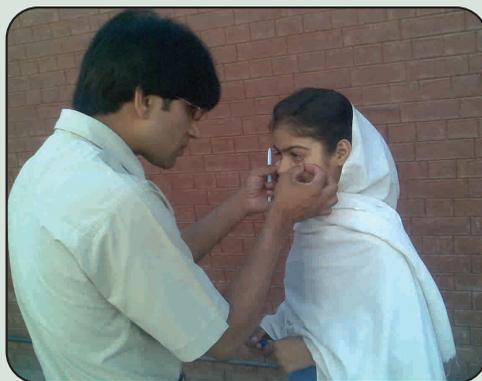


Children are being examined to detect any sickness or health deficiency in a school: Timely diagnose of ailments and health defects among children enables school or parents to take corrective measures



Chances of educational achievement improved. Girls with weak eyesight provided with glasses in 2006- GGPS # 4 Rajanpur

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



During Health Screening the eye sight of school children being examined and tested by Health officials and teachers



## School Nutrition Programmes:

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

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



World Food Programme provides Food incentives in selected schools to improve girls' enrolment and retention

In the developed countries, school lunch or school feeding programmes are widely supported. In a number of neighbouring countries, school feeding programmes are in being implemented. Pakistan had launched this programme in the past and its results were encouraging. However, it was stopped mainly due to mismanagement.

## 5. Good practices of SHP: Recent examples

School Health Programme has been institutionalized in most of the developed countries. In the recent past, a number of developing countries have also come forward to launch some form of health related interventions for their schools. Summary of few case studies is given below:

**5.1. Iran:** Ministry of Health and Medical Education, in collaboration with Ministry of Education and Training has launched National Integrated School Health Screening Programme in Iran. This programme aims to identify children who have early signs of health problems. For example, during 2007-

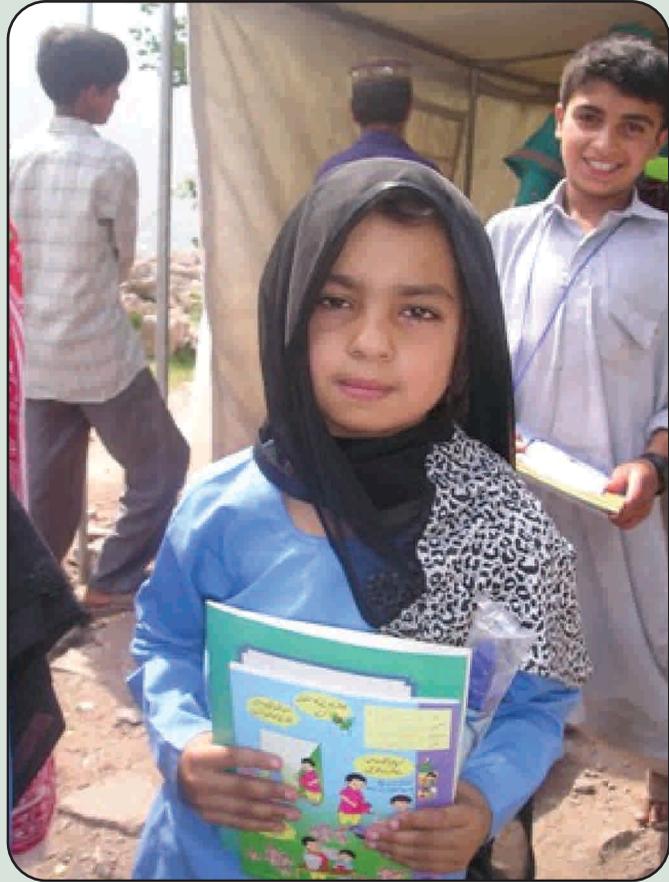
08, screening of 3.1 million students was completed. Out of these 12.48 had weight disorders, 4.77% had visual disorders, 3.95 had head lice, 2.24 had behavioral disorders, and 0.6 had hearing disorders. Students with health problems are referred to outpatient clinics or hospitals and all services are offered free of charge.



Cooking oil provided by WFP is being distributed among girl students



**5.2. 'CHERISH' in Singapore:** The CHERISH (CHampioning Efforts Resulting in Improved School Health) Award was launched in August 2000 to give recognition to and encourage schools to establish comprehensive health promotion programmes for students and staff through the fostering of good physical, social and emotional health for optimal learning. The CHERISH Award provides a framework for establishing comprehensive health promotion programmes in the school. Modeled following the recommendations of the WHO's Health Promoting School initiative, it uses a whole school approach towards health promotion. The Health Promotion Board introduced the School Health Promotion (SHP) Grant in 2003 to encourage more schools to establish comprehensive school health promotion programmes. The grant can be used to partially fund health promotion programmes targeted at students and/or staff in schools. HPB will reimburse the school 50% of the total amount spent by the school for health promotion activities, up to a maximum of \$5,000. Schools must co-fund the project by contributing an equal or higher amount.



**5.3. 'Fit for School' programme in Philippines:** Since 2003, 'Fit for School' programme is being implemented in Philippines. Interventions at school level include, daily supervised hand washing with soap prior to recess, daily supervised tooth brushing with fluoride toothpaste, and bi-annual de-worming of all children. The costs are comparatively low but benefits are high. Selected evaluation of the programme have confirmed following impact:

- Infectious diseases including diarrhea and respiratory infections are reduced by 30 to 50%
- The progression of (dental) caries is reduced by 40 to 50%
- The prevalence of helminth (parasitic worm) infections sinks by 80%
- The number of children with below-normal height and weight is reduced by 20%
- School attendance rises by 20 to 25%

Currently the programme is implemented by Philippines Department of Education in close cooperation with 20 different units of local government. The Department of Education has also launched a new school health programme which seeks to address both malnutrition and academic performance of elementary schools in selected schools nation wide. Programme is focusing on Pre-school and Grades I pupils Each recipient child is given a ration of one kilo of rice on each school day. In 2007, about 2.7 million children were benefitting from this programme.



#### 5.4. India - School Health Programme through NRHM

National Rural Health Mission (NRHM), Ministry of Health, in collaboration with Education sector and States has launched a School Health Programme, which is nation wide is comprehensive in its scope and nation wide in its coverage. It intends to cover 1.288 million schools, benefiting 220 million school children. SHP in India consists of following components and interventions:

**i. Health Screening and Remedial Measures:** At least annual health screening covering general health and personal hygiene, clinical assessment of anemia, eye examination, ear discharge and hearing problems, common dental conditions, common skin diseases and infestations, heart defects, disabilities, learning disorders. Remedial measures include remedial actions at school level and referral to laboratories and hospitals. Student Health Cards and transport facility for referral are provided. For documentation purposes, School Health Register is maintained. Bigger schools are provided necessary (basic) equipment by the Health Department for health screening.

**ii. Health and Nutrition Education:** Health and nutrition education messages are transmitted using multiple approaches, including infusion into curriculum, extra curriculum activities, physical education and sports, and health counseling etc.

**iii. Nutritional Interventions:** An important component of nutritional interventions in Mid-day meal programme. This programme has led to improvement in enrolment, retention, and learning achievement. Second intervention is provision of Micronutrients, including weekly provision of Iron-Folate tablets, and administration of Vitamin-A in needy cases. De-worming interventions are provided as per national guidelines, with biannually supervised schedule. Siblings of students are also covered.

**iv. Safe and Supportive Environment in School:** Under this component provision of sanitary facilities in schools are ensured. This means schools must be able to provide sanitary environment, functionary sanitary latrines, facility for hand washing, supply of potable water.

**v. Capacity building for Health Screening:** This includes training of health department staff to be involved in health screening, training of nodal teachers, and provision of a tool kit to schools consisting of training and resource manuals, audio-visual aids, and guidebooks etc.

School Health Programme is being implemented in most of the States in India. Framework and Guidelines for SHP have been developed by the central government, whereas implementation is undertaken by the States.

For additional information please visit following web page of National Rural Health Programme of Ministry of Health and Family Welfare, Govt. of India.

#### 5.5. SHP in other countries:

In Asia, A number of other countries, including Sri Lanka, Bangladesh, Thailand, and Malaysia are implementing some components of School Health Programme. Sri Lanka has School Health and Nutrition Branch established as part of Ministry of Education. In Malaysia School Health Programme is implementing through Health Promoting Schools.



## 6. Health and Education Indicators in Pakistan

In Pakistan, about one third children under 5 years of age are underweight, 60% rural population does not have adequate facilities of sanitation, and 23% people live below poverty line (The State of the World's Children 2009). Pakistan is spending merely a small ratio of its GDP on health and education. Under these circumstances, there is a need to accord priority to health and education of new generations through school health programme.

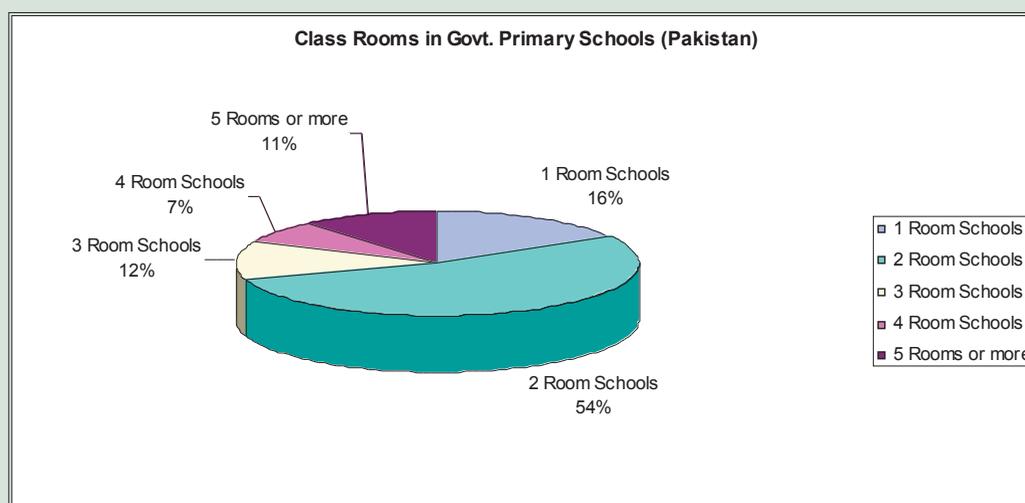
More than 45% or over 50 million people in Pakistan are illiterate, mainly because basic education opportunities has not been made available by the state to all of its citizens. At present, about one third school aged children in Pakistan are not enrolled in primary schools. About 30-40% enrolled children leave the school before completion of primary education and join the lot of illiterates in the country. Due to resource constraints, the government has been mainly focusing on opening of new schools, appointing additional teachers, and provision of missing facilities in existing schools.

Expansion of access to schooling, including construction of school buildings and the provision of missing facilities in the existing schools are certainly a priority. Latest statistics of EMIS reveal that most schools are sparsely equipped and lack basic facilities.

### Rooms per school in Government Primary Schools (Pakistan)

No of Rooms	1 Room Schools	2 Room Schools	3 Room Schools	4 Room Schools	5 Rooms or more	Total Schools reported data to EMIS
No of Schools	16,154	54,887	11,745	7,316	11,198	101,300
Percentage %	16	54	12	7	11	100

Source: Govt. of Pakistan, Ministry of Education, AEPAM, Pakistan Education Statistics (2006-07), Table 1.15, page 69, Islamabad

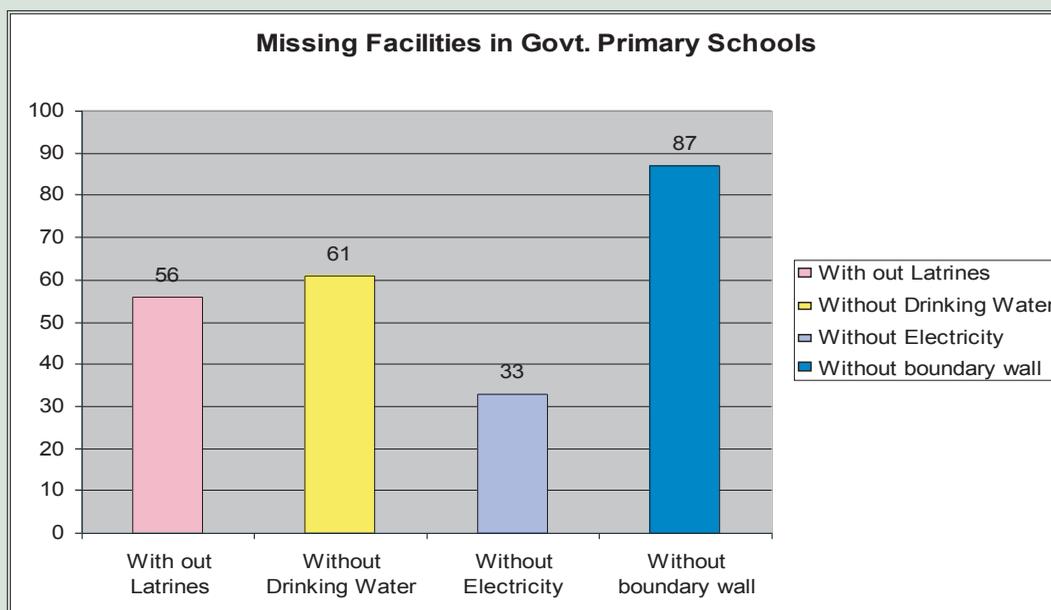


Above table shows that 70% primary schools in Pakistan have only 2-room building for five classes. Many children in rural schools either sit in congested class rooms, or study in open air, in veranda, or under a tree. Inadequacy of space not only hinders learning achievement of students, it also negatively affects their health and physical growth at this early stage.



### Missing Facilities in Government Primary Schools

Facility/ Schools	With out Latrines	Without Drinking water	Without Electricity	Without boundary wall
Percentage % of Schools	56	61	33	87



Above table show that 61% Govt. Primary schools lack drinking water and 56% do not have latrine facilities. 33% Govt. Primary Schools are without electricity (EMIS 2006-07, AEPAM). Many schools do not have boundary walls. Under these circumstances, not enough is being done to address quality aspects, particularly for the provision of required teaching-learning environment and facilities to meet developmental needs of young students.

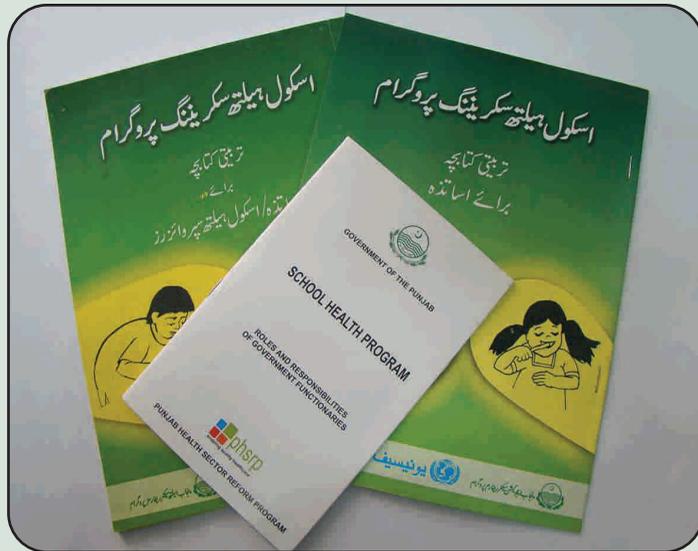
## 7. History and status of School Health programme in Pakistan

Historically, various elements of school health programme have been delivered in Pakistan in a fragmented manner. In the early 70's, School Health Services remained a component of Health Service Delivery. During 1980s, some form of School Health Programme was started, with focus on health screening etc., and medical doctors were specifically appointed for this purpose at the grass root level. In most of the cases, medical doctors avoided going to rural areas and an effective system of monitoring of their attendance could not be evolved. Resultantly, this initiative could not succeed in achieving desired results as was discontinued. Recently, School Health Programme was launched in Punjab by Punjab Health Sector Reforms Programme (PHSRP) and National Commission for Human Development. Summaries of their projects are given below.



### 7.1. School Health programme by

**PHSRP:** Punjab Health Sector Reforms Programme (PHSRP) perceived that there is a dire need of a Health and Nutrition Programme for the school children studying in rural areas. School Health Programme was therefore designed and launched to improve health, nutrition, and learning performance of students, to increase school enrolment, attendance, to introduce better hygiene practices in the community. SHP by PHSRP was conceived and initiated to achieve the Millennium Development Goals (MDGs) for health, education and child protection. SHP in Punjab has following features and achievements:



- i. **Appointments:** School Health and Nutrition Supervisors (SH and NS) have been appointed at Basic Health Unit (BHU) level in 22 districts.
- ii. **Training Modules:** Training materials including manual for SH & N Supervisors and School Teachers on School Health Programme has been prepared with the assistance of UNICEF.
- iii. **Training of SH and NS:** All the recruited SH & N Supervisors have been given training in their roles and tasks relating to School Health Programme.
- iv. **Training of Teachers:** SH & N Supervisors are also training school teachers in screening of common ailments of students relating to Eye, ENT, Dental, Skin and general physical problems
- v. **Health Screening:** SH and N Supervisors and teachers have started conducting health screening in schools.
- vi. **Referral and Treatment:** After screening, if any problem is detected, the students are referred to Health Officer of concerned BHU. Health Officers examine the referred students and provide treatment. In case the student needs any specialized treatment, Health Officer refers him/her to the concerned specialty available at the nearest hospital i.e. RHC, THQ, DHQ & Tertiary Care Hospital. All these health services are provided free of cost.

With a view to ensure coordination between Health and Education Department, donors and implementation partners, Govt. of Punjab has formed a Steering Committee on School Health Programme. A Working Group on School Health Programme has also been formed. School Health Programme by PHSRP in Punjab is still at its early stages. At present, it is mainly focusing on one component i.e. School Health Services. UNICEF is extending support in selected districts for improving school environment by constructing toilets and water pumps in schools, promoting Hygiene Education. It has supported testing water quality of about 46000 schools. UNICEF is also supporting capacity building and involvement of School Councils to facilitate implementation of School Health Programme at grass root level. Punjab Education Sector Reforms Programme (PESRP) is extending full support and cooperation to PHSRP for the success of SHP in the province.



**7.2. School Health Programme by NCHD:** In June 2005, National Commission for Human Development (NCHD) launched School Health Program in 17 districts of Pakistan with funding from Bill and Melinda Gates Foundation.

The programme covered 23,266 Primary Schools of these districts and benefited 1.86 million students. These students were screened bi-annually for health problems and were referred for corrective actions to the established referral outlets. For example, out of 1.86 Million students screened during 2006-07, 3.31 % had weak eyesight, 1.31% had eye disease, 1.04% had weak hearing, 1.2% had ear diseases, 5.02% suffered from dental problems and 2.94% students suffered from skin problems. During the year, 53543 students found with weak eyesight were provided free eyeglasses under the program. Gujrat Model of School Health Programme in Punjab, coordinated by NCHD, has earned appreciation of stakeholders.



A ceremony for launching of School Health Programme by NCHD

Although School Health Programme in Punjab is a laudable initiative, it does not include interventions relating to other two other important components, particularly School Nutritional support and a well organized campaign on Health Education for students. There is a need to sustain and expand this good initiative in Punjab and replicate the same to other provinces as well. Pakistan needs a country wide and comprehensive School Health Programme, which equally addresses all the four areas, including School Health services, School Health Education, School Health Environment, and School Nutritional support etc.

## 8. Implications of not launching School Health Programme (SHP)

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

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



Experts believe that investment on school health programmes yield higher social returns, in the areas of education, productivity of human resources, their health, and environmental protection in a given country. By investing on school health programme, Pakistan can overcome problems, deficiencies, and implications referred above.

## 9. UN Support for School Health Programmes

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

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

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



## 10. Health Education interventions by Ministry of Education

An important component of School Health Programme (SHP) is Health Education. The Curriculum Wing, Ministry of Education has contributed significantly towards the inclusion of health and hygiene education and environment related content into school textbooks. In collaboration with UN agencies like UNDP, UNESCO, UNFPA, and UNICEF special training manuals and supplementary reading material for teachers have been prepared and teacher training workshops organized on following themes:

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

However, above interventions have remained limited in their scope and coverage, due to financial constraints. Secondly, these interventions have not been institutionalized and their sustainability depends on support from donors.

## 11. Policy commitment of Pakistan with respect to SHP

The National Education Policy 2009 provides for the following Policy Actions regarding School Health Program and related emerging trends.

*“Emerging trends and concepts such as School Health, Prevention Education against HIV/AIDS and other infectious diseases, Life Skills Based Education, Environmental Education, Population and Development Education, Human Rights Education, School Safety and Disaster and Risk Management, Peace Education and inter-faith harmony, detection and prevention of child abuse, etc shall be infused in the curricula and awareness and training materials shall be developed for students and teachers in this context, keeping in view cultural values and sensitivities”. (Policy Action No 9, page 45).*

Above provision of National Education Policy, under the section on Curriculum Reform, are comprehensive. This provision shows commitment of the Government of Pakistan to include content on health related issues like AIDS Prevention Education; Life skills based Education, Human Rights, Population Education and other pertinent areas in the curriculum.

Another important Policy Action is quoted below:

*“School Health Education and School Safety shall be infused within the curricula and learning materials with focus on improving school environment, enriching health education content, instituting regular mechanism for health screening and health services of students and nutritional support to needy children in coordination with Departments of Health, Environment and Population at the Federal, Provincial and District levels”. (Policy Action No 10, pages 45-46).*



Policy Action No 10 of the new National Education Policy clearly supports regular mechanism for health services for schools, including health screening and nutritional support to needy children in schools.

Now since the new National Education Policy has been approved on 09 September 2009, the Federal and Provincial Governments stand committed to implement policy actions envisaged referred above.

National Drinking Water Policy (Sept 2009) envisages to provide access to safe and sustainable water supply to entire population of Pakistan. Similarly, the National Sanitation Policy (2006) aims at providing adequate sanitation coverage for improving quality of life of people of Pakistan, and provide physical environment necessary for health life. Both these Policies support the provision of water and sanitation facilities to all, including in schools. Water and sanitation facilities contribute towards improving School Health Environment, which is an important component of School Health Programme.

## **12. What needs to be done? Proposed Strategic Actions**

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

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

## **13. Desired Actions at National level**

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

- Units on SHP: Separate units or sections on School Health Programme may be established at the federal level, in both relevant Ministries i.e. Ministry of Education and Ministry of Health
- Advocacy: Policy dialogue with Ministry of Education, Ministry of Health and Environment including orientation of key officials on the concept and rationale of SHP. Decision makers should be convinced to invest on different components of school health programme.



- Material Development: Preparation and production of advocacy and teaching-learning material on school health programme, for the officials, educators, school heads and teachers.
- Students Curricula: Integration of new and more explicit messages relating to health, nutrition, HIV and AIDS Prevention Education and Population Education in the textbooks for students
- Teacher Training Curricula: Inclusion/enrichment of health education or school based health related activities and approaches in the teacher training curriculum
- Research work: Studies (e.g. pilot surveys) on pertinent issues and indicators relating to health status of school children, and building a data base.

#### 14. Desired Actions at Provincial level

Following the pattern at the federal level, provincial governments should also take policy actions and concrete steps for planning and launching of school health programme. Few are listed below.. Mechanisms for coordination between various actors of SHP may be instituted. Roles and responsibilities of various departments and officials at different levels may be spelled out along with allocation of necessary budget required for this programme. Relevant focal point organizations at provincial level should also undertake the tasks of material development, training, and research in this important area.

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

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

#### 15. Desired Actions at District level

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

- Orientation: District education authorities, District level Health staff and district Nazims need to be provided orientation about the concept and rationale of school health programmes, including roles and responsibilities of different departments.
- Visits of Health staff: Periodical visits of medical doctors to the schools for undertaking following tasks:
  - Annual/or six-monthly Medical check up of all students, particularly their eyesight, weight, and other indicators of fitness



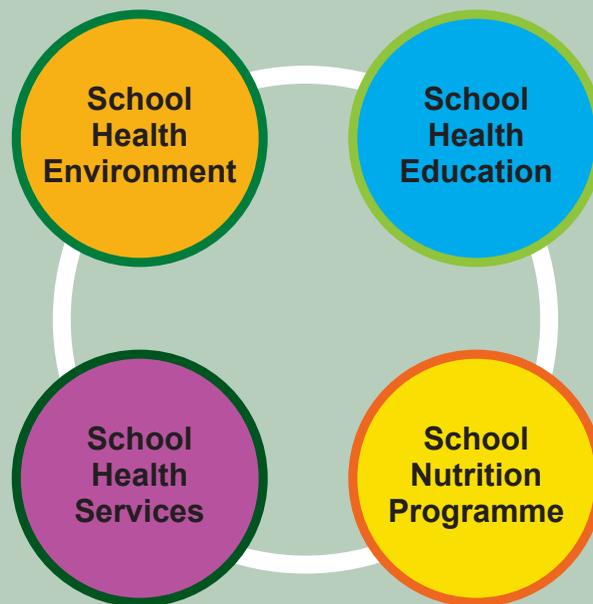
- Informative lectures on health, hygiene, and nutrition etc. for the students
- Special lessons in Secondary/higher secondary schools on issues and diseases related to adolescence (e.g. STIs, AIDS Prevention etc)
  
- Capacity building: Orientation of school heads for organizing school-based health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

## 16. Political will and partnership building for School Health Programme

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



**Focusing Resources on Effective School Health**



**Ministry of Education, Curriculum Wing**  
Government of Pakistan, Islamabad

In Collaboration With:

**United Nations Educational, Scientific and Cultural Organization (UNESCO)**

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