school health strategy

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foreword

In its education of approximately 491,000 Palestine refugee children, UNRWA also provides students with a School Health Programme to ensure their healthy development, learning and well-being.

To strengthen its School Health Programme, UNRWA developed the School Health Strategy, in close collaboration with Health and Education Departments, and with the participation of all UNRWA Fields during 2011-2013. The Strategy is integral to both the UNRWA Education and Health Reforms, and reflects the Agency's overall approach to inclusive education which takes a holistic look at the students' health, psychosocial and learning needs.

As such the School Health Strategy sets a clear focus on outcomes and outputs towards the improvement of processes and practices to ensure maximum impact on student's health and well-being, through the effective deployment of the available resources. The Strategy addresses four core areas to promote the healthy development of a student: comprehensive health services; a child-friendly, safe and healthy environment; health education; and healthy nutrition and canteens. The Strategy offers guidance as to how to provide students with the necessary skills and knowledge to reduce health risks associated with poverty, high population density and poor living conditions and malnutrition.

The Strategy will promote enhanced ownership of school management and stronger collaboration among health and education staff to address and respond to the health needs of Palestine refugee children. It will thus serve as a key reference document for articulating how a well-functioning school health programme will support child-friendly, healthy and safe schools across UNRWA.

Sincerely,

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1. rationale

1.1 introduction

The School Health Strategy, in line with UNRWAs Education Reform Strategy, its Inclusive Education Policy and the UNRWA Health Reform Strategy, aims to strengthen the quality of UNRWA's School Health Programme in order to ensure a healthy school environment and support all Palestine refugee students in achieving their full potential. As a joint effort by the Health and Education Programmes, the School Health Strategy will contribute towards achieving the universal Human Development goals of a long and healthy life, as well as acquiring knowledge and skills.

The UNRWA School Health Strategy reflects a global framework for school health, adopted at the World Education Forum in Dakar, Senegal in 2000: Focusing on Resources on Effective School Health, FRESH (UNESCO, UNICEF, WHO, World Bank 2000)[1] and draws upon a number of related initiatives including the Global School Health Initiative[2] (WHO 1995) which aims to increase the number of health promoting schools, the Nutrition Friendly Schools Initiative[3] (WHO 2005) and the Global School Health Survey (GSHS)[4]. FRESH takes it as a starting point that the goal of universal education cannot be achieved while the health needs of children and adolescents go unmet. An Education for All (EFA) thematic assessment for school health and nutrition[5] highlights the link of low school enrolment, absenteeism, poor classroom performance, and early school dropout with poor health, malnutrition, micronutrient deficiencies, parasite infections, drug and alcohol abuse, violence and injury, HIV and other sexually transmitted infections. Yet these conditions and behaviors can be improved. As outlined in FRESH a core group of cost effective activities, including skills-based health education and school-based health and nutrition services, can, and must, be implemented in order to meet those needs and thus deliver on the promise of Education for All. Skills-based health education has been shown to make significant contribution to the healthy development of children and adolescents and to have a positive impact on reducing health risk behaviors[6].

Schools thus have an important role to play in equipping children with the knowledge, attitudes, and skills they need to protect their health, for example, to practice basic hygiene and sanitation, negotiate and make healthy decisions about sexual and reproductive health choices; or listen and communicate well in relationships. As children grow into young adults, they can play leadership roles in creating healthy environments – advocating, for example, for a tobacco-free school or community.

UNRWA's School Health Programme consists of school health services and health education. Achievements of the UNRWA School Health Programme include a new school entrants' medical examination, an immunization programme, oral health services, health education campaigns and training of teachers in school health. However, despite the past successes, the UNRWA School Health Programme lacked a comprehensive and inclusive approach to health education, school nutrition services and meeting of student's health needs. Capacity to systematically follow up students with additional health needs have been insufficient, and the health education provided has depended largely on the initiative of individual health tutors and schools.

This Strategy will seek to build on the past successful practices while reflecting the global FRESH framework and aligning with the inclusive approach of the Education Reform, which takes a holistic look at the students' health, psychosocial and learning needs; and the UNRWA Health Reform, that introduces a

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[1] *Focusing Resources on Effective School Health, A FRESH start to enhancing the quality and equity of education. World Education Forum, Dakar Senegal 2000, final report.*
[2] *http://www.who.int/school_youth_health/gshi/en/*
[3] *http://www.who.int/nutrition/topics/nut_school_aged/en/index.html*
[4] *http://www.who.int/chp/gshs/en/*
[5] *World Education Forum, Dakar Senegal 2000. Education for All 2000 Assessment: Thematic Studies, School Health and Nutrition.*
[6] *http://www.freshschools.org/Pages/SkillsBasedHealthEducation.aspx*

comprehensive, needs-focused and family-centered approach. This approach necessitates a shift from a medical perspective towards changing the attitudes and practices of all staff in order to meet the health needs of the students, within a child-friendly, healthy and safe school environment. It requires a strengthened focus on identifying and addressing environmental barriers, health risk behaviors, health and protection needs of students.

The School Health Strategy will serve as a key reference document for Health and Education staff responsible for the School Health Programme and also support planning, implementation and quality assurance regarding school health.

1.2 students' health need in unrwa schools

Students health needs in UNRWA schools are related to three dimensions: **environmental barriers, health risk behaviors,** and **additional health needs** of individual students.

1.2.1 environmental barriers

Poverty, high population density and poor living conditions in the refugee communities mean that UNRWA students can be particularly vulnerable to a number of health risks. Sub-standard sewage systems can cause a health hazard in many areas; communicable diseases, related to poor living conditions, occur, as well as malnutrition related to inadequate diet and iron deficiency anemia[7]. In addition the prevalence of non-communicable diseases associated with health risk behaviors is increasing among the Palestine refugee population; these include cardiovascular diseases, diabetes, cancer and respiratory diseases, many of which could be prevented through a healthy life style.

Then there are a number of health risks which are related to the safety and health of physical school environments. For example the lack of sufficient sanitary facilities specifically, is a serious health concern for students, parents and teachers in many UNRWA schools. The lack of heating, combined with inadequate clothing of students, presents a real health risk in the winter months. Then, in some schools, the deteriorating infrastructure, such as falling ceilings, cracks in walls and unsafe staircases can create health and safety risks[8].

1.2.2 health risk behaviors

A number of health risks are related to attitudes, knowledge and behaviors of students. A Global School Health Survey conducted in UNRWA schools during 2010 revealed alarmingly common health risk behaviors among students, including smoking and substance abuse, unhealthy eating habits and overweight, poor personal hygiene (washing hands and teeth brushing), suicidal thoughts, physical inactivity, physical violence and bullying[9].

1.2.3 additional health needs of individual students

Some students in UNRWA schools are identified with additional health needs, related to chronic diseases, impairments and disabilities. Most commonly these include juvenile diabetes mellitus, bronchial asthma, heart diseases, epilepsy, sight problems and visual impairments, hearing impairments and physical disabilities[10]. Other additional health needs may be temporary and related to non-contagious and contagious diseases (including flu, mumps, rubella, hepatitis, head lice) or accidents.

The School Health Strategy will support schools in identifying and addressing health needs of students within all of these three dimensions: it places a strengthened focus on addressing environmental barriers, as

[7] *UNRWA Medium Term Strategy 2010-2015*
[8] *UNIVERSALIA Review, 2010*
[9] *Global School Health Survey 2010 combined UNRWA Survey, CDC Atlanta, Global Oral Health Survey 2011, see summary of results in Annex 1*
[10] *The Annual Report of the Department of Health 2010*

well as student's health risk behaviors while encouraging schools to better identify and support students with additional health needs.

1.3 current structure and services of UNRWA's school health programme

UNRWA's existing School Health Programme consists of a number of health services provided in cooperation between Health and Education Departments. The health services provided are detailed in the School Health Programme Technical Instruction No. HD/HPP/04/2005. Revision No. (3) and consist of

- new school entrants medical examination
- immunizations
- hearing and vision screening
- dental care
- de-worming and vitamin A supplementation
- follow up on children with special health needs
- school environment and canteen inspections
- health education

These health services are provided to UNRWA schools, via Health Centres (HC) and **School Health Teams** (including a Medical Officer and Nurses) who visit schools according to scheduled visits to cover all schools within a scholastic year. However, due to the challenge of covering all schools with a small team the ability of the this teams to detect all students health needs has been limited and their capacity to follow up on students with additional health needs insufficient.

School Health Committees comprising of school staff have been responsible for facilitating the work of School Health Teams and implementing school health activities which include: health education, inspection of health conditions of canteens, screening for environmental health concerns, screening of students with health needs and responding to daily health issues such as giving first aid and referring students to the nearest health centre.

UNRWA has been providing a health education course to train teachers to carry out these school health activities during the last decades. This course continues to be delivered by Education Development Centres in the Fields and is conducted through regular sessions for over one year. The main responsibility for following health related issues at schools lies then with the teachers trained through the UNRWA health education course, referred to as health tutors. Some non-teaching periods have been allocated to these health tutors to carry out their duties. However, this allocation has varied in Fields and schools and ranges between 0-5 non-teaching periods a week, this has proved insufficient to comprehensively follow up all the related responsibilities. In addition head teachers have been responsible to react on health needs where necessary.

This Strategy thus, seeks to strengthen the delivery of the core school health services and complement it through a comprehensive inclusive approach for better meeting the needs of all children.

2. overview

2.1 purpose

The purpose of the School Health Strategy is to strengthen the quality of UNRWA's School Health Programme in order to promote a healthy school environment, address health risk behaviors of students and to better meet the health needs of individual students.

Specifically this Strategy aims towards ensuring an UNRWA School Health Programme that is inclusive, protective and preventative and that is carried out in coordination and collaboration of health and education programmes.

2.2 principles and approach

This Strategy promotes a unified definition of a comprehensive and inclusive School Health Programme, one that reflects the following principles:

- child-centred and child-friendly approach
- prevention of diseases and protection of health and wellbeing
- ownership of school management and staff
- parental and community engagement
- collaboration of health and education staff

A *child-centred and child-friendly approach* means a strengthened focus on the well-being of children, identifying and responding to their individual health needs, rather than focusing only on medical deficits and treatments.

Increased focus shall be given on *prevention of diseases and protection of health and well-being* by addressing health risk behaviors through skills based health education, as well as recognizing and addressing social and environmental barriers that affect students' health and wellbeing.

This Strategy encourages the *ownership by school management and staff* of a comprehensive and inclusive School Health Programme. This requires that school health is an integral part of school plans and ongoing activities and that all teachers take responsibility for health education, students' health and well-being.

Parental and community engagement will be strengthened in all school health activities. Parents will be encouraged to share information on the health needs of their children and together with teachers agree on the needed actions and support.

Collaboration of health and education staff will also be strengthened, through enhanced communication and information sharing, joint planning and implementation of school health activities. Flexible and responsive ways to react and follow up to health needs of students should be promoted.

2.3 outcomes

This Strategy outlines four outcomes[11] for a quality School Health Programme:

- comprehensive school health services, which identify and respond to students' health needs, are provided.
- a child-friendly, safe and healthy learning environment is in place.
- health education addresses health risk factors, raises awareness on prevention of diseases and supports healthy life style choices.
- nutrition education and school canteens support a healthy diet among students.

[11] *For more details refer to the attached log frame, annex 2.*

2.3.1 comprehensive school health services

outcome 1	comprehensive school health services, which identify and respond to students' health needs, are provided.
outputs	school based support for students health needs is strengthened.
	referral and information sharing mechanisms between schools and health centres/school health teams are strengthened.

Comprehensive school health services require that school-based support for students health needs is strengthened. This means that, in addition to medical examinations, screening in certain grades, and support provided by school health teams, the ongoing identification of needs and support in schools should be enhanced. It is important that all teachers are better able to identify and respond to students' health needs. As outlined in the Inclusive Education Policy schools should form student support teams to support teachers in identification of health, learning and psychosocial needs and planning for support. These teams will support the functions of school health committees and facilitate meeting the needs of individual students.

Further it is essential to strengthen referral and information sharing mechanisms, between schools and health centres, in order for schools to have the necessary information on students' health needs and the support required. Schools will need to work to ensure that:

- students with additional health needs are identified and supported.
- functional referral and in formation sharing mechanisms are in place between schools and health centres / school health teams

2.3.2 a healthy school environment

outcome 2	a child-friendly, safe and healthy learning environment is in place.
outputs	a safe physical environment is promoted.
	a child-friendly social environment is supported.
	emergency preparedness measures are in place.

A healthy and safe physical environment requires that schools maintain safe, clean and hygienic conditions in their premises, including school buildings, classrooms, science laboratories, yards, canteens, water and sanitation facilities. A child-friendly social environment is welcoming and stimulating and provides protection from violence and abuse. This promotes the mental health and psychosocial well-being of the students[12]. Also, emergency preparedness measures should be taken to ensure the safety and health of students and staff in case of epidemics, accidents, sudden critical illnesses, natural disasters and conflict situations. It is necessary therefore that the

- school maintains safe, clean and hygienic conditions.
- school environment is welcoming, stimulating and protective.
- emergency preparedness plan is in place and known by all staff.

[12] *The approach to child-friendly schools and psychosocial support is outlined in more detail in UNRWA's Conceptual Framework for Psychosocial Support (draft 2012)*

2.3.3 health education

outcome 3	health education addresses health risk factors, raises awareness on prevention of diseases and supports healthy life style choices.
outputs	personal hygiene of students is enhanced.
	physical activities for students are in place and encouraged at schools.
	health risk behaviors related to smoking and substance abuse are addressed.
	health education addressing reproductive health including puberty, HIV and AIDS is in place.

Skills-based health education that promotes students' self confidence and life skills should be provided to all students, appropriate to their age and needs. Health education needs to address identified health risk factors, raise awareness on prevention of diseases and support healthy life style choices. Health education can be provided both as part of the curriculum and through co-curricular activities. Curricular enrichment with regards to health education can be undertaken under related topics and schools can also be encouraged to launch campaigns to address specific health needs and health risk behaviors. It is essential that

- students are aware of personal hygiene, practice hand washing and tooth brushing.
- students are regularly engaged in a variety of physical activities such as free play, recreational exercise and physical education lessons.
- students are provided with positive role models, knowledge and skills to resist smoking and substance abuse.
- students receive age, developmentally, and culturally appropriate reproductive health education.

2.3.4 nutrition and canteens

outcome 4	nutrition education and school canteens support a healthy diet among students.
outputs	nutrition education and healthy food options in canteens are available for students.
	school canteens adhere to healthy conditions.

It is vital that nutrition education and school canteens support healthy eating practices among students. School management is responsible to ensure that school canteens adhere to healthy conditions and provide healthy food options. This should be complemented by nutrition education that encourages students to choose healthy food options. It is essential that the

- students are encouraged to select healthy food items as school meals.
- school canteens meet healthy conditions as set in the canteen management ETI (Education Technical Instruction).

3. implementation framework

The School Health Strategy aims to guide the effective and efficient implementation of the School Health Programme within existing structures, systems and available resources. The Strategy thus requires improving current processes and practices within the School Health Programme on all levels, to ensure these facilitate a comprehensive inclusive approach with a positive impact on students' health.

3.1 management

The School Health Strategy will serve as a key reference document for Health and Education staff at all levels who are responsible for the School Health Programme, with regards to supporting planning, implementation and quality assurance of school health practices.

3.1.1 agency-wide

The Education and Health Departments at Head quarters are responsible for the development of overall instruments and mechanisms to facilitate the Agency-wide implementation of the School Health Strategy. These will include Technical Instructions, tools for identifying and responding to students needs, referral and record keeping, and quality assurance; training programmes, establishment of partnerships and as data collection and research on school health.

3.1.2 fields

Field Education and Health Departments are responsible for planning, implementation and quality assurance of their School Health Programme, in line with the School Health Strategy and their Field specific needs, priorities, and available resources.

3.1.3 areas

School Health Teams, in coordination with Area Education Officers and Education Specialists (health education), are responsible for supporting the implementation of the School Health Strategy at UNRWA schools.

3.1.4 schools

School management has an important role in the implementation of the School Health Programme in line with the School Health Strategy. School health should be an integral part of School Development Plans and ongoing activities. In line with the Inclusive Education Policy, each school should form a Student Support Team that will coordinate school health, psychosocial and learning support and support identification of students needs. This team will comprise of the School Principal, Teacher Counselor, Health Tutor and other selected staff. The team may delegate specific responsibilities, as appropriate for available committees such as a school health committee with regard to the school health programme activities.

3.2 capacity building

Capacity building for all aspects of the School Health Programme is a continuous process and a joint responsibility of Health and Education Departments. An Agency-wide Teacher's Toolkit for identifying and responding to students needs is being developed and will further facilitate training and capacity building.

In addition to Agency-wide school health training programmes, responsive training based on specific Field needs may be offered in Fields.

3.3 monitoring and evaluation

The Health and Education departments are jointly responsible for monitoring and evaluation of the School Health Programme. The Health Department will continue reporting on the health status of school children and the school health services offered[13].

The Education Department will be responsible for ensuring UNRWA's School Health programme is monitored against an overall indicator: "Percentage of schools meeting healthy school criteria". This indicator consists of 11 sub-indicators which relate to the outputs of the School Health Strategy and are outlined in the attached log frame. A school self-assessment and quality assurance tool to measure this indicator is developed. Agency-wide progress on this indicator will be measured through the annual perceptional survey.

For effective quality assurance it is essential that the monitoring and evaluation mechanisms in the Health and Education Programmes complement each other and that any findings are discussed in order to develop joint recommendations and future directions for school health.

[13] *Health Department indicators are specified in the School Health Programme Technical Instruction*

annex 1: summary results of the global school health survey (GSHS) 2010 and the global oral health survey (2011) among UNRWA students

	female	male	total
dietary behaviors			
percentage of students who were overweight	22.7%	23.5%	23.1%
percentage of students who were obese	4%	7%	5.5%
percentage of students who usually drank carbonated soft drinks one or more times per day during the past 30 days	50.6%	53.2%	52%
drug use			
percentage of students who used marijuana one or more times during life	1.3%	6.1%	3.8%
out of the students who used drugs, the percentage who first used drugs before age 14	89.3%	85.5%	85.9%
hygiene and oral health			
percentage of students who usually cleaned or brushed their teeth less than one time per day during the past 30 days	23.2%	37.8%	30.4%
percentage of students who never or rarely washed their hands after using the toilet or latrine during the past 30 days	3.1%	6.8%	4.9%
percentage of students who have dental caries			> 75%
mental health			
percentage of students who ever seriously considered attempting suicide during the past 12 months	18.9%	20.4%	19.7%
percentage of students who have no close friends	7.9%	7.7%	7.9%
tobacco use			
percentage of students who smoked cigarettes on one or more days during the past 30 days	6.1%	22.8%	14.3%
among students who ever smoked cigarettes, the percentage who first tried a cigarette before age 14 years	89.3%	85.5%	85.9%
percentage of students who reported people smoked in their presence on one or more days during the past seven days	60.7%	61.4%	61.1%
physical activity			
percentage of students who were physically active for a total of at least 60 minutes per day on five or more days during the past seven days	17.1%	28.5%	22.9%
percentage of students who went to physical education (PE) class on three or more days each week during the school year	44.7%	48.5%	46.4%
percentage of students who spent three or more hours per day during a typical day doing sitting activities	26.6%	30.6%	28.7%
protective factors			
percentage of students who missed classes or school without permission on one or more of the past 30 days	34.6%	39.1%	37%
percentage of students who stated that their parents or guardians really knew what they were doing with their free time most of the time or always during the past 30 days	43.6%	43%	43.1%
violence and unintentional injury			
percentage of students who were in physical fights one or more times during the past 12 months	25.5%	54%	39.7%
percentage of students who stated that they were seriously injured one or more times during the past 12 months	20.2%	40.5%	30.5%
percentage of students who stated that they were bullied on one or more days during the past 30 days	51.3%	60.4%	55.9%

annex 2: school health strategy log frame

intervention logic	indicators	source of verification	assumptions
goal- a healthy school environment supported (ERS)	*percentage of schools meeting healthy school criteria.*	• school self assessment tool • perceptional survey • school health register • students' school health records • annual school health plan • canteen inspection checklist (ETI) • school health inspection report • school development plan	• stable Political and security environment in host countries • progress made in other parts of the Education Reform • basic school health services continue to be offered by Health Programme • capacity of school principals increased through Leaders of the Future Programme • professional development in school health is continued
outcome 1: comprehensive school health services, which identify and respond to students' health needs, are provided.			
output 1.1 school based support for students health needs is strengthened.	*students with additional health needs are identified and supported.*		
output 1.2 referral and information sharing mechanisms between schools and health centres/school health teams are strengthened.	*functional referral and information sharing mechanisms are in place between schools, health centres and school health teams.*		
outcome 2: a child-friendly, safe and healthy learning environment is in place.			
output 2.1 safe physical environment is promoted.	*the school maintains safe, clean and hygienic conditions.*		
output 2.2 a child-friendly social environment is supported.	*the school environment is welcoming, stimulating and protective.*		
output 2.3 emergency preparedness measures are in place.	*an emergency preparedness plan is in place and known by staff.*		
outcome 3: health education addresses health risk factors, raises awareness on prevention of diseases and supports healthy life style choices.			
output 3.1 personal hygiene of students is enhanced.	*students are aware of personal hygiene, practice hand washing and tooth brushing.*		
output 3.2 physical activities for students are in place and encouraged at schools.	*students are regularly engaged in a variety of physical activities such as free play, recreational exercise and physical education lessons*		
output 3.3 health risk behaviors related to smoking and substance abuse are addressed.	*students are provided with positive role models, knowledge and skills to resist smoking and substance abuse.*		
output 3.4 health education addressing reproductive health including puberty, HIV and AIDS is in place.	*students receive age, developmentally and culturally appropriate reproductive health education.*		
outcome 4: nutrition education and school canteens support a healthy diet among students.			
output 4.1 nutrition education and healthy food options in canteens are available for students.	*students are encouraged to select healthy food items as school meals.*		
output 4.2 school canteens adhere to healthy conditions.	*school canteens meet minimum healthy conditions set in the canteen management ETI.*		

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