NUR CENTER
for Research and Policy

SUMMARY REPORT

ilm IDEAS
ADVOCACY AND INNOVATION FUNDS FOR EDUCATION IN PAKISTAN

SCHOOL CHILDREN HEALTH AND NUTRITION IN PUNJAB AND BARRIERS TO INSTITUTIONALISATION OF SCHOOL HEALTH PROGRAMME

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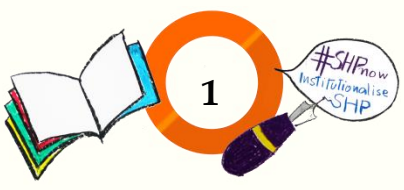
SUMMARY report

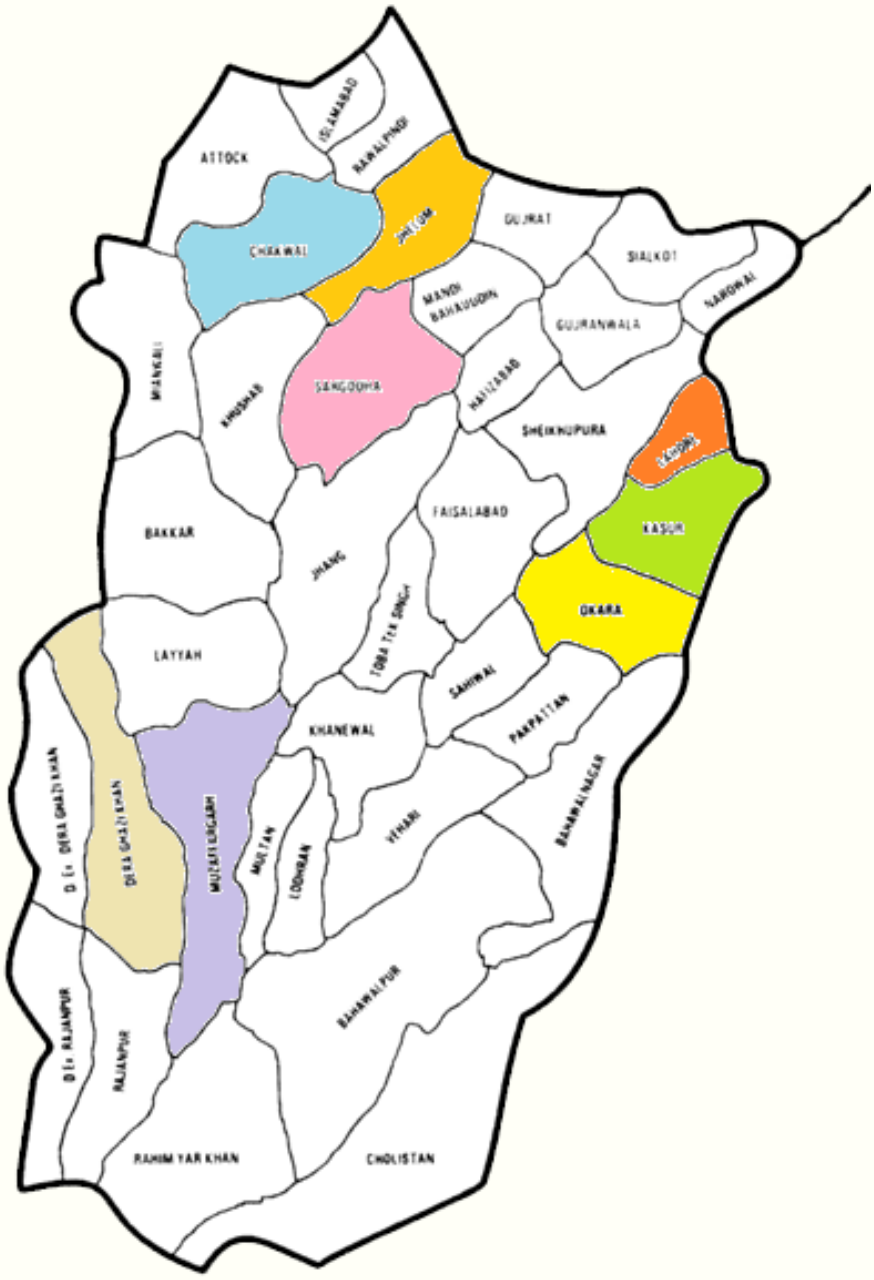
The inextricable link between health and education is well established and ample evidence is available to show that poor health and nutrition of school children affect their concentration and comprehension and thereby impede their cognitive development. This is responsible for poor school performance and has direct implication for the achievement of their and the country's educational goals. Educational achievement of students is central to quality human development on which depends a country's global competitiveness and sustainable national development. Effective educational systems are required to ensure that school children are healthy and able to learn. The good health of children also increases school enrolment, reduces absenteeism, and brings the poorest and most disadvantaged children to school. School health has therefore come to be recognised as an investment in a country's future and in the capacity of its people to thrive economically and socially. School health programmes (SHP) which were previously a feature of high and middle income countries and elite schools in low income countries are now being developed to specifically target poor and marginalized children in a number of developing countries. The WHO Global School Health Initiative launched in 1995 seeks to mobilize and strengthen health promotion and education activities through schools to improve not only the health of school age children and school personnel but also that of their families and communities and to achieve important public health goals like combating malaria, worm infestation, and malnutrition and promoting sexual and reproductive health, hand washing and personal hygiene. At the World Education Forum 2000 governments, organisations, agencies, groups and associations partnered to launch the Focus Resources on Effective School Health (FRESH) framework for school health and pledged to achieve the goal of 'Education for All' (EFA) through the creation of safe, healthy, inclusive and equitably resourced educational environments conducive to excellence in learning.

Pakistan has been experimenting with the implementation of SHPs from time to time. A successful and sustainable model has as yet not been developed. With the 18th constitutional amendment empowering provinces to take on the full responsibility and authority for education and health, the provinces are in the processes of developing their policies, strategies and programmes in the two sectors. The Punjab government has recently launched a School Health Programme in thirty three of its thirty six districts through Punjab Health Sector Reforms Programme (PHSRP). The study being reported was undertaken with the objectives to assess the health and nutrition status of school children, environment they study in, the impact of past and currently on-going SHPs and to identify the barriers which impede the effective implementation of SHPs. The purpose is to provide evidence for strengthening the ongoing SHP and for advocating the need for its institutionalisation in the education system.



Methodology

The study was undertaken in eight districts of Punjab province of Pakistan, three districts in which the National Commission for Human Development (NCHD) SHP was implemented and five in which the Punjab Health Sector Reforms Programme (PHSRP) SHP is being implemented. Multistage sampling was done to select 16 each girls and boys schools and from these 2060 students including 1029 girls and 1031 boys for the quantitative component of the study. Documents' review, in-depth interviews (IDI) and Focus Group Discussions (FGDs) were undertaken to assess government policies and strategies for achievement of education and health goals, the objectives and implementation strategies of past and current SHPs, and stakeholders' perspectives on health and nutrition needs of school children.



Stakeholders/respondents included 128 parents, 24 community members, eight school principals, 128 school teachers, eight health and nutrition supervisors and 26 Health, Education, Social Welfare, Zakat and Ushr and Non-Governmental Organisations' (NGOs) managers.

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Results and Conclusions

PUBLIC SECTOR SECONDARY SCHOOL CHILDREN HAD POOR HEALTH AND NUTRITIONAL STATUS:

- Sickness was responsible for up to 50% of school absenteeism
- Fever, headaches, earaches, toothaches and stomach problems were common reasons for absenteeism
- Twenty percent girls and 22 percent boys had intestinal worm infection and 22% girls and 21% boys had received de-worming medicine
- Low weight for age was found in 7% girls and 17% boys and 11% of boys aged 14 years and more were stunted

PARENTS OF MOST OF THESE CHILDREN CANNOT AFFORD THEIR ADEQUATE CARE AND NUTRITION:

Majority of these children come from low income poor homes and their parents have limited resources to provide them with adequate nutrition and health care in a period of their life cycle in which rapid growth occurs.

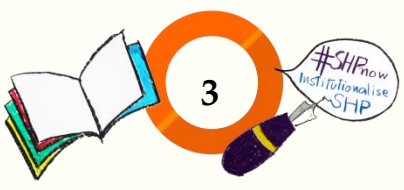
SCHOOL ENVIRONMENT IS NOT HEALTH PROMOTING IN MOST SCHOOLS:

Many significant gaps in the school environments were found which are not only likely to affect the physical health of the children but also their school performance and educational achievement.

- No playgrounds in 7.5% girls and 10% boys' schools
- Inadequate drinking water arrangements in 31.2% girls and 41.0% boys' schools
- Sanitary latrines absent from 27.4% girls and 22% boys schools
- No libraries in 50.0% girls and 41.0% boys' schools
- Absent dispensaries and first aid arrangements in all schools surveyed

LIMITED IMPACT OF PAST AND CURRENTLY ON-GOING SHPS- REASONS INCLUDE:

- School health packages are incomplete
- Poor coordination between health and education sectors in SHPs implemented to date



GAPS AND BARRIERS TO IMPLEMENTATION AND INSTITUTIONALISATION:

- **Teachers (46%) and parents (45%) were found to be the main source of the students' health and nutrition knowledge:** Health services and health professionals were the source of advice for 5-6 percent only
- **No ownership of currently-ongoing SHP among school management and teachers:** However they were reluctant to take on responsibility owing to:
    - Overburdened teachers
    - Inadequate funding and other resources
- **Parents and families role is not recognised in SHPs:** There is little involvement of parents and community members in SHPs and other school health promoting activities. Their role in the effective implementation of such programmes and activities is not recognised
    - **Questionable sustainability:** Managers were sceptical about the impact of SHP and its sustainability owing to their donor dependence, uncoordinated implementation and lack of transparency
    - **Document review:** Lack of political commitment to the health of school children as indicated by the absence of specific legislation and policies on school health. This may also be responsible for programmes' dependence on donor funding

SCHOOL CHILDREN AS HEALTH PROMOTERS IN THE COMMUNITY:

50% girls and 37% boys informed that they convey health and nutrition knowledge to their parents and families, and over 90% were convinced that their families listened to them. Their relevant and effective health education in schools can help with health promotion in the community.

50%

Of absenteeism because of sickness

21%

Of study students had intestinal worm infection

50%

Of girls convey health and nutrition information to their families

11%

Of boys stunted

90%

Of students are convinced that their families listen to their health and nutrition related information

46%

Of students cited teachers as their source of health and nutrition related information

37%

Of boys convey health and nutrition information to their families

45%

Of students cited parents as their source of health and nutrition related information

Recommendations

Multi-sectoral (systems) approach to the implementation of SHP with the Punjab Education Department taking on the stewardship role of legislation and policy development, oversight including monitoring and supervision, coordination and facilitation of all other stakeholders;

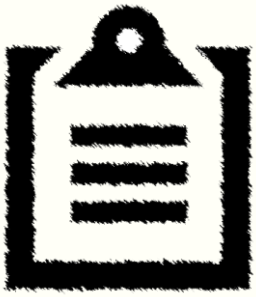
Implementation of the full SHP package including health education, school environment, school health services and school nutrition services;

Legislation:

Legislation is a reflection of a country's leadership's sincere commitment to resolving issues and addressing challenges. Enacting a law or laws similar to those in the developed world on School health and Nutrition can ensure effective implementation of School Health Programmes.

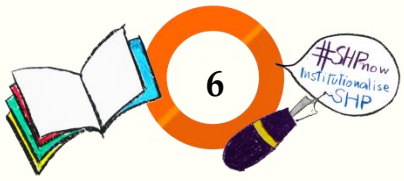
Policy:

A comprehensive, overarching School Health and Nutrition Policy needs to be developed recognizing the specific needs of school going children and adolescent. The policy should be primarily anchored to Education Policy with the roles of health and other departments like food and agriculture, social welfare and sports etc. clearly defined in its implementation. Water, Sanitation and Hygiene (WASH) related projects must also cover schools.



Coordination and monitoring:

Functioning coordination mechanisms between Health and Education and other relevant departments must be established to ensure the effective implementation of school health and nutrition programmes. Monitoring and periodic third party evaluations must be integral part of programmes. Parents and community including school councils may be authorised to undertake monitoring.



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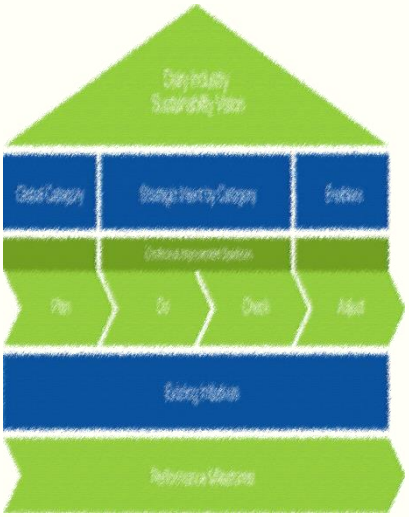
Funding:

Funding is always a major challenge to implementation of policies and programmes. Funding for SHPs must become a regular part of education budgets. Funding can come from diverse sources but federal and provincial funds are the core. Departments which are identified as partners in SHP can contribute funds and or other resources to the programme. Resources can be mobilized from the corporate sector under social responsibility and philanthropist. Social Welfare and Zakat funds can also be tapped for the purpose.



Research and development of effective and sustainable implementation and funding models:

The most expensive component of SHP is school meals. Sustainable models for provision of school meals need to be developed.

Human Resources for SHPs:

Providing effective comprehensive health and nutrition services to millions of school children needs adequate and competent human resources. School Health and Nutrition Supervisors are overburdened and need to be supported. Teachers; if their number is increased and are given training; can take on some of the responsibilities of SHNSs. Community volunteers and school council members can be trained to assist SHNSs and teachers in screening, referrals and health education. Teachers need to be trained on providing first aid to students in case of emergencies.

Role of Parents and Community

Lack of awareness amongst parents is a factor responsible for childrens' poor health and nutrition. Parents' lack of awareness of low cost alternatives for high nutrition value foods contributes to children malnutrition. Schools have the infrastructure to organize health and nutrition awareness creation activities if supported with necessary resources and cooperation and collaboration of other departments such as health, food and agriculture etc.

Role of Schools and Students in Health Promotion

Schools, teachers and students are there at the grass root level to assist and facilitate the public health services in promoting healthy life styles and preventing diseases. As is being recognized now, there are many more schools than health facilities, many more teachers than public health professionals and millions of students to disseminate health and nutrition messages at the person to person level. Recognition of this at policy level and mandatory collaboration and coordination between health and education sectors and other relevant stakeholders can prove to be the most cost effective approach to health promotion to-date.

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