

For the consideration of those involved with EFA national action plans  
and similar education policy formulations

## Focusing Resources on Effective School Health A *FRESH* Approach for Achieving Education for All

At the dawn of the 21<sup>st</sup> century, the learning potential of significant numbers of children and young people in every country in the world is compromised by conditions and behaviours that undermine the physical and emotional well-being that makes learning possible. Hunger, malnutrition and micronutrient deficiencies, malaria, polio and intestinal infections, drug and alcohol abuse, violence and injury, unplanned pregnancy, and infection with HIV and other sexually transmitted infections threaten the health and lives of the children and youth in which Education for All efforts are most invested.

AIDS, which kills people in the most productive period of life, is particularly destructive: it undermines efforts to educate the current generation and robs nations of the benefit of education provided to members of the generation before. Under these circumstances, education policy-makers and planners must embrace health promotion activities to achieve their goals. Schools must be not only centres for academic learning, but also supportive venues for the provision of essential health education and services.

A new partnership sponsored by UNESCO, UNICEF, the World Bank, the World Health Organisation and Education International, signals the commitment of these agencies to assist national governments to implement school-based health programmes in efficient, realistic and results-oriented ways. The *FRESH* framework is based on agreement among the four collaborating agencies that there is a core group of cost effective activities which, implemented together, provide a sound basis and point of departure for further action to make schools healthier for children, children more able to learn, and Education for All more likely to be achieved.



IMPROVING LEARNING OUTCOMES BY IMPROVING HEALTH AND NUTRITION:  
INCORPORATING SCHOOL HEALTH IN NATIONAL ACTION PLANS FOR ACHIEVING EFA

**I. The Rationale for School Health**

The commitments made through adoption of the Dakar Framework for Action during the World Education Forum (Dakar, 2000) are revitalising efforts to achieve Education for All. In developing National Action Plans to achieve the goals and strategies embodied in the Dakar Framework, countries must take advantage of the lessons learned through direct country experience in the decade since the first World Conference on Education For All (Jomtien, 1990) and the data collected and analysed for the EFA 2000 Assessment. Now is the time to benefit from this knowledge, and to exploit new opportunities for collaboration among all individuals and sectors with resources to contribute.

Already in Jomtien, the link between student health and nutrition status on the one hand, and educational outcomes on the other, was clear. Information presented there demonstrated that poor health and malnutrition lead to low school enrolment, high absenteeism, poor classroom performance and educational wastage. In spite of this, the Framework for Action that resulted from Jomtien contained no specific goals for school health and nutrition for the decade 1990-2000.

In the years since, additional research and experience have further clarified the relationships among health, cognition, school participation and academic achievement. It has been shown, for example, that nutritional deficiencies and parasite infections, which impair both physical and cognitive development, are causes of reduced school enrolment, absenteeism and individual learning impairment. Social and mental health issues such as violence, injury and suicide, and lifestyle behaviours such as drug and alcohol abuse, are now universally recognised as reasons for which young people are not in school or not learning while there. Sexual behaviours, especially unprotected sex that results in infection with HIV or other sexually transmitted diseases and unplanned pregnancy, affect both students' and teachers' participation in education. In some countries, malaria alone is the leading cause of school absenteeism due to ill health.

In the *Thematic Study on School Health and Nutrition* prepared for the EFA 2000 Assessment, research-based evidence and direct country experience in the post-Jomtien era are cited as the basis for the study's conclusion that comprehensive school-based health, hygiene and nutrition programmes are effective means to improve student health and thereby, educational outcomes. In addition, the study reports that such programmes, when linked to and supported by the surrounding community, benefit not only students but school personnel, families and entire communities as well.

The links between health and education:

- 1) School-based nutrition and health interventions can improve academic performance.
- 2) Students' health and nutrition status affects their enrolment, retention, and absenteeism.
- 3) Education benefits health.
- 4) Education can reduce social and gender inequities.
- 5) Health promotion for teachers benefits their health, morale, and quality of instruction.
- 6) Health promotion and disease prevention programs are cost-effective.
- 7) Treating youngsters in school can reduce disease in the community.
- 8) Multiple co-ordinated strategies produce a greater effect than individual strategies, but multiple strategies for any one audience must be targeted carefully.
- 9) Health education is most effective when it uses interactive methods in a skills-based approach.
- 10) Trained teachers delivering health education produce more significant outcomes in student health knowledge and skills than untrained teachers.

**EFA 2000 Assessment - Thematic Study on School Health and Nutrition**

The increasingly urgent need to combat AIDS and drug abuse among young people accelerated the establishment of prevention education programmes in schools during the decade between Jomtien and Dakar. Rigorous evaluations of many such programmes have confirmed the effectiveness of school health interventions for improving learning outcomes and provided additional information about what works best. In general, single strategy or "piecemeal" interventions that ignore the specific characteristics and needs of the target group are less effective than more comprehensive, co-ordinated and customised strategies. A substantial body of evidence supports approaches in which policy development, health-promoting environmental change, skills-based health education and school-based health services are strategically combined to address priority health problems that interfere with learning for the targeted group. Such approaches extend the vision of health to include emotional and psychosocial well being as well as physical health.

With these findings in mind, experts in UNESCO, UNICEF, WHO, the World Bank and Education International worked together prior to the Dakar meeting to develop a set of joint recommendations for the implementation of effective school-based health and nutrition programmes. The **FRESH** Programme (*Focusing Resources on Effective School Health*) was launched at the Dakar Forum to effect a fundamental change in the way the global community and national governments think and act about health and its effects on education. It is based on two bold contentions: first, that the goal of universal education cannot be achieved while the health needs of children and adolescents go unmet; and second, that a core group of cost-effective activities can and must be implemented, together and in all schools, in order to meet those needs and thus deliver on the promise of Education for All.

The expanded commentary on the Dakar Framework for Action describes three ways that health relates to Education for All. First, as an *input* and *condition* required for learning; second, as an *outcome* of effective quality education; and third, as a *sector* which can and must collaborate with education to achieve EFA. The debate over the role of school health in efforts to provide basic education to children and young people is thus resolved. The Dakar Framework supports the view that policies and practices that ensure that children are healthy, and thus **able to learn**, are essential components of an effective education system.

In the follow-up to Dakar, UNESCO pledged to “refocus its education programme in order to place the outcomes and priorities of Dakar at the heart of its work” and FRESH was designated one of seven interagency flagship programmes that will receive international support as a strategy to achieve Education for All. In the immediate term, this means ensuring that health issues are adequately addressed in the National Action Plans now being developed by governments to achieve their EFA goals. For the longer term, the FRESH initiative partners will support national efforts to design, implement and evaluate comprehensive school-based health and nutrition services.

This paper presents the key components of the FRESH Initiative and the supporting strategies that FRESH proposes to ensure the relevance and sustainability of school-based programmes offering health and nutrition education and services. This is followed by an analysis of how such programmes will support national efforts to achieve the goals and strategies enumerated in the Dakar Framework. Finally, it shows how education policy makers and planners responsible for the development of national EFA action plans can use the FRESH framework to identify, and effectively address, health and nutrition problems known to have a significant negative impact on efforts to achieve universal basic education for all.

## II. The FRESH Initiative

### **FRESH Core Component #1: Health-related school policies**

Health policies in schools, mandating a healthy, safe and secure school environment, guaranteeing equal rights and opportunities and regulating the provision of health education and health services, are the blueprints for action necessary to harness the potential of health to improve education outcomes. If a representative cross-section of stakeholders is involved in developing such policies, the process itself is an awareness-raising and partnership-building activity. Thus, education policy-makers and administrators will benefit by working closely not only with health officials and care providers, but also with teachers, students, parents and civil society representatives at the school level.

Partnership is essential, but experience has shown that the education sector must lead, and retain overall responsibility for, the development, implementation and enforcement of school health policies. This requires the allocation of human and financial resources. FRESH recommends that responsibility and authority for school health programmes be designated at every level of education planning and administration possible. This is the essential first step toward a successful school health program.

Once policies are in place, they must be effectively monitored. School administrators and teachers should be trained to implement the policies. Students, parents and community members at large must know and understand the policies. Mechanisms for enforcing policies, and for evaluating their effectiveness, are necessary to ensure the compliance and support of those the policies are intended to benefit.

### **FRESH Core Component #2: Provision of safe water and sanitation: first steps toward a healthy learning environment**

If schools cannot improve the health status of children, they must at least not make it worse. Yet this may well occur if the school's water supply is contaminated with disease-causing organisms or other toxic elements. Accidents and injuries are known to occur more frequently in schools that are poorly constructed or inadequately maintained, and schools that lack appropriate toilet facilities are almost certainly contributing to the spread of parasites, thus harming not only children's health, but the health of the community as a whole. Where the school environment is perceived as unwelcoming or threatening, attendance suffers. The fact of girls abandoning or being withdrawn from schools that fail to provide separate toilets, particularly around the age of onset of menses, is just one example of how environmental factors influence student participation in education.

The provision of safe water and appropriate sanitation facilities are thus basic first steps in the creation of a healthy physical learning environment. Policies governing the construction of such facilities should address the important issues of gender access and privacy, and maintenance policies should be established to ensure that the facilities are cared for and used properly over time. By providing safe and appropriate sanitation facilities, schools can reinforce the health and hygiene messages delivered in education programmes, and serve as an example to both students and the wider community. This, in turn, may lead to a demand for similar facilities in other parts of the community.

### **FRESH Core Component #3: Skills-based health education**

More than ever before, health and well being are influenced by behavioural factors. Though vaccinations, medical treatment, attempts to reduce environmental causes of illness and education about disease processes continue to be important means of maintaining and restoring health, *they are not enough*. Such measures will not protect people from the harmful effects of their own behaviour if, for example, they choose or are pressured to smoke, use drugs, act in violent ways, engage in unprotected sexual activity or take other such risks. To safeguard their physical and emotional health, individuals must play an active role, and for this, they need more than just knowledge. They need life-promoting attitudes, values and beliefs, and specific cognitive and behavioural skills.

Quality skills-based health education helps young people to acquire communication, negotiation and refusal skills, and to think critically, solve problems and make independent decisions. Skills-based health education contributes to the development of attitudes and values that promote respect for one-self and for others, tolerance of individual differences and peaceful co-existence. It results in the adoption of health-promoting habits, such as healthy eating, and reduces risk-taking behaviour associated with HIV/STD infection, unplanned pregnancy, drug and alcohol abuse, violence, injury, etc. Young people who receive quality skills-based health education are more likely to adopt and sustain a healthy lifestyle not only during their school years, but throughout their lives.

### **FRESH Core Component #4: School-based health and nutrition services**

For a variety of reasons, including population growth, reduced infant and child mortality and the success of efforts to improve access to schooling, more children than ever before are now enrolled in basic education programmes. This is a situation of great potential for governments endeavouring to eliminate poverty by enhancing the productive capacity of their citizenry.

Unfortunately, this potential is threatened by health and nutrition problems among school-aged children that exclude them from schools, prevent them from remaining in school for a sufficient number of years or interfere with their learning while there. Girls and members of other disadvantaged groups, populations recognised in the Dakar Framework as priority targets for renewed efforts to achieve Education for All, are likely to be the least healthy and most malnourished of new school enrollees. To protect their investment in efforts to increase access and improve the quality of educational services, national governments must undertake the delivery of basic health and nutrition services in schools.

Fortunately, experience in recent years has shown how this can be accomplished in safe and cost-effective ways. Effective school health programmes link the resources of the health, education, nutrition and sanitation sectors in an existing infrastructure, namely, the school. They address problems that are prevalent and recognised as important in the community, and take advantage of a skilled workforce (teachers and administrators) that is already engaged with individual and organisational partners in the local community. As students become healthier, they participate more fully in education opportunities, and the whole community starts to see the school and school personnel in a more positive light. This positive reaction to school-based health services is well documented. In particular, malaria treatments, micronutrient supplementation, deworming and school feeding programs have been perceived as a substantial added benefit of schooling and have thus improved enrolment and attendance. As one teacher put it: *“Now parents want their children to go to school because at school their health is taken care of.”*

## **FRESH Supporting Activities**

### *(i) Effective partnerships between teachers and health workers and between the education and health sectors*

The success of school health programmes requires an effective partnership between the Ministries of Education and Health, and between teachers and health workers. The health sector retains the responsibility for the health of children, but the education sector is responsible for implementing, and often funding, school-based programmes. These sectors need to identify responsibilities and develop a co-ordinated plan of action to improve the health and learning outcomes of children.

For teachers and other school personnel to contribute effectively to school-based health initiatives, they must be trained and supported in new roles. The FRESH partners are committed to helping governments expand and improve pre- and in-service training of schoolteachers, administrators and other employees.

### *(ii) Effective community partnerships*

Positive interaction between the school and the community is fundamental to the success and sustainability of school-based health programmes. Effective community partnerships ensure broad-based agreement about the health issues that schools should address, and joint action to design and maintain an appropriate programmatic response. Parent input and support increases the likelihood that health-promoting education will reach the entire family and be reinforced at home. Involvement of the broader community (the private sector, community organisations and women's groups) also enhances and reinforces the school's health promotion activities, and brings additional human and material resources to the effort as well.

### *(iii) Pupil awareness and participation*

Children are not simply the beneficiaries of school health promotion activities, but also important participants. Children who are involved in health policy development and implementation activities, efforts to create a safer and more sanitary environment, health promotion aimed at their parents, other children, and community members, and school health services, learn about health by doing. This is an effective way to help young people acquire the knowledge, attitudes, values and skills needed to embrace a health-promoting lifestyle. Healthy young people are likely to complete more years of education, and be healthier and more productive as adults.

As will be seen, the FRESH Initiative is both a call to action and a "recipe" for success. Based on the simple proposition that healthy children are more likely to be in school and benefiting from education than are sick children, it argues that school-age children's health is therefore one of the basic investments that governments must make to accomplish their education goals. To make the most of that investment, FRESH offers a framework for selecting and undertaking an effective combination of programme "ingredients." Each of the four core components points to a key area of potential impact, and needs in each of these areas must therefore be addressed. However, the specific interventions selected can and must reflect both local issues and resources. The FRESH framework is effective because at every level of programme investment, a mix of efforts across the four core components produces a synergistic, or "multiplier" effect that maximises outcomes. Thus FRESH can be used even in the most resource poor schools and in hard-to-reach rural areas as well as more accessible urban areas, and governments can start small, and build on their investment as necessary and possible to reap additional benefit.



### III. Linking FRESH to the Dakar Framework Goals

**EFA Goal #1: Expand and improve comprehensive early childhood care and education, especially for the most vulnerable and disadvantaged children.**

**EFA Goal #2: Ensure that by 2015 all children, particularly girls, children in difficult circumstances and those belonging to ethnic minorities, have access to and complete, free and compulsory primary education of good quality.**

**EFA Goal #3: Ensure that the learning needs of all young people and adults are met through equitable access to appropriate learning and life-skills programmes.**

These three goals, which seek an improvement in access, retention and learning outcomes for children and youth at the pre-school, primary and secondary school levels, are directly supported by FRESH initiative activities that bring more children into schools, reduce absenteeism and drop-out, and enhance pupils' "learn-ability." Girls and members of other disadvantaged groups will particularly benefit from the policies, programmes and services supported by FRESH.

For example, school policies that protect children from molestation or abuse on school grounds would help to allay parents' fears about the safety of their children, particularly girls, at school. In many countries, this is known to be a reason for which girls leave or are withdrawn from school, especially during the important transition from primary to secondary school. Policies that guarantee the continued education of pregnant and parenting teens would also help to ensure that girls do not end their education prematurely, thereby protecting the public investment in education during the early and primary school years. Unless schools develop and enforce health-related policies that guarantee a safe, sanitary and equal opportunity learning environment, as proposed in **FRESH component #1**, efforts to increase access to education, especially those targeting girls and other disadvantaged groups, may not produce the hoped-for results.

Appropriate water and sanitation facilities – **FRESH component #2** – will ensure that schools do not increase students' exposure to disease and thus increase absenteeism or the cognitive impairment associated with parasite infection and malnutrition.

Through skills-based health education – **FRESH component #3** – schools can help young people acquire the knowledge, beliefs, attitudes, values and skills needed to protect their health and their futures. This reduces absenteeism, academic failure and dropout associated with preventable conditions like HIV infection, unplanned pregnancy, drug and alcohol abuse and intentional or unintentional injuries.

Attendance and "learn-ability" are also improved when schools provide snacks or meals to students who are malnourished, or when they offer treatment for basic health problems like malaria, cholera, vitamin and iron deficiencies, worm infections, vision and hearing deficits, etc. This is **FRESH component #4**.

By developing partnerships with parents, the private sector and community organisations, as proposed in the **FRESH supporting strategies**, schools can do all of these things in low-cost and effective ways.

**EFA Goal #4: Achieve a 50 per cent improvement in levels of adult literacy by 2015, especially for women, and equitable access to basic and continuing education for all adults.**

Children's health and educational achievement are known to be correlated with the health and level of education of their parents, especially their mothers. Though FRESH initiative activities focus primarily on the provision of health and nutrition education and services in schools, the FRESH approach depends on, and seeks to benefit, the community as a whole. Adult education and FRESH are thus mutually reinforcing strategies for the achievement of Education for All.

As schools become not only more "child-friendly," but also more "family-friendly," they can become centres for learning not just for children, but for the community as a whole. The **FRESH supporting strategies** describe how parents, students and the community at large can participate in this effort.

**EFA Goal #5: Eliminate gender disparities in primary and secondary education by 2005, and achieve gender equality in education by 2015, with a focus on ensuring girls' full and equal access to and achievement in basic education of good quality.**

The goal of achieving gender equality cannot be attained without addressing the social, cultural and economic factors and traditions that prevent girls from enrolling and staying in school or achieving their educational potential. FRESH advocates a strategic mix of actions to remove obstacles that range from the practical to the psychosocial. For example, the lack of separate toilet facilities in many schools is known to contribute to high dropout rates among girls, particularly at puberty when they begin to menstruate. Thus, the FRESH initiative emphasis on the construction and maintenance of appropriate sanitation facilities (**FRESH component #2**). Or, to address nutritional deficiencies – often more severe among girls – schools may need to offer some basic health services (**FRESH component #4**). At the other end of the spectrum, FRESH addresses the negative effects of pervasive and enduring gender discrimination through policy development (**FRESH component #1**) and skills-based health education (**FRESH component #3**) which promote girls' access to, and exploitation of, educational opportunities.

**EFA Goal #6: Improve all aspects of the quality of education and ensure excellence of all so that recognised and measurable learning outcomes are achieved by all, especially in literacy, numeracy and essential life skills.**

Tragically, efforts to improve literacy and numeracy skills may come to naught if *essential life skills* are not also developed. In countries the world over, the learning and education potential of a growing number of children and adolescents is compromised by unhealthy social and behavioural factors that impair their health and impoverish their lives. The loss of productive capacity that many nations are now experiencing as the result of the AIDS epidemic is a relevant example of how the education and development efforts of many years may be thwarted by the failure to attend to individuals' need for life skills education as well as academics.

The skills-based approach to health, hygiene and nutrition education promoted in **FRESH component #3** is designed to help young people learn to make and carry out positive health and lifestyle decisions. This type of health education uses participatory and experiential learning techniques to go beyond the provision of factual information to promote the development of attitudes, values and abilities associated with health-positive behaviours. Wherever individual behaviour is the key to eliminating health problems that interfere with learning, skills-based health education has a critical role to play in efforts to achieve the goals of Education for All.

#### **IV. Linking FRESH to the Dakar Framework Strategies**

**1. Mobilise strong national and international political commitment for education for all, develop national action plans and enhance significantly investment in basic education.**

Through the FRESH initiative, a significant international political commitment to helping nations achieve Education for All has already been made. National governments must take the next step. Failure to address health problems that so clearly compromise children's educational potential will almost certainly diminish the effects of other efforts to achieve universal basic education. For this reason, the FRESH initiative partners are encouraging governments to put goals and objectives relating to all four core components of FRESH into their national EFA action plans. Each of the FRESH partners will help governments obtain the technical and financial assistance they need to implement plans for school-based health programmes, with the World Bank, in particular, committing to ensure that FRESH initiative activities anywhere in the world will receive funding.

**2. Promote EFA policies within a sustainable and well-integrated sector framework clearly linked to poverty elimination and development strategies.**

Poverty elimination and development goals cannot be realised without attending to the health and life skills needs of the population on which such goals depend. The havoc currently being wreaked by the AIDS epidemic in many countries is a relevant example of this. The FRESH sponsors believe that skills-based health education and basic health services should target children and youth throughout their development years and that schools are the most available venue for the provision of these services. To respond to needs in all four of the core components of FRESH, while keeping costs low and making sustainability more likely, FRESH calls for the integration of resources managed by the education, health, sanitation and environmental sectors.

**3. Ensure the engagement and participation of civil society in the formulation, implementation and monitoring of strategies for educational development.**

While the benefits of education take many years to materialise, the benefits of improving children's health are immediately apparent to parents and community members. Where schools are perceived as taking a leadership role in safeguarding the health and well being of children, families and community members will be inspired to collaborate with schools. To ensure that school-based health programmes are relevant to local needs and implemented in cost-effective ways, FRESH maintains that administrators, teachers, parents, community organisations and students must participate in all phases of planning and administration of such services.

**4. Develop responsive, participatory and accountable systems of educational governance and management.**

As described in the FRESH supporting strategies, the effectiveness of efforts to solve health problems that interfere with learning depends on the quality of the partnerships established between education policy makers on the one hand, and school administrators, teachers, students, parents and community members on the other. FRESH calls for a co-ordinated response that 1) responds to identified needs, 2) encourages participation of local people and organisations with vested interests and resources to contribute, and 3) is founded upon policies that contain enforcement and evaluation provisions to ensure accountability.

**5. Meet the needs of education systems affected by conflict, natural calamities and instability and conduct educational programmes in ways that promote mutual understanding, peace and tolerance, and that help to prevent violence and conflict.**

Populations affected by conflict, natural calamities and instability pose a very difficult problem for governments attempting to achieve Education for All. On the one hand, children who are sick or hungry, physically maimed or psychologically traumatised, orphaned, homeless or living in temporary shelters are unlikely even to come to school, let alone benefit fully from the education offered. On the other hand, school buildings and school staff are not immune to conflict and disaster. Will there be a school for children to come to? Will there be teachers and administrators in sufficient number and adequately trained to handle emergency situations?

All four of the FRESH initiative components address the special and significant needs of education systems affected by conflict and calamity. Policies and procedures are critical for the successful management of catastrophic situations. Before disaster strikes, schools should develop and practise emergency response plans. Potable water and sanitation facilities on school grounds will be particularly needed, and valuable to the whole community, if other facilities have been contaminated or destroyed. Skills-based health education can address the roots of violence and intolerance and promote conflict resolution and peaceful co-existence. And a variety of health services that can be offered in schools, especially first aid, food services, information and referral services and counselling, will be particularly needed to keep children coming to school and learning during emergency situations.

**6. Implement integrated strategies for gender equality in education which recognise the need for changes in attitudes, values and practices.**

The wording of this strategy and other statements included in the Dakar Framework point to the need for action on multiple fronts to affect the political, economic, social and cultural factors that perpetuate the unequal treatment of boys and girls, and men and women, in educational systems and society at large. The FRESH initiative is a blueprint for just such an integrated approach.

Each of the FRESH core components offers solutions to problems that prevent girls from enrolling in school, staying in school or achieving on an equal basis with boys the benefits of education. Under component #1, for example, schools might develop a policy that protects girls from harassment and abuse on school grounds. Or, implement a policy that provides for the continued education of pregnant and parenting teens. Component #2 covers the provision of proper water, hygiene and toilet facilities, which is known to be of particular relevance to girls. Under component #3, FRESH advocates skills-based health education to change attitudes, values and practices that perpetuate gender stereotypes and gender inequality. Component #4 calls for the provision of basic health services to ensure that students, especially girls, are not too sick, hungry or physically impaired to make the most of their educational opportunities. By implementing such strategies, schools can become models of gender equality and a force for change in the community at large.

**7. Implement as a matter of urgency education programmes and actions to combat the HIV/AIDS pandemic.**

Until there is a vaccine to prevent transmission of HIV, efforts to combat the AIDS pandemic will remain wholly dependent on preventive health education that results in behaviour change. This is what is referred to as “skills-based health education” in FRESH component #3.

The skills-based approach to HIV/AIDS uses participatory learning techniques to help individuals evaluate their own level of risk, examine their personal values and beliefs, decide what actions to take to protect themselves and others from HIV and acquire skills that will help them to carry through on their decisions. Research has confirmed that this approach is effective for producing behaviour change that reduces the spread of HIV and the discrimination that complicates prevention, detection and treatment of this disease.

For now, skills-based health education is our best hope to stem the destructive tide of HIV/AIDS. It must be recognised, however, that specific training is necessary to learn to use effectively the innovative teaching methods of this approach. The FRESH initiative sponsors (Education International in particular) will support national efforts to ensure that teachers in all schools get the pre- and in-service training they need to become effective skills-based health educators.

FRESH component #1 is also relevant to this EFA strategy. As the number of teachers, students and parents who are infected or affected by HIV/AIDS grows, the education sector is forced to address issues that are deeply personal, culturally sensitive and potentially divisive. Policies help to ensure that difficult issues are addressed in rational, humane and uniform ways. If developed through a process that invites participation and respects the basic needs and rights of all, they can also be a means of raising community awareness of the AIDS epidemic and building consensus about how to deal with it.

**8. Create safe, healthy, inclusive and equitably resourced educational environments conducive to excellence in learning, with clearly defined levels of achievement for all.**

The wording of this strategy highlights the link between student health, the school environment and educational achievement. It reminds us that learning outcomes depend not only on the excellence of the education provided, but also on the quality of the context in which learning is expected to take place. If parents refuse to send their children to school because they fear for their health or safety; if students are too hungry to pay attention or too learning impaired by micronutrient deficiencies to understand what they are being taught; or if they are frequently absent due to illness or drop out altogether because they feel discriminated against, become pregnant or infected with HIV, learning will not occur. FRESH component #1 encourages the development of policies that regulate the school environment. Component #2 calls for the provision of safe water and sanitation facilities as first steps toward the establishment of a healthy educational environment. Components #3 and 4 address the need for health education and basic health and nutrition services to keep children in school and maximise their learning potential.

**9. Enhance the status, morale and professionalism of teachers.**

The success of the school-based health education programmes and services proposed under the FRESH initiative depends, in large part, on teachers. Their morale and professionalism is particularly critical to their role in carrying out activities under FRESH component #3 (skills-based health education) and #4 (school-based health services). As a first step to implementing this strategy, FRESH recommends that professional standards and administrative responsibility for teacher training (both pre- and in-service) and evaluation be clearly defined in policies at all levels of education. Beyond this, FRESH will support the goal of enhancing teacher professionalism, in particular for teachers who provide skills-based health education and/or health services, by offering assistance in a variety of forms. For example, each of the FRESH sponsoring agencies offers technical expertise on a broad range of health and education issues, and FRESH will develop and disseminate materials to help schools implement all four of the FRESH initiative components.

Teachers are not, however, only implementers under the FRESH framework; they are also expected to be beneficiaries. As schools become safer, healthier environments, more responsive to the needs of students and staff and better supported by the community at large, teacher morale improves automatically. Training in the use of skills-based health education methodologies improves teaching practices overall. Professionalism is further enhanced by involving teachers in the development of policies to address issues that undermine their efforts to teach. And a documented result of school-based health services is enhanced teacher status in the eyes of parents and other members of the community.

#### **10. Harness new information and communication technologies to help achieve EFA goals.**

Modern information and communication technologies offer an important new vehicle for sharing resources and experiences. In the short run, however, the equipment needed to access these resources will not be universally available. Therefore, the FRESH initiative sponsors intend to maximise the potential of both new and traditional communication channels (e.g. email, CD-ROMs, the World Wide Web and Internet as well as radio, television and printed materials) to facilitate a broad exchange of information and material related to school-based health education and services. FRESH encourages national governments to develop policies that ensure that education planners, administrators and teachers, at the local as well as national level, can participate in and benefit from this exchange.

#### **11. Systematically monitor progress towards EFA goals and strategies at the national, regional and international levels.**

Based on scientific research and the experience of its four sponsoring agencies, FRESH offers a systematic approach for both implementing and monitoring school health activities designed to achieve progress toward the EFA goals. By incorporating objectives that address each of the FRESH core components into their national EFA action plans, governments will strengthen their effort to achieve Education for All in two ways: first, by committing to a specific course of action for dealing with student health problems known to interfere with educational efforts; and second, by ensuring that investments in one area of student health improvement will not be undermined by a lack of attention to critical needs in other areas.

A very basic monitoring mechanism supported by the FRESH framework is the establishment and maintenance of student health records by schools. By assessing children's health status when they first enrol in school and tracking changes over time, education planners and administrators gain essential information about current needs, trends and the impact of health issues on educational outcomes. Without such information, it is difficult to determine priorities or evaluate strategies for future planning.

In addition, efforts are currently underway to establish a global multi-risk factor surveillance system to document and monitor the state of adolescent health within and across national boundaries. Participation in such a system will enable governments to collect and analyse data about the prevalence of important risks among students over time and thus strengthen national capacity for planning and monitoring school health interventions. Each of the FRESH sponsors is contributing to this effort, and the FRESH framework focuses attention on key areas of risk and intervention that the proposed system will monitor.

## **12. Build on existing mechanisms to accelerate progress towards education for all.**

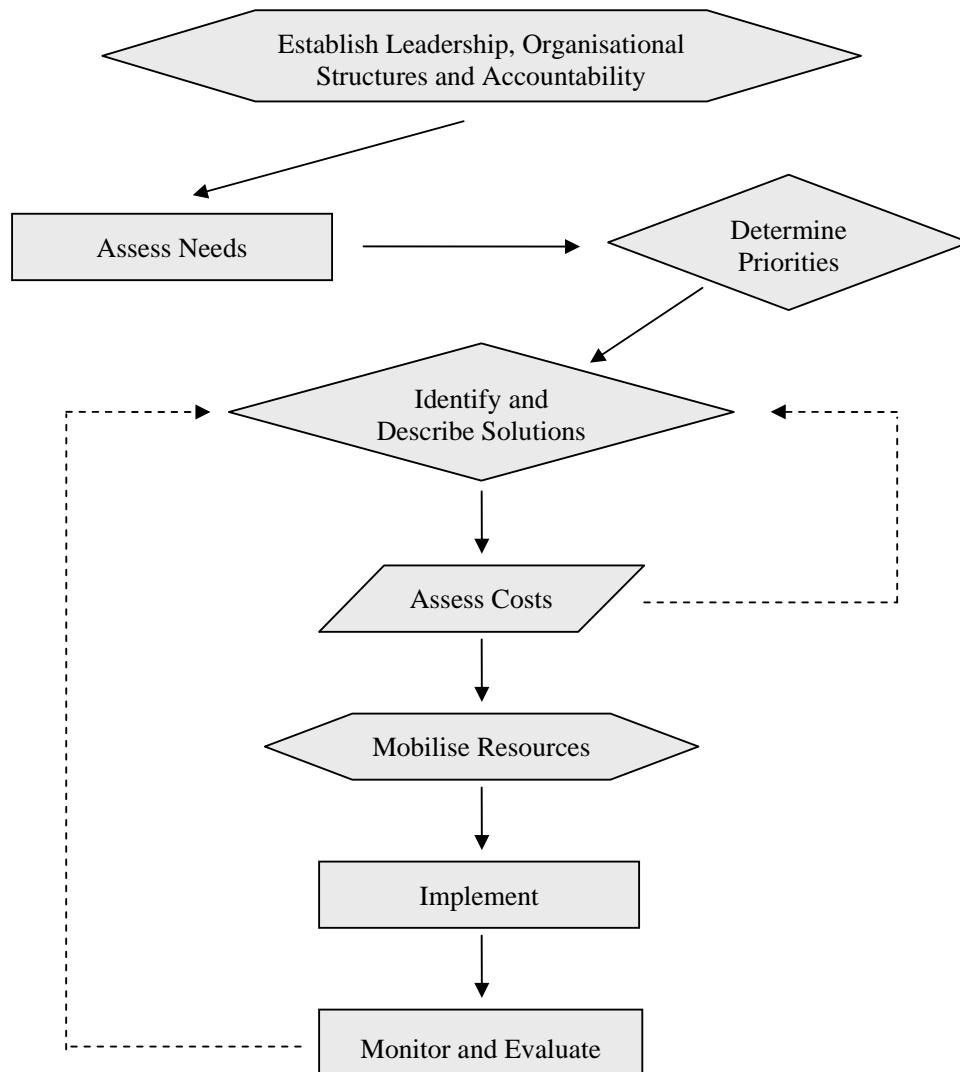
Where health and nutrition problems interfere with learning, solving such problems will automatically accelerate progress towards education for all. The FRESH initiative brings together the existing resources of all four sponsoring agencies and provides a mechanism for schools, communities and governments to share information and materials related to student health.

The FRESH supporting strategies, which describe the context in which implementation of the core activities will produce the greatest success, call for partnerships among individuals groups and institutions that have resources to contribute. For example, to provide basic health services, the education sector should take advantage of the existing expertise and resources, including trained health workers at the local level, of the health sector. Community groups, private sector enterprises and even individual community members could help schools to construct and maintain appropriate water and sanitation facilities. Parent involvement and support is essential to ensure that efforts to improve student health are relevant, accepted by the community and reinforced in the home. Even students have something to contribute: their needs should guide policy development and the determination of health education curricula and health services; they are the critical link between schools and parents, and they can help to make the school a safer, cleaner and more supportive environment. By encouraging the development of partnerships, governments can ensure that school-based health education and services, undertaken to accelerate progress towards Education for All, are low-cost, effective and sustainable.

**V. Guidelines for the development of National Action Plans that seek to address health issues through the incorporation of FRESH Initiative strategies.**

Because FRESH is a framework for the provision of school-based health programmes, the guidelines provided here are for the development of strategies that will improve the health, and consequently the educational outcomes, of school-age children and youth. Evidence suggests, however, that when schools become involved in meeting not only the academic needs of their pupils, but also their fundamental need for health and well being, parents, the whole community and the nation benefit as well.

**Harnessing the Potential of Health for EFA: The FRESH Approach**





## **I. Leadership, Organisational Structures and Accountability**

*“Many partners are necessary and education must take the lead.”*

The experience of a variety of countries that attempted to solve health problems that interfere with learning during the post-Jomtien decade has taught us many things. In particular, it shed light on the nature of the leadership and partnerships that this endeavour requires. In a nutshell, many partners are necessary, and education must take the lead.

In most countries, though Ministries of Health are responsible for the health of school age children, this age group is rarely a priority. The delivery of health services to children under five and pregnant women – typically more needy groups – often leaves few resources left for older children. The priority for Ministries of Education is the education of school age children, but if “improved learning and education achievement by improving health and nutrition” is adopted, then the health of children enrolled in a nation’s schools must become a priority for the education sector as well.

In fact, schools are a natural setting for the delivery of basic health education and services. While the school system in most developing countries is rarely universal, coverage is generally superior to that achieved by health systems. School administrators and teachers make up an extensive skilled workforce that has unparalleled access to children and the potential to enlist the support of parents and other community partners at the local level.

The FRESH initiative encourages broad representation and participation in all phases of development, implementation and evaluation of school-based health programmes. Nevertheless, adequate and effective leadership at all levels (centre and periphery) is necessary to guarantee that the health programmes and services agreed upon do not get lost in the competition for time, money and attention that renewed efforts to achieve EFA will inevitably entail. The establishment of bodies responsible for overseeing the implementation of health activities at every level of government possible, including decision makers, stakeholders and beneficiaries, is highly desirable. Such groups would be useful points of contact for community, national and international partners. Linked in national networks, and even globally through their participation in initiatives such as FRESH, they could provide an efficient medium for the development and sharing of all kind of resources.

## **II. Determining the Scope of the Problem and Addressing the Greatest Need**

*“FRESH offers a framework to identify and prioritise health needs.”*

In every country, the specific health, nutrition and sanitation needs are different. The first step in the development of a strategy to solve health problems that interfere with learning is thus identification of the priority health needs of the specific populations targeted. Each state will approach this task differently, having more or less ready access to the necessary data, but all states will benefit by involving a wide array of participants in the collection and evaluation of information.

In fact, the key to success at this stage of planning lies in knowing where to look to identify the problems and deficiencies that are most important to address. Statistics compiled by government and intergovernmental agencies are an obvious starting point, but planners should also seek information from local sources, e.g. hospitals, doctors and schools, and

through standard community needs assessment methods such as surveys, focus groups and key informant interviews. While representatives of the Ministries of Education and Health may lead this effort, input from health service providers, school administrators and teachers, parents, students and community leaders will improve the quality of the information collected and increase awareness of the link between health and education.

Research and experience has shown that piecemeal approaches to solving the health problems that interfere with learning are not always effective. Rather, certain combinations of synergistic activities seem to produce more meaningful results. The FRESH initiative, based on years of relevant field experience and documented analysis of programme outcomes by UNESCO, UNICEF, WHO and the World Bank, describes four core areas of need and opportunity for effecting changes that will improve both health and educational outcomes. In essence, FRESH is a formula for determining how a core group of necessary “ingredients” might be combined to produce the desired result.

Each of the four core components of FRESH points to an area where important needs may exist. Thus, FRESH offers a framework which nations may find useful to identify and prioritise health needs. To help planners use the FRESH framework as an analytical tool for needs assessment, Table 1 presents examples of what may be needed, in each of the four core components proposed by FRESH, to develop a comprehensive strategy for solving health problems that interfere with learning.

**Table 1. A FRESH Approach to School Health: Sample Activities**

<b>FRESH Component:</b>	<b>#1 Health-related School Policies</b>	<b>#2 Water, Sanitation and the Environment</b>	<b>#3 Skills-based Health Education</b>	<b>#4 Health and Nutrition Services</b>
<b>Level of Engagement:</b>	Policies which guarantee:	Facilities which provide:	Content which delivers:	Services which include:
<b>Basic (Responding to needs at all school levels)</b>	<ul style="list-style-type: none"> <li>▪ Respect for human rights and equality of opportunity and treatment regardless of sex, race, religion, colour, physical or mental handicap, religion, HIV status, etc.</li> <li>▪ Protection from sexual harassment or abuse by other students or school staff and effective disciplinary measures for those who abuse.</li> <li>▪ A safe and secure physical environment and a positive psychosocial environment.</li> <li>▪ Timely and effective emergency response mechanisms.</li> <li>▪ An adequate supply of potable water.</li> <li>▪ Separate latrines for teachers, boys and girls.</li> <li>▪ Proper management/treatment of garbage and other waste.</li> <li>▪ Proper maintenance of water and sanitation facilities.</li> <li>▪ A drug, alcohol and tobacco-free school environment.</li> <li>▪ Opportunities for physical exercise and recreation.</li> </ul>	<ul style="list-style-type: none"> <li>▪ An adequate and conveniently located water supply.</li> <li>▪ The safe, efficient and hygienic management of water from extraction, through transport and storage, to use (particularly for drinking and hand washing.)</li> <li>▪ Separate toilet facilities for teachers, boys and girls.</li> <li>▪ An adequate number of latrines (suggested 1/40 for girls and 1/80 for boys.)</li> <li>▪ The safe, efficient and hygienic disposal of faeces.</li> <li>▪ The regular and effective use of water (with a scouring agent like soap or ash) for hand washing after contact with stools.</li> <li>▪ Security on school grounds.</li> </ul>	<ul style="list-style-type: none"> <li>▪ For teachers and other staff, training in the hygienic management of water and waste.</li> <li>▪ For pupils, sanitation-related behaviours such as hand-washing, food washing, oral hygiene, water purification, etc.</li> <li>▪ For teachers, pre- and in-service training in the effective delivery of age-appropriate skills-based health education.</li> <li>▪ For pupils, knowledge, skills and values clarification to reduce risky behaviours associated with HIV/STI transmission, unplanned pregnancy, drug, alcohol and tobacco use.</li> <li>▪ <b>What else?</b></li> </ul>	<ul style="list-style-type: none"> <li>▪ The establishment and maintenance of student health records.</li> <li>▪ Height/weight screening.</li> <li>▪ Detection and treatment of micronutrient deficiencies.</li> <li>▪ Detection and treatment of parasite infections.</li> <li>▪ Screening and remediation for vision and hearing deficits.</li> <li>▪ Basic first aid training.</li> <li>▪ The establishment and management of a system for making referrals to community-based providers of medical and mental health services not offered by schools.</li> <li>▪ Feeding programmes: healthy meals and/or snacks.</li> <li>▪ Dental screening and services.</li> <li>▪ Physical education, sport and recreation classes.</li> <li>▪ <b>What else?</b></li> </ul>

<b>FRESH Component:</b>	<b>#1 Health-related School Policies</b>	<b>#2 Water, Sanitation and the Environment</b>	<b>#3 Skills-based Health Education</b>	<b>#4 Health and Nutrition Services</b>
<b>Level of Engagement:</b>	Policies which guarantee:	Facilities which provide:	Content which delivers:	Services which include:
<b>Basic (continued)</b>	<ul style="list-style-type: none"> <li>▪ Zero tolerance for violence or bullying; prohibition against weapons on school grounds.</li> <li>▪ Teacher training and support to deliver simple health interventions.</li> <li>▪ Teacher training and support to implement skills-based family life education.</li> <li>▪ The provision of age-appropriate, skills-based health and family life education to boys and girls as a regular part of the basic education curriculum.</li> <li>▪ Involvement of the local community in the development and provision of health education and services targeting school-aged children.</li> <li>▪ Regulation of food service vendors and the quality, hygiene and standard of food provided in schools.</li> <li>▪ Waste recycling education and mechanisms.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Prevention of unintended injury.</li> <li>▪ First aid and emergency response equipment.</li> <li>▪ Necessary accommodations for handicapped students.</li> <li>▪ Adequate lighting within and outside the school.</li> <li>▪ A sufficient number of ergonomically designed work/study furnishings.</li> <li>▪ Waste recycling mechanisms.</li> <li>▪ A pleasant, comfortable environment.</li> <li>▪ <b>What else?</b></li> </ul>		

<b>FRESH Component:</b>	<b>#1 Health-related School Policies</b>	<b>#2 Water, Sanitation and the Environment</b>	<b>#3 Skills-based Health Education</b>	<b>#4 Health and Nutrition Services</b>
<b>Level of Engagement:</b>	Policies which guarantee:	Facilities which provide:	Content which delivers:	Services which include:
<b>Advanced (Responding to needs more likely at the middle and secondary school levels.)</b>	<ul style="list-style-type: none"> <li>▪ That pregnant girls will not be excluded or dismissed from school.</li> <li>▪ That young mothers will be encouraged and helped to continue their education.</li> <li>▪ Peer education programmes to reduce risk-taking behaviour associated with unplanned pregnancy, substance abuse and HIV/STD infection.</li> <li>▪ Support and counselling for students affected by HIV/AIDS.</li> <li>▪ Access to contraceptive services and condoms (in schools or through referral to other providers) where culturally permissible.</li> <li>▪ <b>What else?</b></li> </ul>			

Note: The list of activities proposed here is neither prescriptive, nor exhaustive. Few countries will have the resources to do all they would wish to do to improve student health, and thus learning outcomes, in the short run. However, by encouraging the participation of as many community members and groups as possible, as described in the FRESH initiative supporting strategies, even those activities that seem the most costly or the least urgent can be achieved. For example, reproductive health and counselling services could be provided through a partnership with a community-based health clinic. A private sector waste management company might take responsibility for establishing and running (especially with student help) a recycling programme. And parents and students could be inspired to undertake a school beautification project. If, as the Dakar Framework and the FRESH initiative recommends, everyone who has resources to contribute is invited to do so, and thereby given the opportunity to make a difference in the health and welfare of the whole society, the possibilities are truly endless!

### III. Identifying and Describing Solutions

*“The synergistic effect of simultaneous action across the four FRESH components.”*

#### A. *What is already being done, and with what results?*

Before proceeding to the delineation of specific solutions, planners must carefully evaluate what systems and services are already in place that do, or could, address the health needs identified. If existing interventions have produced positive results, replication or expansion of such services is likely to be easier and more cost-effective than implementation of new programmes. Programmes and services that have not produced positive results, or have not been properly evaluated, need special attention. Evaluation is essential to keeping costs down and ensuring the relevancy of the programmes and services offered. Failures can provide valuable information about what does or doesn't work, and why.

As the benefits of the FRESH approach derive from the synergistic effect of simultaneous action across all four of the initiative's core components, planners are encouraged to categorise both the needs identified, and the services already in place, according to these components. In this way, “gaps” in the mix of activities undertaken to achieve specific objectives or impact a given target group will be more easy to identify.

During this part of the process, nations may benefit by examining not only their own experience, but also the experience of other nations who have attempted to address similar health problems. In the area of school-based health and nutrition services, a variety of approaches have already been tested and evaluated. For example, a recent evaluation of a school feeding programme in Burkina Faso found that school food services were associated with regular attendance, consistently lower repeat rates, lower dropout rates and higher success rates on national exams, especially for girls. In Malawi, when the diets of primary school children were supplemented with iron as well as iodine, the gain in IQ scores was greater than with iodine supplementation alone. And in the West Indies, a single chemotherapy treatment for whipworm infection given to children at school, without nutritional supplements or improvements in education, improved the children's learning capacity to the point that their test scores matched those of children who were uninfected (Thematic Study on School Health and Nutrition, 2000). Each of the FRESH sponsoring agencies is available to help planners identify and evaluate strategies for the resolution of their priority health needs.

#### B. *What is necessary to solve each of the priority needs identified?*

At this point, planners must decide what solutions to pursue to meet the health needs and problems identified. Again, FRESH recommends the participation of as many of the people who will be partners and/or beneficiaries of the programmes created as possible. Also, to preserve the benefits of synergy built in to the FRESH framework, planners are encouraged to categorise the list of proposed solutions according to the four core components of FRESH. In this way, gaps in the mix of proposed interventions may be recognised and addressed before the list of solutions is finalised.

Next, to ensure that the solutions agreed upon will be effective, planners must identify the precise strategies and activities that will be implemented to achieve the desired results. Timelines and the responsible persons or entities must also be established. This is the time for planners to roll up their sleeves and figure out how, when and by whom health problems that interfere with learning will be resolved.

For example, because micronutrient deficiencies among school children are known to affect school performance (enrolment, absenteeism and learning) an effort to eliminate such deficiencies is a valid, and probably necessary, strategy for achieving EFA. In fact, it is particularly relevant to EFA Goal #1, which commits nations to “expand and improve comprehensive early childhood care and education,” and EFA Goal #2, which calls for efforts to “ensure that all children have access to and complete, free and compulsory primary education of good quality.”

Accordingly, a solution to the problem of micronutrient deficiencies among school-age children might be described, and incorporated into the EFA action plan, as shown in Table 2.

**Table 2: Sample National Action Plan Material: Using the FRESH approach to reduce micronutrient deficiencies among children in childcare programmes and elementary schools.**

Goal	Solution					
	Objectives	Strategies	FRESH Activities	Responsible Party	Time frame	Results
<p><b>EFA Goal #1:</b> Expand and improve comprehensive early childhood care and education, especially for the most vulnerable and disadvantaged children.</p> <p>-OR-</p> <p><b>EFA Goal #2:</b> Ensure that the learning needs of all young people and adults are met through equitable access to appropriate learning and life-skills programmes.</p>	<p>1. Micronutrient deficiencies among school-age children in childcare programmes/ elementary schools will be eliminated.</p>	<p>1. Detection and treatment of iron deficiency anaemia (IDA), vitamin A deficiency (VAD), protein energy malnutrition (PEM) and iodine deficiency disorders in children in child care centres/ elementary schools.</p>	<p>1. Establish a partnership with a local health care provider with the expertise needed to detect and treat micronutrient deficiencies.</p> <p>2. During the first month of school, test and begin treatment of all enrollees for IDA, VAD and PEM.</p> <p>3. Evaluate results</p>	<p>1.</p> <p>2.</p> <p>3.</p>	<p>1.</p> <p>2.</p> <p>3.</p>	<p>1.</p> <p>2.</p> <p>3.</p>
		<p>2. Provision of healthy snacks and/or meals to children in child care centres/elementary schools.</p>	<p>1. Based on information gained through Activity 1 (above) regarding the scope of the problem (number of mal- or undernourished students and the severity of the deficiencies), determine the kind of food supplements to be offered.</p> <p>2. Develop a plan for the introduction of food supplements.</p> <p>3. Procure snacks and/or food.</p> <p>4. Begin food supplement programme.</p> <p>5. Evaluate results.</p>	<p>1.</p> <p>2.</p> <p>3.</p> <p>4.</p> <p>5.</p>	<p>1.</p> <p>2.</p> <p>3.</p> <p>4.</p> <p>5.</p>	<p>1.</p> <p>2.</p> <p>3.</p> <p>4.</p> <p>5.</p>



Understandably, the resources necessary to implement all of the strategies included in this example, or others that might also have been proposed, may not be available to all governments. The FRESH initiative recognises that nations must implement FRESH activities in accordance with their particular needs and capabilities.

Nevertheless, it is essential to remember that FRESH is a comprehensive framework, the benefits of which derive from the simultaneous implementation of activities across the four core components. Thus, plans that address only one or some of the components, while ignoring others, may be of limited value.

To illustrate this, let us look more closely at the solution described above to reduce micronutrient deficiencies in school children. Both of the strategies proposed are known to be effective, but strategies are never implemented in a vacuum. Other factors and conditions may undermine or even erase the benefits expected from implementation of the strategies proposed. For example, consider the following:

- Micronutrient deficiencies result not only from poor or insufficient diet, but also from infection with parasites that consume essential vitamins and minerals in the (human) host's body. Such parasites are commonly found in contaminated water and faeces.
- Studies have found that children are a significant vector for the spread of such parasites, passing infection not just among themselves, but also to the community at large. This is believed to result from their generally underdeveloped understanding and practice of effective hygiene behaviours.
- To be implemented effectively (or even, at all!) interventions designed to reduce health problems among school children must be mandated and enforced by the appropriate school authorities.

On second look, this plan for reducing micronutrient deficiencies is discovered to be – in a word – deficient! Why?

The FRESH initiative answer would be because it does not respect the framework that FRESH is based upon. Both of the strategies proposed are representative of just one of the FRESH initiative components, core component #4, which is school-based health and nutrition services. To improve this plan, the strategies listed should be reinforced and supported by activities in each of the other three components. For example:

- Policies regulating the supply and maintenance of clean water, the construction and maintenance of appropriate toilet facilities and the safe, efficient and hygienic disposal of faeces and other waste. **(FRESH Component #1: Health-related school policies)**
- The provision of a safe water supply and adequate toilet facilities on all school grounds. **(FRESH Component #2: Provision of safe water and sanitation)**
- Education for children that teaches hygienic behaviours such as hand-washing, food washing, boiling water, etc. and for parents regarding minimum daily requirements to prevent nutritional deficiencies. **(FRESH Component #3: Skills-based health education)**

Let's look at a better example. Table 3 shows how activities related to each of the four FRESH components might be included in an action plan that seeks to achieve EFA goal #3 or #6 by reducing the incidence of HIV among young people.

**Table 3: Sample National Action Plan Material: Using the FRESH approach to reduce HIV infection among young people.**

Goal	Solution					
	Objectives	Strategies	FRESH Activities	Responsible Party	Time frame	Results
<p><b>EFA Goal #3:</b>  <b>Ensure that the learning needs of all young people and adults are met through equitable access to appropriate learning and life-skills programmes.</b></p> <p>- OR -</p> <p><b>EFA Goal #6:</b>  <b>Improve all aspects of the quality of education and ensure excellence of all so that recognised and measurable learning outcomes are achieved by all, especially in literacy, numeracy and essential life skills.</b></p>	<p>1. Young people will decrease their risk of infection with HIV.</p>	<p>1. Increase school enrolment and retention rates, particularly among girls and other disadvantaged groups.</p> <p>2. Protect students from sexual molestation on school grounds.</p> <p>3. Teach students how to prevent infection with HIV.</p> <p>4. Increase students' access to reproductive health services.</p>	<p>1. Establish and enforce a policy to guarantee a safe and secure physical environment and a positive psychosocial environment. <b>(FRESH Component #1)</b></p> <p>2. Establish and enforce policies to guarantee that pregnant girls will not be excluded or dismissed from school, and that young mothers will be encouraged to continue their education. <b>(FRESH Component #1)</b></p> <p>3. Provide and maintain an adequate number of separate toilet facilities for boys and girls. <b>(FRESH Component #2)</b></p> <p>4. Detect and treat basic health and nutrition problems that prevent students from attending school or learning while there. <b>(FRESH Component #4)</b></p> <p>5. Establish and enforce policies that guarantee protection from sexual harassment or abuse by other students or school staff. <b>(FRESH Component #1)</b></p> <p>6. Provide age-appropriate skills-based health education to all students in primary and secondary school. <b>(FRESH Component #3)</b></p> <p>7. Provide services that are of direct relevance to girls, such as counselling in reproductive health. <b>(FRESH Component #4)</b></p> <p>8. Establish and manage a system for making referrals to community-based providers of medical and mental health services not offered by schools. <b>(FRESH Component #4)</b></p>	<p>1.</p> <p>2.</p> <p>3.</p> <p>4.</p> <p>5.</p> <p>6.</p> <p>7.</p> <p>8.</p>	<p>1.</p> <p>2.</p> <p>3.</p> <p>4.</p> <p>5.</p> <p>6.</p> <p>7.</p> <p>8.</p>	<p>1.</p> <p>2.</p> <p>3.</p> <p>4.</p> <p>5.</p> <p>6.</p> <p>7.</p> <p>8.</p>

Goal	Solution					
	Objectives	Strategies	FRESH Activities	Responsible Party	Time frame	Results
			9. The establishment and support of policies and mechanisms that encourage involvement of the local community in the development and provision of health education programmes and services for school-aged children. <b>(FRESH Component #1)</b> 10. Evaluate results	9. 10.	9. 10.	9. 10.
	1. Students who are infected or affected by HIV/AIDS will continue their education.	1. Promote an environment of compassion for those infected or affected with HIV/AIDS. 2. Identify and overcome obstacles that prevent students who are infected or affected by HIV/AIDS from continuing their education.	1. Establish and enforce a policy to guarantee respect for human rights and equality of opportunity and treatment regardless of sex, colour, race, religion, physical or mental handicap and HIV status. <b>(FRESH Component #1)</b> 2. Through skills-based health education, dispel misinformation and challenge social norms that cause people to blame, fear and discriminate against people infected or affected with HIV/AIDS. <b>(FRESH Component #3)</b> 3. Develop a mechanism to provide support and counselling for students and staff affected by HIV/AIDS. <b>(FRESH Component #4)</b> 4. Evaluate results	1. 2. 3. 4.	1. 2. 3. 4.	1. 2. 3. 4.

Policies (FRESH component #1), the environment (FRESH component #2), knowledge, attitudes and behaviours (FRESH component #3) and health status and the availability of health care (FRESH component #4), all figure into the equation that determines young people's vulnerability to infection with HIV. Therefore, the combination of strategies included in this plan to reduce that vulnerability is likely to be much more effective than any of the strategies implemented alone. In general, by attending to needs in each of the four core components of the FRESH framework, planners are less likely to overlook issues in one area that might undermine their efforts in another.

#### **IV. Mobilising Resources**

##### *A. What will it cost?*

In reality, considerations of cost will go hand-in-hand with the process of identifying and describing appropriate solutions. Clearly, strategies for which no funds or insufficient funds are allocated are unlikely to be implemented. Realistic projections of the costs associated with all stages of implementation of the strategies proposed must be made early in the planning process. Again, each of the FRESH sponsors is prepared to assist national governments to determine the cost of health interventions.

##### *B. Who/who else has resources to contribute?*

Contributions of all kinds will be necessary to establish and maintain school-based health services. In-kind support, e.g. donations of material, skills and time, are as important to line up as are cash resources. Good will and the personal commitment of all kinds of potential helpers are invaluable. Asking for help after the fact is never as effective as enlisting support from the outset. Thus the FRESH initiative emphasis, as described in the supporting strategies, on the involvement of as many decision-makers, stakeholders, implementers and beneficiaries as possible, and as soon as possible.

Pooling and sharing multiplies the benefit of scarce resources. The FRESH initiative sponsoring agencies joined forces to promote school-based health services in recognition of this fact. Countries that participate in FRESH can expect to benefit from this collaboration in many ways. Separately and together, each of the FRESH sponsors is prepared to help nations assess needs, develop policies, train teachers, obtain curricula and other classroom materials, develop the capacity to provide basic health services in their schools, and implement and evaluate health programme strategies. In the immediate future, existing forums for communication and sharing, e.g. WHO's Mega Country "Virtual Network" web site, will be expanded and improved, and new channels for the provision of technical expertise will be developed.

Participants in the World Education Forum in Dakar forcefully pledged their support for the mobilisation of needed resources in the following statement: "We affirm that no countries seriously committed to education will be thwarted in their achievement of this goal by a lack of resources." By incorporating FRESH strategies into their national action plans, countries will be making a serious commitment toward the resolution of health issues recognised in the Dakar Framework as obstacles to the achievement of Education for All. The FRESH initiative sponsors will help nations to identify and access bilateral and multilateral funding as the appropriate international response to the demonstration of that commitment.

## V. Conclusion

Insufficient attention to the health needs of children and youth compromises efforts to achieve Education for All in the short run and diminishes the benefit of education over the longer term. Beautiful schools, masterful teachers and “best practice” learning materials have no effect on children who are not in school. But “getting them in the door” is not enough either. The best teaching in the world won’t eliminate the attention and learning deficits of children who are hungry, sick or cognitively impaired. And what becomes of government investments in buildings, teachers and curricula if the young people educated can’t put their education to use because they are overwhelmed by family responsibilities, victims of violence or abuse, addicted to drugs or alcohol or dying of AIDS?

As nations around the world move into the next phase of the effort to provide universal basic education, careful planning is necessary to ensure that key determinants of success (and failure) are recognised and addressed. Health, nutrition and hygiene issues are some of these “key determinants” and must, therefore, be included in the national EFA action plans now being prepared.

The FRESH framework can be used in two ways to develop strategies to resolve health problems that impede efforts to achieve Education for All. First, as a tool for identifying the issues and problems that are most important to address; and second, as a mechanism for selecting an appropriate mix of interventions and maximising the returns on the investment made. Based on documented research and experience, and backed by a growing number of international agencies with relevant expertise and resources to share, FRESH offers useful guidance, but is flexible enough to be adapted to local needs and resources.

The global Education for All movement shows the extent to which international, national and civil society representatives have recognised that education is the key to personal, social and economic development. Neither prosperity nor peace can be achieved without it. As health is now known to be required for learning to occur, it is clear that efforts to nurture *both the bodies and minds* of the next generation of adults will reap the greatest results. School-based health and nutrition programmes of the kind advocated by FRESH have demonstrated their potential in this regard, and must now be implemented far and wide.

A child's ability to attain her or his full potential is directly related to the synergistic effect of good health, good nutrition and appropriate education. Good health and good education are not only ends in themselves, but also means which provide individuals with the tools to lead productive and satisfying lives.

School health is an investment in a country's future and in the capacity of its people to thrive economically and as a society. The participants in the FRESH initiative salute your commitment to the goals of Education for All, and stand ready to assist you in your efforts.