School Health & Nutrition:

A Situation Analysis

Promote Health, Nutrition and Learning in Schools

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ISHI
INTERNATIONAL SCHOOL HEALTH INITIATIVE OF THE WORLD BANK

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The Edna McConnell Clark Foundation

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The Partnership for Child Development (PCD) was established in 1992 to help co-ordinate global efforts to assess the developmental burden of ill health and poor nutrition at school age. It brings together a consortium of countries, donor organisations and centres of academic excellence to design and test strategies to improve the health and education of school-age children.

The Partnership has international agency support from UNDP, WHO, UNICEF, The World Bank and British DFID, and is sustained through support from participating governments, the Rockefeller, Edna McConnell Clark and James S McDonnell Foundations and the Wellcome Trust.

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Introduction

The goal of the situation analysis described in this document is to guide the design and evaluation of school-based health and nutrition programmes. A situation analysis can be detailed and comprehensive, but the most appropriate initial approach is usually a low-cost, rapid survey that supplies the preliminary answers necessary for intelligent efforts to develop or strengthen school nutrition and health programmes. The approach outlined in this document is not exhaustive; there are likely to be particular sources and types of information that are relevant to a given country or situation.

A situation analysis following the approach outlined here gathers information sufficient for a report that:

- Identifies the priority health and nutrition problems of school age children;
- Quantifies school participation (enrolment, absenteeism, repetition, and drop-out rates) and identifies the major causes of absence from school;
- Identifies practicable, sustainable interventions that are likely to most improve children's health, nutrition, school attendance and educational achievement;
- Identifies major gaps in, and problems with, existing school nutrition and health services, and suggests remedies;
- Informs efforts to monitor and evaluate school nutrition and health services;
- Identifies issues requiring further investigation.

The process of information gathering also provides an opportunity to establish partnerships among school and health personnel, parents, school-age children, NGOs and other relevant groups and organisations. Such relationships are an immense help to programmes furthering school health and nutrition services. The information for a situation analysis may come from an assessment of existing information, interviews with key informants, focus group discussions, and other assessment techniques. Information gathering is discussed below in relation to distinct issues; in practice however, each assessment, interview or discussion pursues these issues simultaneously.

Further technical assessment will be required before any new programme can arise from the initial assessment report. In particular, more refined targeting of interventions will undoubtedly require more specific analyses, including biomedical surveys. Given the context of advocacy in which any situation analysis is written, it should present its information in an interesting and accessible manner and use a variety of data to give depth and emphasis. For example, a comparison of the share of household income spent on smoking and alcohol with the share spent on the health care of school-age children might add force to the picture drawn by the report.

Identifying Priority Health and Nutrition Problems

THE INFORMATION REQUIRED

Causes of morbidity and mortality

Information on the major causes of death and illness is fundamental to the selection of priority interventions. The data must also include health problems that begin in childhood and adolescence but that manifest themselves later in life - HIV infection, for example, and tobacco use. Besides the causes of disease and death, information should ideally include the age and sex of subjects, their location and its geography (e.g. whether urban or rural, wet or dry) and the season during which they became ill. Interventions designed subsequent to the situation analysis can then be carefully targeted. In reality many of these details may not be available but it is important to build as full a picture as possible.

Mortality and morbidity trends

Information about whether a health or nutrition problem is increasing or decreasing over time aids the identification of future priorities.

The extent of short-term hunger and malnutrition

The analysis should pay special attention to nutrition problems and hunger that may not show up in health data.

Changes in patterns of health-related behaviours

The analysis should determine how changes in risk-related behaviours such as substance abuse, smoking and early and unsafe sex affect factors such as levels of violence, unwanted pregnancies and drop-out from school.

Other impairments inhibiting school performance

The analysis should gather information on the prevalence of sensory deficits (hearing or vision impairments) and other handicaps among school-age children.

The role of social and cultural factors as health determinants

The relationships of identified health and nutrition problems to current societal values and norms are important for the design of programmes, especially with regard to the health of girls.

LOCATING THE INFORMATION

Reports and surveys in the international and national literature

Technical support groups (WHO, UNICEF or the World Bank at country level) might help to review the international literature while local research institutes concentrate on the national literature. Sources of information outside the education and health sectors can be useful; for example, the criminal justice area may provide information relevant to adolescent behaviour patterns. Information is particularly required about:

- Mortality by cause;
- Micro-nutrient deficiency (vitamin A, iron, iodine), anthropometrics (height-for-age and weight-for-height measures), short-term hunger and other measures of nutritional status;
- Parasitic infection, including malaria and worm infection;

- Early pregnancy and reproductive health (sexually transmitted diseases, HIV/AIDS, reproductive tract infections, menstrual health);
- Respiratory infections, including tuberculosis and recurrent or intermittent fevers, including those from malaria and acute respiratory infection (ARI);
- Immunizable diseases (polio, tetanus, typhoid);
- Hearing and sight impairment, skin infections, dental problems;
- Chronic disability and mental illness;
- Sexual exploitation and abuse, violence, accidents and dependency on alcohol, tobacco and drugs.

Routine mortality and morbidity statistics from local sources

Data on the causes of admission and outpatient attendance at hospitals, clinics and other local medical centres provide information on utilisation but are inevitably biased by the catchment area and user group. Data from casualty centres may be the only source of information on violence and accidents.

Interviews

Potential informants include staff of ministries of health and education, non-governmental organisations (NGOs) focused on health and young people, relevant university faculties, health professionals and officials in the criminal justice system. The interviews, perhaps based on the conditions listed above, would seek to link the causes of ill health to national patterns.

Questionnaires and focus group discussions

These can be used to determine the perceptions of teachers, health workers, parents and students about major health and nutrition problems. Such questionnaires and discussions may clarify whether the community perception of the causation and distribution of health problems differs from the empirical observation. Knowledge of perceptions is essential to the subsequent development of appropriate health education messages. Discussions may also permit assessment of psychosocial factors, such as stress, particularly in the broader social context described by the standard UNICEF situation analysis (for example, unemployment and social disruption). The questionnaires and focus groups could also provide background information on patterns of sexual abuse, which could usefully be supplemented indirectly by age-specific measures of sexually transmitted diseases.

How Best to Use Schools to Reach the School-Age Group

THE INFORMATION REQUIRED

The size of the school-age population, enrolment and dropout rates, and the proportion of children repeating grades

This information identifies predominant patterns in education sector indicators. The data should cover the primary and secondary levels and variations by age or grade, sex, region, and degree of urbanisation.

Absenteeism rates

The analysis must gather information – by season and day of the week in addition to age, sex, degree of urbanisation, and region - on children who are formally enrolled in school but who regularly fail to attend. In some regions, seasons of increased agricultural activity have high rates of absenteeism and would be particularly inappropriate times for school-based delivery of interventions. Likewise, extensive absenteeism on a regular market day would be revealed by statistics on absenteeism by day of the week.

Causes of nonenrollment and absenteeism

The primary causes of absenteeism may not be among the major health issues, but identifying ways to reduce absenteeism is critical if children are to receive schooling and school-based health and nutrition interventions.

The potential role of non-formal education

Information on the extent of the non-formal education sector may reveal further opportunities to deliver nutrition and health education and services. The non-formal sector may be important for particular groups such as girls or adolescents that may be underserved by the formal sector.

Laws and policies relevant to school-age children

Information should cover laws on sexual harassment by teachers, laws restricting access to tobacco and alcohol, policies on sex education, and policies on allowing school-age girls who become pregnant to return to school.

Current community spending on the education, nutrition and health of school-age children

This information will indicate the potential for school nutrition and health programmes to achieve sustainability through community contributions and other community approaches to cost recovery.

LOCATING THE INFORMATION

Reports and surveys in the international and national literature

The national literature, particularly from the ministry of education, is likely to be the most valuable.

Statistics assembled by regional and district education services

Most of the assembled data are collated from summaries sent in from local levels, but their analysis may require special expertise such as that in local education research institutions.

Interviews

See the section on interviews above.

Sharing collected data

Summaries of collected data can be shared with teachers, other workers in the health and education sectors and older students who can say whether the data identify the important determinants of enrolment and absenteeism. Special efforts will be required to interview young people who are not enrolled, or who are frequently absent, and their parents. Such interviews may reveal information about current practices and perceptions of laws and policies.

Assessing the Capacity to Promote and Implement Programmes

THE INFORMATION REQUIRED

Existing nutrition and health services for school-age children

Of interest are not only existing school programmes but also the general health services intended for school-age children. Information on the availability of material and financial resources will be particularly important in assessing local resource capacity and response. Basic topics include:

- The specific responsibilities of the health and education sectors for school nutrition and health education and services;
- National and regional policies relating to school nutrition and health programmes - their relevance and the extent to which they are open for review;
- The structure, components, and coverage of any existing school nutrition and health programmes, including customary health screening and first aid programmes;
- Current approaches to health education, including family life and reproductive health education, and other nutrition- and health-related activities such as school health clubs;
- Current use of primary health care facilities by the school-age group, including use of reproductive health facilities, and referrals between schools and the primary health care system;
- The extent to which school-age children use private health services and traditional healers;
- The content, coverage, effectiveness and cost of school feeding programmes and school gardens;
- Information on school canteens and local food vendors who serve schools;
- Information on school water supply and sanitary and waste disposal facilities;
- The contribution of NGOs and intergovernmental organisations to school programmes;
- The community's contribution to schools and health including the provision of clean water and good sanitation facilities, school feeding, and other nutrition and health services;
- Current levels of investment by government or other agencies in the health and nutrition of school-age children;
- Pre-school and special education provision.

Plans for extending services for school-age children

It is necessary to project the availability of resources and the technical and institutional capacity for extending services using:

- Interviews of key individuals and institutions with relevant expertise and interests; and,
- Assessments of the relative strengths and weaknesses of lead agencies and other participating organisations in school health and nutrition programmes.

The capacity of the education sector to help deliver nutrition and health education and services

An emphasis on cost data will help in the assessment of programme affordability and sustainability. Required information includes:

- The number and distribution of primary and secondary schools and teachers, compared with the number of clinics and health workers;
- The content of existing nutrition and health education in schools, including focus, methods, materials and an overview of relevant curricula being implemented or explored;
- The capacity of teacher training institutions to provide training in nutrition and health, including the frequency and coverage of in-service training for teachers;
- The contribution of religious organisations and other NGOs to the education sector and the capacity of such organisations to help deliver nutrition and health education and services;
- The contribution of intergovernmental organisations to school nutrition and health programmes;
- The willingness and capacity of government departments, agencies in the education sector and communities to invest in the nutrition and health education of the school-age population;
- The willingness and capacity of the school environment to play an active role in delivering nutrition and health education and services;
- The capacities of the school environment to support health promotion, including the availability of clean water and facilities for menstruating girls at school.

UNICEF situation analyses of the education and health sectors might contain information on some of these items or may provide a basis for comparison. For example, one informative comparison would be that between the quality of water and sanitation in the school and the quality of water and sanitation in the household and the community.

Current availability of resources

These resources will come from the many sectors relevant to health and education (governmental, non-governmental, and intergovernmental) and even from the children themselves and the wider community. Information is also necessary on the financial and economic cost of proposed interventions.

Availability of resources from other entities

These entities include sports and religious organisations, social welfare groups and the media. Contributions from such sources may be particularly important in ensuring sustainability of school health and nutrition programmes.

LOCATING THE INFORMATION

Much relevant information will have been collected from the sources in assessments of existing resources and capabilities. Additional sources are detailed in particular sections above. Further information and references

Further information and references

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SELECTED USEFUL REFERENCES

Bundy, D.A.P. & Guyatt, H. (1996) Schools for Health: Focus on health, education and the school–age child. *Parasitology Today* 12 :1-16

Del Rosso, J. & Marek, T. (1996) Class Action: Improving School performance in the Developing World through better Health and Nutrition. Directions in Development. World Bank, Washington, DC.

Hall, A. & Bundy, D.A.P. (1998) The Partnership for Child Development: promoting the health, nutrition and education of school-age children *Sub-Committee on Nutrition (SCN) News* 16, July 1998

Hall, A., Adjei, S. & Kihamia, C. (1996) School Health Programmes. *Africa Health* 16 (6) 22-3

Meresman, S. (1998) The Ten who go to School. School Health and Nutrition Programming in Latin America and the Caribbean. World Bank/PAHO, Washington, DC.

PAHO/WHO (1996) Escuelas Promotoras de Salud: Modelo y Guía para la Acción. Serie HSP/SILOS #36, OPS, Washington, DC.

PAHO/WHO/CDC (1997) Identificación y Vigilancia de Practicas de Riesgo con Escolares y Adolescentes. HPP/HPL, OPS, Washington, DC

Puertas, E.B. & Cerqueira, M.T. (1996) Análisis Descriptivo de la Situación the la Salud Escolar en Varios Países de la Región. HPP/HPL, OPS, Washington, DC.

The Partnership for Child Development (1997) Better Health, Education and Nutrition for the School-Age Child. *Transactions of the Royal Society of Tropical Medicine and Hygiene* 91: 1-2

The Partnership for Child Development (1998a) The Anthropometric status of School Children in five countries in the Partnership for Child Development. *Proceedings of the Nutrition Society* 57:149-158,

The Partnership for Child Development (1998b) The Health and Nutritional Status of School Children in Africa: evidence from school-based health programmes in Ghana and Tanzania. *Transactions of the Royal Society of Tropical Medicine and Hygiene* 92:254-261

UNICEF 'Tools for Situation Analysis – Adolescent Health' *waiting for details*

WHO (1998) Guidelines for the evaluation of soil-transmitted helminthiasis and schistosomiasis at community level: A guide for managers of control programmes WHO/CTD/SIP/98.1: WHO Geneva

WHO (1998) WHO's Global School Health Initiative. Health Promoting Schools. A healthy setting for living, learning and working. WHO/HPR/HEP/98.4. WHO, Geneva.