Report of the Inaugural Training Course on School Health and Nutrition Programmes in Southeast Asia

Faculty of Tropical Medicine, Mahidol University
13 – 17 February 2012, Bangkok, Thailand

Jointly hosted by Mahidol University, Thailand, the Japan Consortium for Global School Health Research, Japan and the Partnership for Child Development (PCD), Imperial College London, United Kingdom.

Held at the Faculty of Tropical Medicine and the Rajanagarinda Tropical Disease International Centre, Mahidol University, Thailand.
Contents

Introduction 3

Course Rationale & History 4

Course Structure & Objectives 6

Meeting the Course Objectives 6
  1. Strengthening Partnerships 6
  2. Evidence-based Teaching 6
  3. Strengthening Capacity 6

Course Highlights 8

Action Plan Development 10

Reviewing the Course 12

Recommendations & Next Steps 13

Further Information 16

Figures

Figure 1: Children in Ratchaburi Province learn about malaria prevention.

Figure 2: Countries in attendance at the 2012 Training Course on School Health & Nutrition.

Figure 3: Distribution of participants by sector.

Figure 4: The four pillars of the Focusing Resources on Effective School Health (FRESH) Framework and its complementary supporting strategies.

Figure 5: Dr. Jitra Waikagul, Faculty of Tropical Medicine, Mahidol University lectures on Thailand’s school health programmes.

Figure 6: Children receive a balanced school lunch at Baan Bor Wee School.

Figure 7: Materials produced by children are used to teach malaria prevention and hygiene promotion.

Figure 8: Dr. Jun Kobayashi, Nagasaki University leads a school health policy development session.

Figure 9: The dean of the Faculty of Tropical Medicine, Mahidol University, Professor Pratap Singasavon, discusses innovations in school health and nutrition in Thailand today.

Figure 10: The headmaster of Baan Bor Wee Primary School presents on their approach to funding for school feeding.
Introduction

The inaugural Training Course on School Health & Nutrition Programmes in Southeast Asia was held in Bangkok, Thailand, from the 13th – 17th of February 2012. The course was jointly hosted by Mahidol University, Thailand, the Japan Consortium for Global School Health Research, Japan, and the Partnership for Child Development (PCD), Imperial College London, United Kingdom.

This new course brought together regional representatives from Ministries of Education and Health, the United Nations agencies and regional non-governmental organisations to promote the sharing of good practice, knowledge and experiences in school health and nutrition (SHN) both between countries and across sectors.

This report summarises the knowledge shared and activities undertaken by the forty-two delegates that participated in the 2012 course from ten South and Southeast Asian countries: Cambodia, Indonesia, Lao PDR, Myanmar, Nepal, the Philippines, Singapore, Sri Lanka, Thailand and Vietnam. Course facilitators with recognised expertise in SHN assisted participants to draft country-specific action plans and stimulate lively debates and discussions on current and innovative issues in the field.

The course placed a strong emphasis on building country capacity and strengthening regional partnering initiatives which seek to harmonise SHN activities, thereby contributing to the achievement of Education for All and the Millennium Development Goals (MDG).

Delegates from a variety of sectors participated in the training course including Ministries of Education & Health, academia, the United Nations agencies as well as non-governmental organisations. One of the main objectives of the course is to develop partnerships in the region’s SHN community and this is demonstrated by the fact that 38% of the course participants were Ministry of Education staff while 19% were Ministry of Health staff, traditionally the ministries that host SHN departments.
Course Rationale & History

In the past decade, rapid progress has been made across Southeast Asia in putting in place policies, strategies and activities to support the implementation of School Health and Nutrition programmes in primary and secondary education. There is considerable diversity in approach reflecting different policy priorities, social contexts, programme structures and level of resources in the region. Although context specific planning is necessary, commonalities among countries’ SHN programmes exist, lending themselves to experience sharing on a multisectoral and diverse regional course such as this. Regional experiences and lessons learnt have been instrumental in refining SHN programming globally, especially with regard to sustainable programme planning.

However there is still a long way to go. New challenges arise and more efforts are required to scale up interventions to ensure that all those in school are able to benefit from them and that out-of-school children are not left behind. Targeted capacity building initiatives and practical support for those in the frontline of delivery of SHN and HIV prevention programmes is a critical, although sometimes overlooked, method to achieve better education through improved health. Even if governments and other agencies are convinced by the evidence, they often do not have the human resources and the training materials needed to move forward with policies and programmes. Where expertise does exist, staff turnover amongst educationalists and public health professionals can be high and those with competence are often quickly moved to more prominent posts.

There is therefore, an urgent need to increase the number of trained staff who can run the programmes that children need. Scaling up SHN activities requires sufficient human resources which in turn increases demand for capacity building programmes.

In response to the SHN needs in Southeast Asia, a new training course was proposed to build upon the current training activities and develop a regional short course on school health and nutrition. The combination of the expertise of the Asian Centre of International Parasite Control (ACIPAC) at Mahidol University’s Faculty of Tropical Medicine in parasitic disease control, the research experience of the Japan Consortium for Global School Health Research (JC-GSHR) and the programmatic experience in school health and school feeding of the Partnership for Child Development (PCD) can provide a strong platform for this new activity.

A consultative workshop was held by the partners in Bangkok on the 2nd – 4th of March 2011 with key SHN representatives from Ministries of Education and Health in South & Southeast Asia as well as UN agencies and local non-governmental organisations. Delegates from Lao PDR, Myanmar, Singapore, Sri Lanka and Vietnam attended this planning meeting while SHN experts from Japan, Thailand, and the UK shared experiences and best practices.
Taking a collaborative and participatory approach, a contemporary training course curriculum was designed that reflected the participants’ wishes and responds to the training needs of the respective countries. The participants unanimously decided that the key topic for the course should be school feeding and that other countries from the Southeast Asia region would be included. Many approaches in parasitic disease control in Asian countries already involve elements of the Focusing Resources on Effective School Health (FRESH) Framework developed by the World Health Organisation, UNICEF, UNESCO and the World Bank (see Figure 4 above).

As shown in Figure 4, the four pillars of the Framework are:

1) Policy development
2) Skills-based health education,
3) School-based SHN services, and
4) Safe school environment

There are also three supporting strategies:

1. Community participation
2. Pupil participation
3. Partnerships between sectors

It was decided that the new short course would deliver a programmatic dimension to these strategies. The Partnership for Child Development has worked with ACIPAC’s sister organisations, the West Africa Centre of International Parasite Control (WACIPAC) and the Eastern & Southern Africa Centre of International Parasite Control (ESACIPAC) to produce a FRESH-based course in the past and these experiences were used to develop the course structure along with the local expertise of Mahidol University and the research knowledge of the JC-GSHR.

Figure 5: Dr. Jitra Waikagul, Faculty of Tropical Medicine, Mahidol University lectures on Thailand’s school health programmes.
Course Structure & Objectives

Following the consultative workshop in March 2011 the following key objectives were agreed:

1. **Strengthen global, regional, national and local partnerships** in the SHN community.

2. **Provide evidence-based teaching** that will improve SHN knowledge in the Southeast Asian region and beyond.

3. **Strengthen capacity, at the national and regional level**, of both health and education sectors to support all SHN components, specifically school feeding & nutrition, the course’s key topic.

The course was delivered over five days and time was shared between lectures, workshops and field visits at both Mahidol University’s Faculty of Tropical Medicine and the Rajanagarinda Tropical Disease International Centre in Western Thailand. The course covered a variety of topics within the area of school health and nutrition, notably: school feeding (the key course topic), SHN policy implementation, innovation in school health and workshops to produce individual SHN action plans for each country.

The course was structured to be as participatory as possible and included plenty of time for participants to discuss and develop their country SHN plans, both in their country teams and in mixed country groups.

Meeting the Course Objectives

In order to meet the course objectives of building partnerships, improving capacity and providing evidence-based tuition in SHN the following activities were undertaken:

**Objective 1. Strengthen global, regional, national and local partnerships in the SHN community.**

A number of activities were undertaken during the course that strengthened partnerships in the region’s SHN community. These activities included technical presentations from distinguished facilitators on recent developments and good practices in SHN followed by focused discussions and workshops that highlighted knowledge gaps and consolidated technical inputs. The South East Asian Ministers of Education Organisation (SEAMEO) presented a detailed talk on their work to build partnerships through ministries of education in the region.

There was also an informal programme of events including a ‘marketplace’ networking evening where participants could discuss their country SHN programmes and share best practices and key materials in an informal setting.

**Objective 2. Provide evidence-based teaching that will improve SHN knowledge in the Southeast Asian region and beyond.**

A variety of lectures from world class facilitators were offered throughout the course covering all aspects of school health and nutrition (see Course Highlights, pages 8 & 9). A two-day field visit to Western Thailand also offered the participants the opportunity to see SHN programmes in action (see page 7).

**Objective 3. Strengthen capacity, at the national and regional level, of both health and education sectors to support all SHN components, specifically school feeding & nutrition.**

Translating policy and strategy documents into pragmatic programmatic terms is pivotal to the success of any school health programme. By the end of the course the country teams had developed draft action plans for their country programmes that they could take home to further elaborate and finalise with their teams and in-country partners (see Action Plan Development, pages 10 & 11).

Capacity to support SHN components was developed through:

- Technical knowledge and cutting edge evidence.
- Tools to aid in evaluation and development of programmes.
- Exchange of information in workshop/breakout sessions.
- One-to-one time with expert trainers.
- The course agenda also included a field visit providing the participants an opportunity to explore the reality of programme implementation on the ground.

Participants received an array of different resources that could assist advocacy, ranging from briefing sheets and learned documents to films. An electronic library in the form of an online database with over 750MB of course materials were made available to the participants.
Field Visit: Western Thailand

The course participants visited two schools, a community health centre, a tropical disease research centre in Thailand’s Ratchaburi Province, close to the Myanmar border.

The visit, conducted in a day, took in presentations from school teachers, staff and pupils on school health initiatives and presentations from medical professionals on research and treatment of tropical diseases in the area.

Participants had the opportunity to talk to teachers and students and learned more about their attitudes and understanding concerning the different health and nutritional conditions. The field visit highlighted the very active and inspiring role of students in these successful schools and participation in both school feeding and education programmes on malaria and sanitation were high.

The children in Baan Bor Wee Primary School were highly involved in managing the school gardens, which produced vegetables and mushrooms for the school, as well as a fish, chicken and pig farm that sold young animals and eggs to support the school financially. The headmaster of the school informed the participants of his project to engage local businesses and the community to provide school breakfasts for all pupils. Since the inception of the project there has been a marked improvement in the attentiveness and participation of children during morning lessons.

At the Rujirapat Combined Primary & Secondary School, delegates learnt of a school initiative to train pupils to use local plants to create soaps and shampoos. This initiative provided a method of teaching young people about sanitary health while combining it with important skills and an entrepreneurial spirit. The course participants also learnt of the school’s proactive health and sex education.

These visits showcased exceptional programmes where the contribution of both pupils and the local community were central to successful school health & nutrition.

The course field visit was rated by participants as one of the highlights of the course. A very high 89.8% of participants rated the visits, lectures and workshops in the field as either good or very good.

Participant Satisfaction with the Course Field Visit & Lectures

<table>
<thead>
<tr>
<th>Satisfaction Rating (from 39 responses)</th>
<th>Percentage of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Good</td>
<td>43.6%</td>
</tr>
<tr>
<td>Good</td>
<td>46.2%</td>
</tr>
<tr>
<td>Satisfactory</td>
<td>7.7%</td>
</tr>
<tr>
<td>Adequate</td>
<td>0.0%</td>
</tr>
<tr>
<td>Improvement Needed</td>
<td>2.6%</td>
</tr>
</tbody>
</table>
Course Highlights

Supporting Strategies in School Health & Nutrition

The course hosted a selection of sessions, including the field visit to Ratchaburi Province, which showcased effective supporting strategies in SHN that connected both pupils and the local community in the development of effective school health programme.

Dr. Panpimol Wipulakorn of the Rajanakul Institute for Intellectual Disabilities, Thailand, gave a very well-received presentation on child happiness in schools and psychosocial support for pupils to improve SHN outcomes. Pupil involvement and awareness of SHN was also highlighted during the field visit where students actively led and participated in the school gardens and canteen to allow a ‘learning through doing’ approach.

The field visit to Western Thailand’s Ratchaburi province took in a visit to a Health Promoting Hospital (HPH) and briefed participants on its role in supporting school-health initiatives. The HPH worked very closely with local schools to provide health services such as dental care and vaccinations and systematically record this information in an SHN database. The HPH relied on local health volunteers which strengthened links between the school and the community to achieve strong coverage and implementation in local schools and their connected households.

Policy Implementation

The opening day of the training course saw talks on global health policies and strategies from Ms. Jane Lillywhite, the managing director of the Partnership for Child Development and Ms. Seung Lee, Senior Director of School Health & Nutrition, Save the Children. These talks set the stage for detailed analysis of policy implementation during the week.

The cruciality of strong SHN policy and policy implementation was stressed with an emphasis on practically evaluating each country’s policy situation to find strengths and weaknesses in implementation.

Dr. Jun Kobayashi of Nagasaki University, Japan, presented information and current examples on how significant change at school-level has been made through strong policy implementation. Through a series of interactive workshops throughout the week, participants were asked to analyse examples of best practice in policy development and implementation from their own countries.
Key Topic: School Feeding & Nutrition

The course participants began the week by learning about Thailand’s school feeding programme from Dr. Sa-nga Damapong, Senior Advisor in the Department of Health, Thailand and Dr. Pimpimon Thongthien, Advisor on School Health, Ministry of Education. These detailed presentations presented the current situation and activities in Thailand’s school food and nutrition program. The session also presented insights into how food and nutrition security could be improved by analyzing the strengths, weaknesses, opportunities and threats to the program on a national level.

During the course of the week the participants received tuition from Mr. Iain Gardiner, Senior Programme Manager, Partnership for Child Development. These lectures covered the World Bank and World Food Programme’s standards of school feeding, covering: policy, institutional capacity, funding, programme design & implementation and community participation.

The participants were tasked with analyzing these standards in respect of their own country programmes to develop a picture of their current school feeding status and to develop ideas on how to move their programmes forward.

The country teams then consolidated this work into an action plan for school feeding and nutrition which focused their planning into practical needs and activities for the development of their programmes.
Over the course of the training programme the country teams were given time and facilitation to develop country-specific action plans for the development of their school health and nutrition programmes. The country teams were asked to prepare a situation analysis of their SHN programmes before the start of the course which allowed productive discussions and planning to begin straight away.

This is the story of Lao PDR’s situation analysis and action planning process:

Situation Analysis

In Lao PDR a number of agencies have been involved in implementing health activities in schools. In recent times a number of steps have been taken to improve coordination of School Health and Nutrition in Lao PDR. The first was a meeting held among education and health officials which drafted a Memorandum of Understanding (MoU) between the Ministries of Health and Education. It was agreed that the Ministry of Health (MoH) would support the Ministry of Education (MoE) in institutionalising, expanding and improving health promotion in schools. The MoU was a significant achievement that created a basis for future activity and policy development between the Ministries of Education and Health. It includes both vertical and horizontal coordination mechanisms to encourage collaboration and coordination between the education and health sectors. The concepts and vision of school health that support education outcomes were subsequently introduced to provincial and district education and health administrators.

More recently, a Joint School Health Committee (JSHC) was established in central and lower administrative levels to oversee the school health implementation. A comprehensive National School Health Policy (NSHP) was formulated by JSHC. Both of these coordinating mechanisms have served to align efforts and to encourage the promotion of a common platform on school health and nutrition activities and initiatives. This work culminated in the NSHP being jointly signed off by both the MoE and the MoH in May 2010. The program is now being implemented by the National School Health Taskforce which consists of staff from related departments of the MoE and MoH and plays multiple roles in a cycle of school health implementation.

Action Planning Process

Based on their situation analysis and their knowledge of SHN in Lao PDR the seven-strong delegation produced a detailed action plan for their school health and nutrition programme with a particular focus on school feeding. The key questions arising from this action plan were:

1. How can the strong existing SHN policy be properly reflected in national SHN strategy?
2. How can ministries work better together to use their expertise in a multi-sectoral approach to school health and nutrition?
3. How can teachers be trained to be brought up-to-speed on the new comprehensive school health & nutrition policy?
4. How can we move towards a comprehensive ‘program approach’ rather than a fragmented ‘project approach’ to school health?
Next Steps

Practical actions to meet the above questions were laid out in an action plan framework to plan the activities and timeframes, allocate responsibilities and agree how success will be verified (see Table 1 below).

It is hoped that through implementing the key targeted activities above across the Ministries of Education, Health and Agriculture that a pathway for a strong national implementation of Lao PDR’s National School Health Policy can be laid.

<table>
<thead>
<tr>
<th>Needs (Key Questions)</th>
<th>Activities</th>
<th>Timeframe</th>
<th>Responsible</th>
<th>Method of Verification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Articulate policy into SHN policy as strategy.</td>
<td>Organize consultative meeting with concerned stakeholders to revise existing SHN strategy.</td>
<td>2012</td>
<td>Ministry of Education and Sports, Ministry of Health and Ministry of Agriculture and other concerned parties.</td>
<td>Meeting organized and strategy signed off by all parties.</td>
</tr>
<tr>
<td>Improve task force coordination at all levels, improve the SHN knowledge of school principals and teachers.</td>
<td>Consultation meeting on how to improve task force and coordination as well as the dissemination of information from the task force.</td>
<td>2012-2013</td>
<td>Ministry of Education and Sports, Ministry of Health and Ministry of Agriculture and other concerned parties.</td>
<td>Minutes of meetings, meeting report and inter-government agency agreement endorsed by ministers.</td>
</tr>
<tr>
<td>Gradually move from a project to program based approach to school health &amp; nutrition.</td>
<td>Consultation meeting on a comprehensive approach to school health programming.</td>
<td>2013-2015</td>
<td>Mainly the Ministry of Education &amp; Sport with inputs of other key partners.</td>
<td>Comprehensive national program on SHN formed.</td>
</tr>
<tr>
<td>Increase community ownership of school health &amp; nutrition initiatives.</td>
<td>Carry out awareness training on nutrition and education through community meetings, training events and other information, education and communication materials.</td>
<td>2013</td>
<td>Ministry of Education and Sports, Ministry of Health and Ministry of Agriculture and other concerned parties.</td>
<td>Community awareness and practice on nutrition and local agriculture products improved.</td>
</tr>
</tbody>
</table>

Table 1: A table showing the key SHN needs that the Lao PDR delegation targeted for development over the coming 1-3 years.
Reviewing the Course

The course evaluation used a practical methodology to gather direct information about satisfaction with the course content, organization and the development of the course in the future. Immediate feedback was gathered from all 42 participants on the final day of the course.

The course participants provided strong positive feedback for the tuition and facilitation during the course. Having gathered 619 responses from all 42 of the course participants over 17 workshops, lectures and field visits, only 0.8% of the responses indicated that improvement was needed and over 81% of participants rated the content either good or very good.

The course also gathered feedback on the management of the course and 256 responses were gathered from the participants across categories such as the course venue, accommodation, transportation and field visit arrangements. The feedback was highly positive with over 86% of the participants rating the management as good or very good, no participants felt that there was any improvement needed regarding the management for future courses.
This is a selection of participant feedback:

“Fantastic organisation! Couldn’t have run smoother and we felt so welcome. We hope to come back.”

“Thank you very much to the organisers of this training, for the host team, thank you for your hospitality and warm accommodation. For the other partners from Japan and the United Kingdom, thank you very much for your supportive facilitation. We hope to see everybody again next year for another fun training.”

“Thank you for your great arrangement! Good facilitators, good management.”

“Thanks for all your efforts to make this workshop meaningful for all participants. I really appreciate it. Hope to see you and further communicate with all of you in the near future.”

“I hope that this will become a regular/annual conference as the last training was very informative, educational, and fun at the same time. Kudos to the organizing team for a wonderful job as facilitators and support personnel.”

Source: South East Asia Course Evaluation & Feedback 2012

Recommendations & Next Steps

As this was the inaugural SHN training course of this scale in the region, the organisers were keen to evaluate how future courses could be better tailored to improve the experience of the participant; the evaluation also asked when and where the next training course should be held.

Feedback showed that participants felt that more time was required to present their country situations, as the course was five days in duration including two days in the field, time for this was limited. With this in mind it was recommended that future courses are six or seven days in duration. Another key recommendation was that more United Nations agencies such as UNESCO and UNICEF as well as other regional institutions such as the Asian Development Bank and academic groups should take part in the training to improve the impact outcomes of the country-based workshops and action plan development sessions. This feedback will be taken on board by the course organisers and integrated into the proposed 2013 training course.

Following positive feedback for the inaugural course, the participants were asked to give their feedback on where and when a proposed 2013 course could be held. The participants jointly voted for both Lao PDR and Vietnam to be the next location of the course and agreed that it should be held in February 2013.
Further Information

For further information or to download the training course material, please refer to the website:

http://www.schoolsandhealth.org

Or alternatively contact:

Mr. Cai Heath,
Partnership for Child Development,
Department of Infectious Disease Epidemiology,
Imperial College London, W2 1PG.

Tel: +44 (0)20 7594 3255

Email: c.heath@imperial.ac.uk

The course organisers wish to thank the following organisations for their sponsorship of participants on the 2012 course: Ohyama Health Foundation, Save the Children, World Food Programme, Japan International Cooperation Agency (JICA) and the World Health Organization.