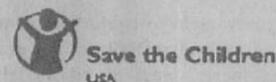


# ROUNDTABLE DISCUSSION ON School Health and Nutrition

The Daily Star  
Committed to People's Right to Know



## Achieving health is essential for completing education

SCHOOL Health Programme has been placed as one of the important strategic programme options for government's Health, Nutrition and Population sector plan for long years. In Bangladesh, a program on school health has been in operation since 1951. Strategies such as provision of safe drinking water, improving sanitation and physical infrastructure, screening and observation for deviation from normal growth, improving health knowledge and establishing referral systems have strengthened school health programs in Bangladesh. Although currently the School Health Program under Child Health Program in Bangladesh has been focusing on curative services through establishing a small network of school health clinics and preventive and/or promotional health care services are rarely provided under this present health service delivery system for primary school age children, but in continuation of the past, even the recent Health, Nutrition & Population Sector Plan (HNPS) for 2005-2010 has included School Health & Nutrition Programme as one of its strategic program options. Effective implementation of School Health & Nutrition Programme throughout the country and formulating necessary strategies to provide health and hygiene education focused services adequately for primary school age children through joint collaboration between Ministry of Health and Ministry of Education has been given priority. However, there is a critical gap in developing effective programming with a focus on prevention and cultivating linkages between school and the community with collaborative partners. This is one of the areas where assistance from Development Partners, NGOs, and International Agencies is required for the Government of Bangladesh and Ministries of Health and Education.

Due to the success of child survival programs, currently more children are living beyond the age of five years. Despite this success with child survival programmes, the health and nutrition needs of these primary school age children are often overlooked. In Bangladesh, as in many parts of the developing world, the primary school children are being challenged with unacceptably high rates of morbidity and mortality due to preventable diseases and malnutrition. The impacts of these health issues reverberate far beyond the child's health status as the issues often prevent children from attending school and being successful there.

Low school attendance and poor health and nutrition of specifically school aged girls can have a magnified impact on the next generation. Malnourished girls those who become mothers face high levels of maternal mortality, and bear low birth-weight babies. In addition, the link between female educational attain-

ment and lifetime health is unequivocal. A better educated girl takes better care of herself and has healthier and fewer children. In considering ways to improve the health of school age children, a proven strategy is to combine the education facilities with health care delivery, as there are more teachers than health workers and more schools than health clinics. The education sector provides an already developed and supported infrastructure which can supplement and complement the existing primary health care system.

Recent national statistics shows significant enrollment of children in primary education (more than 97%) though drop-out rate (almost 33%) is also evidenced there. Such high promising enrollment in primary education could

have had significant impact on achieving national primary education goal with efforts to reduce the drop-out rate from primary schools. Continuing good health at school age is essential for children to sustain the advantages of a healthy early childhood and to take full advantage of what may be their only opportunity for formal learning.

Experiences from all school-based health programme activities have been proved as one of the most cost-effective ways for promoting the educational achievement, improving health and nutrition status among primary school age children. Particularly if these programmes are developed as part of community partnerships and delivered jointly through both the Health and Education

departments. Strengthening inter-sectoral coordination, improving community level water and sanitation status, ensuring participation of the community, teachers, students and their parents in designing, implementing and monitoring the programme activities would lead school based health and nutrition programmes to be successful in achieving the relevant Millennium Development Goals by 2015.

It becomes obvious that local level advocacy and dissemination of experiences also need to be brought to the national level to create opportunities for wider impact as well as to ensure an environment favorable to meeting the health and nutrition needs of primary school-age children.

Why is it so important to talk about the issues of primary education and good health of the rural children in Bangladesh?

- It's about investment - Investment for a better future: School-age children are tomorrow's leaders and work force.
- It's about ensuring primary education of rural children - Health services are necessary for keeping students at schools. Good health ensures children's attendance at schools.
- Ill health is one of the major reasons behind severe dropout trend in Bangladesh.
- A large number of children are not physically fit to be attentive students. (problem with eye-sight, hearing, stunting, etc.)
- It's about pulling poor population out of poverty cycle - Education and good health are two major components for child development.
- Education and health are the most feasible tools for future employment of today's children.
- There is a critical need NOW -
- To raise public awareness on importance of SHN program & its importance.
- To design collaborative and comprehensive program for responding the need of primary school aged children
- To advocate for effective collaboration between Health and Education sectors through public-private partnership

In light of the above a roundtable discussion on School Health and Nutrition was jointly organised by The Daily Star and Save the Children-USA in the city on 23 March 2006. Eminent participants deliberated on the theme "Achieving health is essential for completing education" and gave their valuable suggestions on course of action. The discussions follow:



Syed Fahim Munaim,  
Managing Editor, The Daily Star



The theme is "Achieving health is Essential for Completing Education". Probably you are aware that we are extremely committed in this sort of sectors. Particularly we have very keen interest in the education sector. Now one thing leads to another. Good health obviously is linked to good education of the students. And they are so much so inter-related that the Intelligence Quotient (IQ) of a student depends upon his/her own health condition. In Bangladesh, we have produced excellent students, outstanding students. We are appraising the academic feat of these students, but overlooking their health perspective. Brilliant students sometimes drop out, sometimes may not carry on studies because either of their eyesight or other sheer health problem. This is a fact that school curriculum lacks in health and hygiene practice components.

I do really appreciate Save the Children-USA for bringing up this very timely and important topic on board for a national level discussion. And I am sure Dr. Nizam Uddin Ahmed, the keynote speaker on the topic will go into details as to what should be done and then the format of the discussion here would be clear after the keynote presentation. We have amongst us Dr. Md Mahbubur Rahman, Line Director - Essential Service Delivery and Director Primary Health Care under Directorate General of Health Services. All other designated discussants are also representing development partners, technical agencies, national and international NGOs who I believe would be contributing to this important discussion. Other than designated discussants, relevant discussion and inputs from the audience and distinguished participants would also be helpful. It is now my pleasure to welcome Anuradha Harinarayan, Deputy Country Director, Save the Children-USA, Bangladesh Country Office to express her views for improving health of primary school children of Bangladesh.

Such high rate of intestinal worm infestation often leads to anemia, Vitamin A deficiency, stunted growth, poor intellectual development—all of which directly lead to poor achievement in schools, increased drop out rate from schools and indeed other issues of early marriage for girls and boys, early child birth that is detrimental to both mothers and their children—leading again to the cycle of ill health, disease, poor learning and a poverty trap. On School Health and Nutrition issue Save the Children has been conducting a comprehensive programme to reduce worm load among school age children, to provide lots of specific investment to ensure better school environment, specific investment in water, sanitation and real education that improve the health of a children.

The other important aspect of this comprehensive school health programming have been the merits of engagement and strengthening of the education of community, teachers, parents and school man-

agement committee (SMC) members who have been encouraged to see the interventions that directly improve school based learning and performance. If we can prioritise the urgent actions that government, private and NGOs would prefer to work on together, additional resources would deal with the behaviour centred programming within the comprehensive package of school focused programmes where our school children would be participating. I am now quoting from an editorial in the Lancet that lays out clearly the relationship between School Health and Nutrition (SHN) programme intervention and the achievement of the Millennium Development Goals (MDGs).

Deworming in childhood leads to improvements in intellectual development that are related to income in adulthood leading to the eradication of extreme poverty and hunger (Goal 1). Hungry children become more malnourished when infected with worms.

An investment of \$3.5 per child on helminth control translates to an extra year of schooling gained. School enrollment by girls increases with deworming programmes, and their dropout and retention rates improve and ultimately contributes to achieve universal primary education and promotion of gender equality (Goal 2 and 3).

Reducing malnutrition and anemia, treating worm infestations lower child mortality and improve maternal health (Goal 4 and 5) and help combating HIV/AIDS and Malaria (Goal 6). Nepalese women were given Tab. Albendazole (deworming medication) in their third trimester, and their infants had higher birth weights and lower mortality at 6 months, than did those not given deworming treatment.

With all these references, I am trying to draw your attention to such an important issue of improving school age children's health and nutrition.

I do hope that you will have a successful discussion and find specific issues and ways to take us forward; primarily to advocate the health need of the school age children so that both boys and, particularly, girls are able to take the full advantage of educational opportunities and are able to grow into productive adults in future days for Bangladesh.

Dr. Nizam Uddin Ahmed, Director, Health, Population and Nutrition Sector, Save the Children-USA, Bangladesh Country Office

My focus will be mainly on the primary school age children. Out of our total population of 140 million, we expect 44 million children, between the age of six and seven years to be in primary and secondary schools. Out of this 44 million school age children, 18 million are expected to be enrolled in primary schools, which is yet to be a reality. After 1980s, under-five mortality rate in Bangladesh has

declined dramatically. It means that more children are surviving and more children are to attend their primary education. Over 95 percent of the primary school age children are enrolled in primary schools. Nonetheless, more than 35

percent of them drop out. The major reasons behind this bleak picture include: burden of diseases and frequent morbidities among primary school children, recurrent infestation with soil transmitted intestinal worms, school children's sufferings from anemia.

A large number of children are born with anemia. In a recent community based survey, more than 50 percent of enrolled children in primary schools were found anemic. The survey results also revealed that only 10 percent of the parents of the sick children pay attention to their children's healthcare specifically for anemia

and malnutrition. Ultimately, it hampers the cognitive development of the primary school age children. Our field based studies also revealed that almost 53 percent enrolled children in primary schools defecate in open fields and only 8 percent of them have an access to safe sanitation and water facilities. This is one of the major reasons why only school-based deworming does not have significant impacts. There is a gap in knowledge and practice.

In most schools, pupils neither have safe schools nor safe sanitation facilities. There is a direct link between intestinal worm load among students and water-sanitation status in schools and in households. What is the overall status of school health programmes in Bangladesh? Do they help the school going children and the school environment?

Besides, we need to create a supporting environment for the family as well as for the communities. First of all, we need health and education for the children that include de-worming and micronutrient supplementation, first aid management for minor injuries and ailments. Moreover, it is also important to do counseling and educating children at schools. Another component will be to ensure safe water and safe sanitation. Provision of safe drinking water, safe sanitation and hand

### DISCUSSANTS

Dr. Mohd. Mahbubur Rahman, Director Primary Health Care and Line Director, Essential Service Delivery (ESD), Directorate General of Health Services (DGHS)  
Anuradha Harinarayan, Deputy Country Director, Save the Children (SC) USA

Dr. Nizam Uddin Ahmed, Director Health, Population and Nutrition Sector, SCUSA

Dr. Nurul Islam Prodhon, DPM School Health Programme, Directorate General of Health Services

Prof. Dr. A. N. Nasim Uddin Ahmed, Chairmag, Dept. of Clinical Pathology, Bangabandhu Sheikh Mujib Medical University (BSMMU)

Dr. M. A. Sabur, Country Director, Water Aid, Bangladesh Country Office

Dr. Sukumar Sarkar, Project Management Specialist, H&N Section, USAID

Dr. Jahangir Alam, National Consultant, Primary Health Care, WHO

Ms. Quamrun Nahar, Project Officer, Water, Environment and Sanitation (WES) Section, UNICEF

Ms. Mah Jabeen Masood, Head, School Feeding Programme, WFP

Dr. Faruk Ahmed, Director, HPN section, BRAC

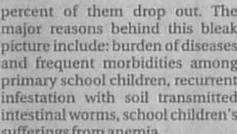
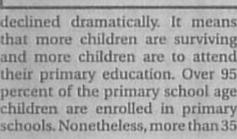
Mr. S. M. A. Rashid, Executive Director, NGO-Forum

Md. Habibur Rahman, Director, Education Sector, SC-USA

Dr. Ashoke Kumar Roy, Communication Manager, GlaxoSmithKline (GSK) Limited, Bangladesh

Dr. Md. Rasheduzzaman Shah, Programme Manager, School Health & Nutrition Program, SC-USA

The key note was presented by Dr. Nizam Uddin Ahmed, Director HPN. The Roundtable discussion was moderated by Mr. Mahfuz Anam, Editor, The Daily Star. Mr. Fahim Munaim, Managing Editor, The Daily Star initially started the moderation and thereafter also participated in the discussion. Other than the discussants, a significant number of representatives from different other relevant organisations and reporters from media (print as well as electronic) were invited to the occasion to make contribution to the success of the event.



washing facilities at schools as well as at home are inseparable from better health status of school children. Another element is health and hygiene behaviour, which we would like to focus on. The school can be one of the avenue and teachers can be the key health educators in our country.

In Bangladesh, teachers can play more effective roles in several aspects beyond education, particularly in health. The government of Bangladesh and also the Ministry of Health have a policy to work together in this field. Partnership exists between Ministry of Health and Ministry of Education. There is a department of public health, some NGOs and local community who are helping in capacity building of the teachers and the school management committees and working more on community mobilisation. We need more networking and local level advocacy which will ultimately influence the national policy. We need to acknowledge that our field-based evidences revealed a fact that only school focused programme may not be enough because children are going back to their families and to their communities. Thus, we have brought changes in our programme designing. Now, in our School Health and Nutrition Programme, we have two arms: school based programme, and community focused programmes. The community focused programme components emphasise on the water and sanitation aspects.

Such comprehensive programme design showed tangible results from interventions, implemented jointly in coordination with the Ministry of Health and Ministry of Education. At the intervention level, usually what benefits the students directly is classroom based health education sessions. The Ministry of Health is working in Bangladesh quite significantly and achieved quite a remarkable progress which has had significant reflection through statistics. The primary schools are the areas where other partners can also play effective supportive role to help government achieving more successes in education and also in health.

We need to adopt public health approach which the government is truly focusing on and probably we need to adjust the current strategy in order to be more effective in a way to intensify the community mobilisation where we need to involve teachers, parents and school management committee who can play the role of addressing the health needs among school age children. One important thing I would like to highlight is that we need to help the teachers of the primary school. They are the respected people in the community. People see them as role model. We need to really help the teachers and thereby a future generation can be built quite differently with required skill and efficiency. We need to coordinate so that both government and NGO sector can play noteworthy roles in this significant area of development.

Dr. Mohd. Mahbubur Rahman, Director-Primary Health Care and Line Director-Essential Service Delivery, Directorate General of Health Services (DGHS)



Dr. Sukumar Sarkar  
Project Management Specialist  
USAID

If you want to complete your education you must have a good health. Current enrollment rate in primary schools is 97%. In contrary to such high enrollment rate, the dropout rate is also there as well. In fact, without ensuring health nothing can be achieved. Achieving education target will remain a far cry without ensuring health and nutrition status of enrolled school children. For example, schools help children to do deworming but if their parents do nothing at home then it goes in vain. Students would have a relapse definitely. Again if health is not good enough, students will not be attentive in schools, will be repeating at same classes and parents will lose interest to keep their children at school and finally all these would lead to higher dropout rate.

The key note presentation by Dr. Nizam has shown us how we are working at school for deworming and to achieve good health of students. The definition of the primary health care has to begin at home. Today's enrolled children at primary school would be the leaders of the country tomorrow. It is the perfect time to raise the agenda of good health and well-being of primary school children. We are in better position in primary education situation compared to the other countries of the Southeast Asia. We must ensure good health if we want to upgrade our primary education completion rate. We must flash back to the slogan that says "Today's investment of one taka will ultimately save you ten taka". In fact one taka investment in public health will save ten taka at long run. When you fall sick there is no way out. Now mortality rate is being reduced but what about the morbidity among child population in our country? To ensure better health of child population who are surviving as a result of the successes of other child health programmes like Expanded Program on Immunisation (EPI), Integrated Management of Childhood Illness (IMCI), Control of Diarrhoeal Diseases (CDD) and also Control of Pneumonia (ARI) programmes, it is essential to ensure effective collaboration between government, NGOs and Development Partners. Without good collaborative efforts, there is, actually, no way out. I can mention that School Health

programming would be one of the good examples of collaboration. Within this particular programme area, we have had a helpful cooperation from inter-sectoral other ministries, non-government organisations (NGOs) and donor agencies. Particularly, with the help of the Education Ministry we have achieved significant success in primary school enrollment. And Ministry of Health is the other prong of programme implementation with necessary support and facilitation of partner NGOs which I believe would bring tremendous impact on achieving better health of school children in near future and thereby would help build a healthy nation.

Dr. Sukumar Sarkar  
Project Management Specialist  
USAID



Since early 1980s, child health programme has been very successful despite all the problems and relatively less development in other sectors. Health and child health indicators have really achieved remarkable success in spite of relatively less economic development. The limitation is that the child health programmes are targeted for children less than five years of age. If we look at the demography, the children under five are covered with many public health or preventive health approaches. However, the school children, who fall over the age of five years, remain uncovered. The primary school age children are lacking significantly effective programmes. We are not actually addressing the health needs and problems of this group of population. In our present education system we have more than 90 percent enrollment in primary schools. We actually have great opportunity to address these children by working in schools. We need to look closely at the needs of these children e.g., the problem of anemia, worm-load, practice of sanitation, and eye problems etc, and respond appropriately.

Save the Children-USA, through this national level discussion, has successfully brought up the issue of needs for school children. They have evidence-based field level experiences on programming for school health. From the discussion, it has been revealed that more strategic focus and discussion with specific recommendation for school centred programming is essential to take the benefit of our child health programmes.

CONTINUED ON PAGE 13