

Achieving health is essential for completing education

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We need very strong national initiatives for school children's health programmes. In this connection, I would prefer to request Save the Children-USA to take the lead for facilitating such initiatives with their technical expertise through keeping the discussion rolling on as well as to forward necessary recommendation through a national working group or task force towards formulating a national strategic plan on effective school health programme. Stepping forward with such initiative for drafting national strategic plan through a national working group or task force would be benefiting the Ministry of Health and Family Welfare to implement school health and nutrition programme efficiently as well as to achieve significant improvement of child health and national health indicators.

Ms. Qumrun Nahar
Project Officer, UNICEF



I would like to add a bit to the list of recommendations. No result will come out of water and sanitation facilities if operation maintenance is not taken care of. Operation maintenance has an enormous role in this regard. Another thing is the approach of students. We should prefer 'child to community' approach rather than 'child to child' approach. School brigade can be created. If the students at grade four and five know about the personal hygiene, they can take the message to their communities. Practice of hand washing after using latrine cannot be developed if running water system is not introduced in the schools. The facilities in the schools must be child-friendly which is really important.

Dr. Jahangir Alam
National Consultant, Primary Health Care World Health Organisation (WHO)



It is obvious that a child cannot attain education if he or she does not have a good health. On the other hand, no education results in poverty which ruins the development of a country, making suffering of the nation with ill health. It is very important that the health and education sectors must work together. A profound inter-sectoral collaboration between these two sectors can only bring a healthy status in school health and nutrition programme in Bangladesh. I think we have passed enough time in thinking, now it is time for taking actions. We, those who are working in different agencies, must extend our hands of cooperation as Save the Children USA initiated collaborative steps for sharing and leading the school health campaign

through such national level advocating step through this round-table talk.

Habibur Rahman
Director, Education Sector, Save the Children-USA



A large scale programme like School Health and Nutrition, under no circumstances, be implemented if families, schools and communities cannot work together. If de-worming is done at schools, it must not exclude the family and community members since the others will remain out of the network. The most important thing is highest level of cooperation must be ensured at the community level where we intend to implement our health and education programmes. We aim to bring a big change in the curriculum of the school health through incorporating health, nutrition and hygiene information, and if we can do so then we can translate our mission into a reality. We are stepping forward to achieve this through our work and our programmes and lessons from field. Moreover, we also foster effective collaborations between health and education sectors that should be done at the policy planners' level, at the professional technical level and at the field level.

Ms. Mah Jabeen Masood
Head, School Feeding, World Food Programme (WFP)



Community approach is very much important which School Feeding programme of WFP has taken on board, as enrolment is a one-time affair, bringing and retaining children in school is a total community involvement and participation. Here, we need a concerted effort by all. The government is doing their best in bringing children but still there are avenues where other partners and organisations can work together jointly to retain and ensure better education of children at schools. There are other problems, such as the teacher-student ratio. What about the remote areas, where teachers are not there? Who will convey the health and nutrition messages? The attendance has improved significantly in the 'School Feeding programme'. Children now concentrate and study at school. They are interested to come to their schools and are vigilant in classes. This is an advantage we have got that children become advocates of the activity within the family and community at large. You all said to start from family, but I view it from a different perspective, let the child tell his or her mother. For example as it happened after deworming intervention at school in one of the WFP assisted areas: "Mother put on sandals otherwise you will have

worms." I feel school is a place where the children can start learning the hygienic practices which brings behavioral changes. We must focus more on early childhood care and learning.

Faruq Ahmed
Director, HPN Section, BRAC



I think it is very timely to have this round-table talk. Let me reflect on what the other colleagues have said around the table. If we look at 1970s, as you know that the first population policy was declared in 1976. Political commitment was sustained over the three decades through this strategy. We needed support; we needed both physical and human assistance. And we got it from the ground. Now we can say very proudly that we have successfully served the country. We have achieved success in immunisation, success in control of diarrhoeal diseases. When we talk about school health, some of my colleagues have mentioned that there is no specific intervention that targets primary school children. One of the burning questions is that how do we engage the community?

We may look at the success in control of diarrhoeal diseases. Now-a-days, oral rehydration therapy (ORT) has become a part of our everyday culture. How has it happened? It did not happen overnight. So, my point is: achieving any success takes lot more energy and it engages the whole nation both at political and strategic level. We can look at the delivery mechanism. What is the delivery mechanism? Perhaps we could engage the health workers, empower them. We can link-up the education system with the health system. Obviously it will help. We need extensive social mobilisation. Such linkage between ministries of Health and Education would have been adequate enough to demonstrate real impact of health programmes over educational achievement among primary school children.

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

We all know about the alarming situations and urgent issues regarding primary school children's health, particularly in regard to their high rate of morbidity. We all have a clear picture of the school health and education system of the whole country. What I would like to emphasise is actually linking the school based health and nutrition programme to community focused programme. Perhaps this is the time to integrate health, hygiene, and sanitation and nutrition education within the school curriculum. We have incorporated some of the key issues into the secondary school curriculum. But similar incorporation of health, hygiene and nutrition topics are also essential in primary school curriculum through joint collaboration between the ministries of Information, Education and Health. I would also prefer to include similar topics into the primary school teacher's curriculum as well, because teachers are the educator for the children at schools. They need to get their knowledge upgraded.

At the same time I would suggest to take adequate initiative to promote similar health information

and messages at the community level. If the community members and essentially the parents don't have similar education on health, hygiene and sanitation and nutrition topic then we may not get the expected results. So these key issues need to be prioritised when we talk about comprehensive school health programming. Comprehensive school health programme linking at the community level is a pre-requisite for achieving results and impact. Both the Health and Education sectors should be responsible for implementing comprehensive programming focusing primary school children. NGOs can facilitate linking the inter-related sectors and ministries so that their programmes and activities complement each other. There should be some sort of strategic direction and planning guidance so that we can have better collaboration basically between government, non-government organisations and other development agencies and the media people.

We need to have regular, formal and informal networking among



Prof. Dr. A.N. Nasimuddin
Chairman, Department of Clinical Pathology, Bangabandhu Sheikh Mujib Medical University

I have actually been involved with the programme since 2004 and I was involved in conducting the field surveys in Nasiragar. I took interviews of many of the locals including guardians and was convinced that the school health programme implemented there by Save the Children USA has been emerged as a model in the context of Bangladesh. If we want to make positive changes in school children's health and nutrition, community involvement and motivational initiatives are essential element for implementing field interventions. And to do so we have to work together with community leaders, Union Parishad chairmen and guardians and simultaneously the local government personnel must be trained with skills for efficient implementation of school based health programme.

Zillur Rahman
Host and Director, Tritivi Maatra (a talk-show), Channel I



Indeed we need a concerted effort and this thing is not being done in our country as we are busy with ourselves. Referring to the presentation made by Dr. Nizam, I would like to say that we should focus more on the teachers and parents to ensure children's sound health. Because when a child finds his/her teachers are worn out and in ill health; observe his manners, life style and mode of existence,

he/she finds nothing to follow that would help him/her to move forward. And this is the main reason why we should focus more on a teacher providing higher education and a teacher of primary level.

What appears, in this case to me, is that, it is a matter of political decision. You, who are working for NGOs and other international organisations, are working within the orbit of the government decisions. And when the question of political decision arises, we must stress on the need for governance and health governance by involving the local government. We have to strengthen our local government system. The media here, I think, can play an important role in this regard. I hope the priority challenging issues, like improving health for better education through effective implementation of School Health Programme in primary schools will be the focus in coming days in the newspaper and TV channels more and more to inspire others and to ignite their thoughts.

Dr. Nurul Islam Prodan
Deputy Program Manager School Health Programme Directorate General of Health Services (DGHS)



I strongly urge for stepping forward with specific recommendations from this discussion for developing a draft national policy which could help strategic decision makers to review and evaluate the critical importance of the issue. There are strong reasons to propose for moving forward with a set of recommendations for the policy level decision makers and Save the Children USA would be readily available with necessary technical expertise on this specific programme. I think this round table meeting would only be

Dr. M.A. Sabur
Country Representative, Water Aid, Bangladesh



Government has emphasised on school focused health programme through the new health and Nutrition Programme Strategic Planning (HNPS). And public health approach is also focused to implement school health programming in collaboration with education sector as well as with community members, parents and teachers health-family planning field workers.

NGOs, like Save the Children-USA, who have focused programming in this relevant field, can contribute a lot to foster implementation of the planned activities of school health and nutrition programming, through their technical capacity and investing additional resources which would have added value in terms of achieving the target for health indicators for our country under Millennium Development Goal (MDG).

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

Most probably I am the only participant from the private sector. I find lot of reasons to make the

one way of looking at it. But if we can turn this population into assets, we could have retained this population to the schools, where many of the people even cannot go beyond the school door. They do not go for higher education after primary. Then where does the problem lie? The thing which is very much obvious is that collaboration is inevitable. Meaning several institutes need to work together for the purpose. At least three ministries: Ministry of Education, Ministry of Health and Family Welfare and Ministry of Local Government must work together.

The government has declared that it would complete 100% sanitation by 2010. It declared so in 2003 and wish to achieve more than aims of MDGs and before the target year of 2015. So we are far ahead of the world. That is our claim. But what is happening to sanitation? The government allocated money in the Annual Development Programme (ADP). It said that 20% of the ADP allocation for local government institutions would go for sanitation. So what is the problem to complete the sanitation by 2010? Still there is problem. It is the way they are calculating the thing i.e. households will have sanitary latrines. What about the schools? What will happen to the markets and other community institutions? What will happen to the homeless people who sleep on the streets? Still open defecation is rampant at the railway and riverine transport routes. Entire community needs to be considered beyond households as related in schools, particularly those of primary schools built considering adults' need and not that of children. The adult size of pan often causes problem and accident to the children. Can't we make those child-friendly in design? Only the comprehensive programme approach encompassing institutional as well as community focused intervention design can help addressing the health and educational need for school children.

Dr. Rasheduzzaman Shah
Program Manager, SHN Programme, SC-USA



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Communication Manager, GlaxoSmithKline (Bangladesh)

Most probably I am the only participant from the private sector. I find lot of reasons to make the

public-private partnership; to make it pinpoint I have a number of experiences working with schools in privileged areas and also under-privileged areas. We do business selling medicines and also some other things. But it's also a business to be the development partner of the development agencies. And of course sustainable development is important basic suggestion about this issue of school health and education. We were in a debate -- education and health, chicken and egg theory -- which should come first -- health or education? We have different types of opinion but I think health and education are inseparable.

It's very easy to prepare primary school children with understanding about their personal hygiene, sanitation and other issues during their pre-school education (may be home-based or



Mahfuz Anam
Editor, The Daily Star and Moderator of the Roundtable Talk

school-based). I have another suggestion: For the govt. schools we can have partnership with some private sector, with some NGOs. As an example, GSK is being a part of school health programme implementation through a recent partnership with save the Children-USA. There are lots of people making lot of mosques, lot of schools and some rich people are also there. We can make partnership with those people. My observation is that we can start from base level, from the households. Effective coordination starting from the base level at Upazila and district and with NGOs would be the core of success for implementing school health programming.

Dr. Rasheduzzaman Shah
Program Manager, SHN Programme, SC-USA



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Summary of the Discussion

- All the discussants emphasise the importance and significance of implementing school health programme to ensure primary school children's better health and education
- Comprehensive programming encompassing institutional and community focused intervention following the public health approach was recommended for making the programme impact sustainable and effective.
- A national level working group or task force to foster School Health focused National Strategic Plan development, jointly in collaboration with government was recommended, specifically for efficient implementation of school health programme in Bangladesh.

Primary School-age Children in Bangladesh: Their Health and Education Status and Challenges

- About 18 million children fall within 6-12 years of age (primary school aged children)
- Of these, about 15 million are enrolled in registered government and non-government primary schools
- Significant reduction in Infant Mortality Rate and Mortality Rate among Under 5 years aged children enhance more children survival today
- More children are in school: approx. 15 million children (6-10 years) are enrolled in registered govt. and non-govt. primary schools
- Lack of health and hygiene based curriculum or a comprehensive behavior centered program focusing on hygiene practice by school children
- Teacher-student ratio: 1 teacher for 63 students
- School age children are burdened with disease and nutritional deficiencies

Findings from a local field based survey, conducted in 2004 at Nasiragar Upazila, Brahmanbaria district, revealed the following findings

- The majority of students (56%) in primary schools suffer some degree of anemia (including 7% who suffer severe anemia)
- Almost a quarter (25%) of primary school children are affected with stunting
- Only 10% of parents of sick children (6-10 years) seek medical care from qualified health care providers
- Most worms are found in primary school-age children. Approximately 87% of enrolled students in primary schools were found infested with intestinal worms in Nasiragar through a community based clinical survey
- 63% of children defecated in the open field and only 8% had access to a sanitary latrine at home
- Knowledge was found to be quite high with regards to using a latrine, but practice was considerably low
- The majority of schools neither had safe water nor sanitary latrines

What interventions can benefit school children directly?

- Classroom based health education
- De-worming
- Micro-nutrient supplementation
- Vision screening
- First aid facilities at schools
- Provision of safe water and safe sanitation

The aim of School Health Programme is

- to improve health status of the school going children
- to keep school environment healthy
- to educate school children on different and important health topics

Scopes for Collaboration between Government and Non-Government Organisations

- Strengthening inter-sectoral collaboration between Health and Education sectors
- Capacity building of teachers and field level health workers, supervisors and managers
- Coordinating linkage between community, school teachers, students and their parents
- Facilitating Child-to-Community approach for positive shifting of behavioral changes at community level
- Utilising education system structures for ensuring health services for primary school age children
- Ensuring more active role of Community and School Management Committee (SMC) and Parent-Teachers' Association (PTA) members
- Ensuring effective GO-NGO coordination through encouraging public-private partnership approach

Core elements of School Health and Nutrition Program

- Health and nutrition services**
De-worming and micronutrient supplementation, first aid kits including malaria treatment, counseling ...
- Water and sanitation**
Installation of latrines - separate for girls/boys, provision of drinking water, and hand washing facilities
- Promotion of healthy behaviors**
behavior centered programming and skills-based education including HIV/AIDS prevention
- School health related policies**
community support, policies such as sexual harassment, discrimination