PROMOTING HEALTH AND HYGIENE THROUGH THE SCHOOL SYSTEM

CASE STUDY: SCHOOLS FOR THE PROMOTION OF HEALTH AND HYGIENE IN PERU

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Schools for the Promotion of Health and Hygiene in Peru began in 1988 with health activities developed by the NGO Kallpa[3] at a school located in Pamplona Alta, a human settlement in the southern cone of metropolitan Lima. These activities were later expanded to other schools in urban marginal areas. The project objective was to improve the poor health conditions of people living in these areas. In 1991, 25% of total deaths in Peru were caused by infectious diseases, which affected children in particular. The Ministry of Health reported the main causes of morbidity among schoolchildren 6 to 14 years old were respiratory infections, diarrhea and skin diseases[4]. According to the Household Survey[5], more than half of the total number of children affected with diarrhea lived in poor households and almost 25% lived in extreme poverty.

Diagnosis of schoolchildren in these areas indicated that there was a lack of coordination between the health sector and the schools, that the educational curriculum that did not respond to actual student health problems, and that most diseases could be prevented and treated at school. Based on this diagnostic, a strategy was designed for establishing an intervention to solve children's health problems at school. The initial strategy, which provides the framework for the

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[4] MINSA, Dirección Técnica de Estadística e Informática 1990–91
[5] Instituto Cuánto S A Niveles de vida 1994

Schools for the Promotion of Health and Hygiene Project has been gradually improved and validated.

The key tasks in the project were:

- Diagnosing the basic problems and designing a strategy and appropriate methodologies, supported by the participation of the Educational Community.
- Establishing a direct relation with the Ministry of Health and the Ministry of Education and their Regional offices through cooperation and work agreements.
- Establishing an adequate relation with the Educational Community, including school directors, teachers, students, parents, and school service staff.
- Designing a system of incentives and regulations for the schools based on teamwork capacity and ability.

In 1994, the case study experience was extended to the Department of Cusco, in the interior of Peru, in an effort to adapt the intervention model to rural schools In Cusco, infant mortality was 78 per thousand live-born children, almost double the national average of 43 per thousand live-born children. The main reasons recorded were acute respiratory infections (24.4%) and intestinal infections (10%). Chronic child malnutrition affected 41% of children less than 5 years old, an important factor inhigh infant mortality and morbidity in the area[6]. There was also a high incidence of skin disease and tooth cavities.

Currently, there are 152 participating schools in the Schools for the Promotion of Health and Hygiene Project in the Departments of Lima, Cusco, Ayacucho, and Loreto. The Project covers more than 70,000 students, of whom 70% live in rural areas.

1. Schools for the Promotion of Health and Hygiene Education

In 1997, certain aspects of the original Project strategy were modified. The participation of the NGO promoters was reduced by adopting mechanisms to facilitate the transfer of responsibility to the Promoting Schools in an effort to build sustainability and empowerment.

The model Schools for the Promotion of Health and Hygiene, launched by Kallpa, groups together all projects working in the area of health care at schools, incorporates the strategy validated in the capital city Lima, and adapts it to the needs of each countryside region. This strategy requires the participation of both the Ministry of Health and the Ministry of Education, which adopt regulatory measures in favor of the model and develop actions for its enforcement. Thus far, Kallpa has signed tripartite agreements with the two Ministries at both the national and regional level. At the local level, agreements have been signed with the

[6]Situación de Salud en el Perú Indicadores Básicos NSA, INEI, PAHO, Lima, February 1998

Educational Center. As of 1999, the Project was called **"Schools for the Promotion of Health,"** with promotional work done by the Pan American Health Organization (PAHO/WHO).

Program **financing** has been obtained from various donors and distributed according to he intervention coverage. The estimated cost per beneficiary is US$ 3 per year.

2. Characteristics of the Schools for the Promotion of Health Project

The Schools for the Promotion of Health Project has four characteristics: based on its main lines of action:

- It strengthens the management capacity in schools.
- It facilitates health education among students.
- It promotes basic health care at schools.
- It promotes dissemination of health information among the local educational community.

a) Strengthening Management Capacity at schools

The Management Capacity line of action focuses on promoting and strengthening the autonomous management capacity of each participating School for the Promotion of Health. To this end, the Health Committee was created as a forum for collective decision making and the development of various participating roles for the local educational community. To implement this line of action, the NGO provides financial resources to the Educational Center and expenses are prioritized by the Health Committee according to its work plan.

b) Facilitating Health Education among students

The Health Education line of action aims to facilitate health education among schoolchildren and the whole group of actors that affect their health conditions and belong to or are related to the Educational Community. Therefore, teachers are trained on health issues through a participatory methodology in which they assume the role of "Health Diversifiers" and commit themselves to train other teachers and then their students. Teachers are supported in the preparation of teaching materials for teaching and learning, thus developing their creativity and teaching capability. Both girls and boys are trained at school for the role of "Health Watchers."

c) Promoting Basic Health Care

The Basic **Health Care** line of action focuses on children's basic health needs. The Health Coordinator along with janitors and other cleaners at the Educational Center are directly responsible for this service. The latter are trained inadequate, healthy management of the health services. To implement this line of action, the Educational Center receives financial aid and the Health Committee prioritizes expenses according to previous studies.

According to their agreement with the NGO, Schools must commit to the following tasks: providing an adequately implemented medical kit and access to drinking water for all students; improving sanitary services; monitoring the hygiene and nutrition values of food served inside and outside the Educational Center; and ensuring that schoolrooms, halls, and patios are kept clean and in good hygienic condition.

d) Promotion the Dissemination of Health Information

The line of action for Promoting the Dissemination of Health Information (i.e., **Health Communication)** aims to distribute appropriate health educational materials throughout the community using appropriate strategies and innovative methods. One of the main activities is "Health Week," a widely publicized event that includes specific health campaigns such as school parades with banners referring to health, sanitation, and hygiene.

3. The Methodology

The Methodology developed by the Model as a validated system includes six intervention stages:

- Convocation/Selection
- Insertion
- Diagnosis/study
- Work Plan
- Follow-up
- External Assessment

a) Convocation/Selection:

At present, this component entails presenting the model to relevant authorities at the Ministry of Education and the Ministry of Health at both the regional and provincial level. The selection process is shared with both of them according to pre-established criteria.

There are two methods for soliciting participants. One is through a bidding process, in which letters are sent to all schools in a specific regional area or advertisements are run in local media. The other is through direct contact with schools in each designated area. Through this selection process, schools that do not meet the minimum requirements are eliminated. One of the criteria is a basic level of organization among all actors in the school's Educational Community.

b) Installation

Once the Educational Center has been selected, a detailed presentation of the model is made to the Educational Community and the nomination of a **Health Committee** is encouraged.

The Health Committee is the "engine" (i.e., the catalyst) for the strategy and is responsible for managing, monitoring, and supervising all health actions at the School. Representatives from the various sections of the Educational Community form this committee.

The autonomous fund is delivered during the installation of the Committee and the signing of the agreement. This fund is one of the mechanisms that enables the development of the Health Committee's management capacity and the achievement of immediate improvements in health conditions and sanitation at the Educational Center. This fund ranges from US$150 to US$1000, depending on the number of students Kallpa transfers to the Committee. The funding delivery method is addressed in the signed agreement between the NGO and the Educational Center.

Applying these funds leads to the following results: First, the management capacity of the educational community is developed according to priorities established in the Health Committee Work Plan (see below). Second, there are tangible improvements in the health and sanitation conditions of the school. These improvements, along with the growth in management capacity, catalyze the general development process at Schools for the Promotion of Health. Third, once these initial exercises are carried out efficiently, other management initiatives are implemented to obtain more resources

It should be noted that, on average, Kallpa autonomous funding covers 30% of the costs of the Health Committee's operational plan for the first year activities, but is reduced by 50% during the second year, and eliminated for the third year. In several instances, Health Committees were able to obtained funds from government programs or private institutions or have developed creative initiatives to generate their own resources.

c) Diagnosis/Study:

The diagnosis/study is the first activity of the Health Committee and is carried out in a participatory style. It aims to recognize and analyze the problems and needs of

each school and is the basis for the future preparation of the Work Plan. Schoolchildren are the main actors in the diagnosis as they identify specific situations that need to be changed. Kallpa provides advice to teachers and Health Committees through guidelines that permit them to carry out the process effectively. It has developed useful methodologies and techniques that are easily implemented.

d) Work Plan:

Based on the diagnosis/study, the Health Committee outlines its actions and organizes the educational community to implement them. Several activities are selected according to the four main lines of action, with initial emphasis on improving services and training.

The experiences of both the diagnosis/study and the Work Plan show a significant improvement in the management capacity and integration of the educational community. All members work together to achieve goals planned according to their feasibility, and the successful achievement of those goals reinforces the strategy's adaptability for new initiatives.

e) Follow-up:

Kallpa follows up the implementation of the Work Plan in each Educational Center. For this purpose, the NGO carries out monthly Board meetings which consist of joint meetings between the Health Committee and its Kallpa counterparts.

At the above meetings, the representatives of the Educational Community identify and describe problems that complicate or prevent adequate fulfillment of the Work Plan. Kallpa's role is that of an adviser, cooperating with members of the Health Committee by facilitating the transfer of tools to help resolve conflicts and overcome constraints.

f) External Assessment:

This is done twice a year by a three-person team consisting of a regional representative from the Ministry of Health, a regional representative from the Ministry of Education, and a representative from a civic organization. This team evaluates the results achieved by the School according to established standards for quality. According to these evaluations, the School receives one of five flags representing various levels of success (ranging from excellence to failure) in fulfilling the Work Plan.

Evaluation indicators have been developed throughout through daily contact with the school community, from which specific rituals and traditions are extracted and applied

In summary, **the main characteristic of the Schools for the Promotion of Health methodology is its participatory nature.** Kallpa aims to empower actors within the Educational Community. Toward this end, the NGO limits its role to providing advice and training as needed to promote and strengthen the participation of the beneficiaries. Another important aspect of this methodology is its integration with the internal School system, which influences and directs any changes. In this way, teachers and students can identify with their own situations and subsequently work toward change. The transfer approach is another central element of this methodology, inspiring the spirit for implementing successive phases of the process and projecting the nature of the Promoting School to allow its Health Committee absolute autonomy.

4. Adaptations of the initial strategy[7]

As the Promoting Schools Project has evolved, several changes have been made in the initial strategy for urban and rural areas. These include:

a) Transferring the role of the School Health Coordinator This role was initially fulfilled by a Kallpa professional who joined the Educational Center to implement the work It was soon apparent that this system was not conducive for maintaining School responsibility for the Project[?] and had a negative effect on the transfer strategy Therefore, the role of Health Coordinator was transferred to the School This was a great feat in terms of the educational system and has now become part of Ministry of Education regulations

b) Transferring initial emphasis from the Health Coordinator position to the Health Committee This was done as an initial promotion step, mainly to highlight the collective role of the Health Committee rather than that of the Health Coordinator This restructuring does not dilute the Health Coordinator's role but rather increases his/her support and integrates his/her work as part of a common strategy

c) Reducing Kallpa's leading role and increasing the empowerment of the actors within the school community This enables the human team *within* the institution to learn how to integrate its members so that they all may become **"facilitators."**

In terms of **follow-up**, Kallpa team holds the main responsibility for implementing actions at the initial stage but is later limited to attending monthly Committee Board meetings. After that, Kallpa provides advice and training on demand, according to the specific needs of the Schools. Currently, in Quispincahi (Cusco), Huanta (Ayacucho), and Iquitos (Loreto), the Department Units (USES) of the Ministry of Education carries out the School assessments based on the methodological tools of the Program The next step will be to identify mechanisms that would allow the Ministry of Education to replicate the methodology nationwide.

[7]Kallpa team members define themselves as individuals with both technical and artistic skills, a combination they consider a basic factor in their success A flexible, creative approach that is open to change is crucial for these NGO team members Using this approach, they are able to reformulate their work objectives through an interdisciplinary exchange complemented by collegial interaction with their counterparts in the Promoting School's Educational Community

The most recent initiative is the creation of the **Network of Schools for the Promotion of Health**, a new entity that may help expand the Promoting Schools Program nationwide, thus contributing to the interchange of experiences among all participants and ensuring future sustainability.

5. What are the most important results of the Project?

The most important results obtained by the Schools for the Promotion of Health and Hygiene Project include the following:

1. The Schools for the Promotion of Health and Hygiene Project is now considered a validated model intervention ready for replication at both the urban and rural level. The model permits concerted action at the local level within a regional and national framework and includes various actors from government and civil service related to health and education problems.

2. Health, sanitation, and hygiene improvement programs have been organized in 152 schools in the coastal, Andean, and Amazon regions of Peru. Total beneficiary coverage includes more than 70,000 students.

3. Management capacity of the educational community has been promoted and strengthened through the actions of 152 Health Committees that have conducted the Program efficiently, managing decision-making and resources. Greater integration among various actors in the Educational Community and the local population has also been achieved.

4. Several actors within the Educational Community have been trained, promoted, and strengthened, creating favorable results in the quality of their contribution to the well-being of the students.

5. Educational packages with validated teaching material that can be used to replicate the experience are now available.

6. The health component has been incorporated into School curricula and mechanisms have been established for transmitting its contents and training teachers.

7. At most participating Schools, the Project's participatory dynamics and teamwork have had a positive impact on the school system and its team work.

RESULTS OF THE PROMOTION OF HEALTH AND HYGIENE THROUGH SCHOOLS, March 2000

STRATEGIES	PRE-PROGRAM	POST-PROGRAM	IMPACT
TRAINING	• Educational Centers (EC) service staff did not appreciate their role	• EC service staff value their work and are committed to improving school health	**The Educational Community—teachers, students, directors, and parents—are proud to have clean and hygienic facilities at the EC.**
	• Students were not aware of specific personal hygiene standards	• As Health Watchers, teachers and students make the monitoring of personal hygiene at school	
MANAGEMENT	• The Educational Community did not appreciate and was not aware of the need for health and hygiene education	• The Educational Community values health and hygiene and competes with other schools to improve health habits	The Ministry of Education has obtained a validated and successful methodology to promote Health and Hygiene Education from schools in urban and rural area
	• There was no teamwork at the schools • There were no Health Watchers in Project-area schools	• There are 152 Educational Centers and Health Committees working for results	
		• More than 5,000 "Health Watchers" are aware of the need to promote hygiene for improved health	
IMPROVEMENT OF THE SCHOOL CURRICULA	• Health and Hygiene were not articulated in the school curricula	• Education in health and hygiene are part of the school curricula in the working area of the NGO	
SCHOOL HEALTH	• There was no physical space for health care (i e , no health room)	• There are 152 health rooms in Program area ECs	
	• There was no chlorinated water in Program schools	• 152 ECs drink chlorinated water	
	• There were no adequate bathrooms or latrines in the urban or rural ECs	• 152 toilet services (bathrooms and latrines) have been rehabilitated in the ECs through the initiative of the Educational Community	

6. RISKS AND LIMITATIONS

This experience has potential limitations in some venues. For example, in areas of extreme poverty, even though intervention in the school environment might reflect favorably within the households, more significant progress would require integration with related interventions and institutions focussing on improving community sanitation conditions.

In addition, some Health Committees still find it difficult to diversify strategies to obtain and expand the funding required to continue improving their infrastructure and health and sanitation services beyond the ceiling of the previous donation, and the maintenance budget assigned to Schools by the education sector may be restricted or eliminated.

There are also some potential risks. For example, promoting competition among Schools in terms of health programs may create excessive pressure on teachers (striving to maintain first place in the competition, for example). This may dilute the Project principles of freedom and creativity.

Another risk involves a tendency toward excessive control of students in the area of health and hygiene, detected in some urban schools. This runs the risk of diminishing students' perception of health and hygiene as a positive value with which they should identify.

7. LESSONS LEARNED

Lessons learned from the Promoting Schools experience includes the following in terms of the promotion of health and hygiene education:

1. Government agencies such as the Ministry of Health and the Ministry of Education can work in cooperation to learn lessons and to replicate pilot projects to promote health and hygiene education.

A pilot period allows validation of hypothesis and feedback to improve the project's strategy, thus building an intervention model with possibilities for replication as well as an increase in scale[8]. The initial proposal of the project to evolve into sector policies has led to a call for promotion of lessons that Health and Education sectors could incorporate into strategies for consolidating the model into government policy.

2. A change of habits in school hygiene can be achieved in the short term through multidisciplinary intervention and active participation of the Educational Community.

To achieve these changes in habits, it is crucial to survey both outside specialists (NGO team members) who contribute new values, proposals, knowledge, and techniques) and various actors within the Educational Community who explain School values and characteristics. In other words, change cannot be imposed from outside but must be integrated with the specific culture of the school and adapted

[8]Kallpa has formed a consortium with IES, CARE-PERU, PATHFINDER International, MINSA, the Ministry of Education, and PAHO to implement the Project in 250 new schools with 114,000 students in Lima, Piura, Puno, Iquitos, and Cajamarca

to its existing identity. Therefore, the Project has evolved to include the integration of the ritual and symbolic elements of the School's specific framework. This has been a major factor in its success.

CONCLUSIONS

The following elements of the Promoting Schools Project help make replication feasible:

- A **defined strategy** with specific steps, components, and tested/approved methodology for different regions, with successful results

- Several validated **tools**, such as training materials that can be duplicated at high volume for low cost.

- A variety of **alternatives for replication**, depending on local conditions, which provide Schools with external support in training and advisory services during the initial stage of the Project. Other NGOs as well as local education authorities may also apply the model.

Lima, Peru
March 10, 2000