# GIZ & UNICEF

# WASH in All Schools

# Learning Exchange

# Philippines, 25-30 November 2012


unicef

giz Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH

## Acknowledgements

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## Executive summary

The GIZ-UNICEF Learning Exchange provided a venue for WinS practitioners and their government counterparts to learn more about the Fit for School (FIT) approach and experience its implementation at first hand. Over a five-day workshop, participants learnt about tools, challenges and success factors from a theoretical as well as practical perspective. The meeting used a combination of presentations, active discussions and field visits as well as roundtable discussions with relevant stakeholders. The focus was on enabling participants to understand, adapt and introduce appropriate elements and tools of the FIT approach in their working context to enhance impact, scale and sustainability of WASH in Schools. Concentrating on simple, scalable and sustainable interventions and addressing key programmatic gaps primarily in the areas of handwashing promotion, advocacy for sustainable funding, and an increase in demand and ownership by communities constituted the core of the Learning Exchange.

The participatory structure of the workshop encouraged interaction between the experts and staff of the GIZ Regional Fit for School Programme, the Philippine NGO Fit for School Inc. and the participants. During the workshop, the participants were asked to draft a road map to develop templates and use tools of the FIT approach in their WinS programming and to draft a preliminary action plan for the coming the next six to eight months.

The Learning Exchange was a first tangible activity of the partnership between UNICEF WASH and GIZ Fit for School based on a joint MoU. The experiences gathered will inform the future direction of the collaboration and helps in developing further tangible support modalities to help scaling-up of WASH in Schools programming.

## Abbreviations

| | |
|---|---|
| ARMM | Autonomous Region of Muslim Mindanao |
| AusAid | Australian Agency for International Development |
| CLTS | Community Led Total Sanitation |
| DepEd | Department of Education of the Philippines |
| EHCP | Essential Health Care Programme |
| FIT Inc. | Fit for School Inc. |
| FRESH | Focusing Resources on Effective School Health |
| GIZ | Gesellschaft für Internationale Zusammenarbeit GmbH |
| HPS | Health Promoting Schools |
| IEC | Information, Education and Communication |
| KAP | Knowledge, Attitudes, Practices |
| LPP | League of Provinces of the Philippines |
| MoA | Memorandum of Agreement |
| MoU | Memorandum of Understanding |
| OMS | Online Monitoring System |
| SBM | School-based Management |
| SEAMEO | Southeast Asian Ministers of Education Organization |
| SEAMEO INNOTECH | SEAMEO Regional Center for Education Innovation and Technology |
| TWG | Technical Working Group |
| UNICEF | United Nations Children's Fund |
| WASH | Water, Sanitation and Hygiene |
| WinS | WASH in Schools |

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## 1. Background

Health and education are basic rights for children; ensuring these rights is essential for development and effective poverty reduction. Lack of proper sanitation and water facilities as well as inadequate hygiene and health behaviour result in a huge burden of avoidable diseases. Deprived communities worldwide and particularly children in low- and middle-income countries are disproportionally affected. Diseases such as diarrhoea, intestinal worms, respiratory infections and tooth decay are widespread and can result in school absenteeism, increased drop-out rates and impact on children's physical and cognitive development as well as education attainments. There is a general lack of child-friendly, gender-segregated and private toilet and washing facilities in schools; and, where facilities are available, there is often little appropriate use of them. This is likely to have an impact on school performance and attendance, particularly among girls.

This is the backdrop for UNICEF's programmatic focus on water, sanitation and hygiene (WASH) and the WASH in Schools programme (WinS) since schools are an ideal entry point to provide appropriate facilities and to establish good hygiene practices at a young age. UNICEF supports WinS activities in 95 countries to help improve education outcomes for all children, and to reinforce, through schools, WASH-related initiatives in communities including the promotion of handwashing with soap, improved water safety practices and the elimination of open defecation through Community Led Total Sanitation (CLTS) and related participatory approaches.

Similarly, the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) has been engaged in addressing highly prevalent hygiene deficiency-related diseases in the Philippines since 2008 and has supported the development of the Fit for School (FIT) approach, which is institutionalizing daily group handwashing and toothbrushing, as well as biannual deworming in pre- and elementary schools in the Philippines as a comprehensive integrated school health package. The FIT approach is currently also implemented in Cambodia, Indonesia and Laos (in partnership with the Southeast Asian Ministers of Education Organization, SEAMEO), as well as to the Autonomous Region of Muslim Mindanao (in co-financing partnership between GIZ and AusAID). In the Philippines, where the programme is implemented by the Department of Education (DepEd) under the name Essential Health Care Programme (EHCP), 40 provinces and more than 2.5 million children are currently exposed to the programme. The UNICEF country office Philippines is one of the partners in this process through joint sanitation research activities and financing the support to programme activities in selected provinces.

Building on these respective strengths, GIZ Fit for School and UNICEF WinS have signed a Memorandum of Understanding (MoU) in October 2012 and entered into a partnership to help ensure that children everywhere attend schools that not only have essential water, sanitation and handwashing facilities, but also have active hygiene promotion programmes at scale that encourage the creation of habitual handwashing behaviour for life.

As a first tangible step in the collaboration between UNICEF WinS and GIZ FIT a first GIZ & UNICEF WASH in All Schools Learning Exchange (GIZ UNICEF Learning Exchange) was held in the Philippines from 25-30 November 2012. This report synthesizes the presentations, discussions, field visits and group work interactions during the event and summarises key learnings and conclusions. The document therefore does not necessarily follow the schedule of the event, nor does it provide all details of presentations or full results from group work sessions. All presentation slides have already been shared with participants and are available on request from the organisers. Details of presentations, speakers and other activities during the event are shown in the annex.

## 2. Objectives of the Learning Exchange

The overall goal of the Learning Exchange was to enable countries to apply core principles and tools of the FIT approach to stimulate and facilitate rapid and sustainable scaling-up of WinS programming.

Specific meeting objectives:

1. Providing basic insight and understanding of the Fit for School (FIT) approach.
2. Experiencing its implementation in the Philippines and seeing its principles in action.
3. Learning to apply the Fit for School success factors in the context of WinS.

Modules of the Learning Exchange focused on different elements:

1. The Fit for School concept and how it has been implemented in the Philippines,
2. The Fit for School tools and components,
3. The field visit, and
4. Critical analysis, adaptation to specific country contexts and planning for tangible activities.

The following chapters of this report capture the content and spirit of the presentations, which all together outline the conceptual model of the Fit for School approach and its implementation in the Philippines. The discussion of critical implementation experiences and challenges complement the report, as they were part of the group and plenary discussions during the event or became apparent during and after the field visits. It should be noted that the Learning Exchange was a first step in a longer process of collaboration and conceptual alignment between GIZ and UNICEF in the field of WASH in Schools. As such, many of the questions and challenges encountered could not yet be addressed with clear conceptual responses. The discussions and learnings from the event will contribute to the process of developing a joint concept for enhancing WASH programming with Fit for School approaches.

## 3. Key features of the Fit for School Approach

The *Fit for School (FIT) Approach* is an integrated school health concept implemented in public elementary schools in the Philippines under the Department of Education's 'Essential Health Care Program' (EHCP) an combines evidence-based interventions against some of the most prevalent diseases among school children: worm infections, hygiene-related infections such as diarrhoea and respiratory infections, as well as rampant tooth decay. The programme implements hand washing with soap and tooth brushing with fluoride toothpaste as daily group activities run by teachers; and is complemented by biannual deworming, also done by teachers. This goes hand in hand with improvements in water and sanitation where parents and the community are actively involved in the construction of group washing facilities or the provision of clean water to schools without access.

The modest supply costs for the programme are integrated in the regular budgets of local government units, thus providing sustainability beyond external funding, donations or corporate sponsorship.

The *Fit for School Action Framework* is the basis of operation for the FIT Approach (see Figure 1). The core of the Fit for School Action Framework are the three 'S': Simple, scalable and sustainable. These three key characteristics stand for:

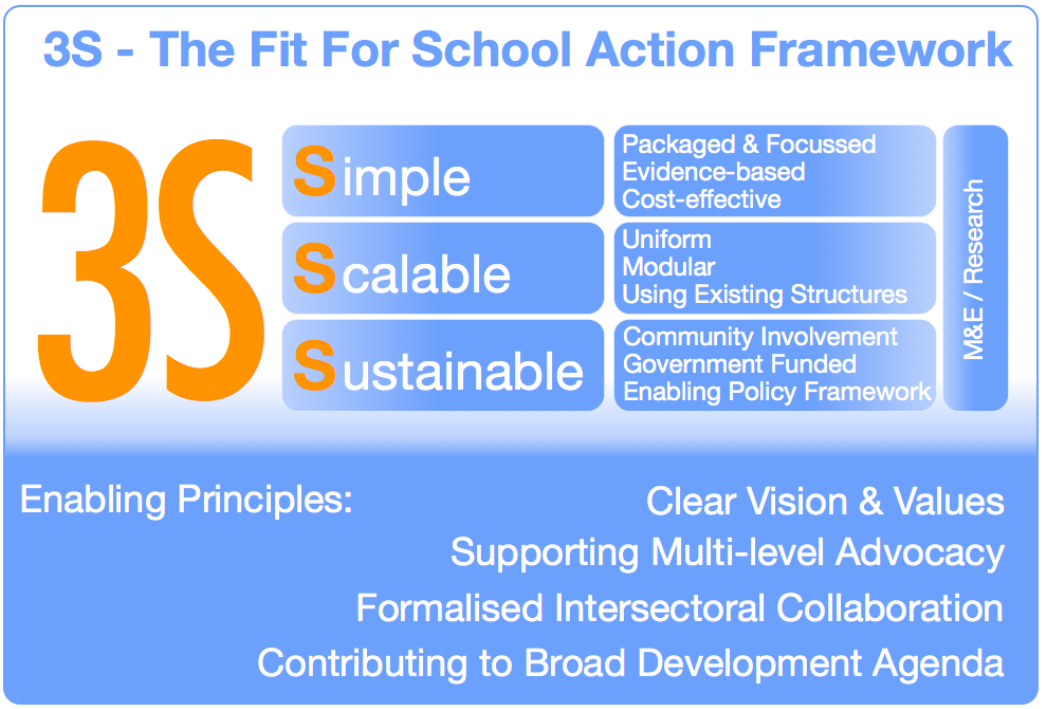
1. Simple: Interventions and facilities should be as simple as possible, must be based on best available evidence and testing and should be as cost-effective as possible. Activities and facilities based on simple preconceived and packaged templates, accompanied and supported by appropriate implementation guidance are more likely to be scalable and sustainable, thus have greater potential for positive impact.

2. Scalable: Large-scale implementation is possible if interventions follow a modular structure and are based in uniform templates. Transparency and clarity on required investments (capital and running costs, training etc) is essential. Using existing structures and resources is an essential part of scalability, such as relying on a few simple interventions implemented by teachers, rather than health professionals.

3. Sustainable: Any programme will only be successful in the long run if it is not donor-dependent. The FIT Approach is based on the principle of sustained government funding after an initial start-up phase. It also actively involves communities and parents in the programme through a participative M&E process or through the construction of required group washing facilities. A supporting policy framework that addresses all levels of system governance is key in ensuring sustainability. Effective and appropriate research and monitoring complement and inform the programme management as well as political decision makers.

A set of simple enabling principles is helping to pragmatically bridge the gap between well-intended policy and real-life implementation: clear agreements between stakeholders on vision and values of the programme, a formalised intersectoral collaboration and advocacy at different levels of the health and education system, addressing the broad range of stakeholders on local, regional and national levels.

**Figure 1: The three 'S' and the Fit for School Action Framework**




The Annex lists references, other publications and online resources providing full details of the Fit for School Approach and the model implementation in the Philippines (see Annex 9. References).

## 4. Behaviour change

Achieving behaviour change is central to the interventions of the EHCP in the Philippines as well as to activities in the context of WASH programming. From a conceptual point of view, behaviour change is relevant on two levels: On the individual level and the level of groups or organizations.

***Individual level***

The traditional approach to behaviour change concentrates on providing essential knowledge to initiate and sustain a different behaviour. However, research has revealed that access to information alone is not leading to behaviour change as behaviour is influenced by a number of factors such as life-skills, attitudes, (personal) motivations, social norms, habits, the environment and many factors more.

The *trans-theoretical model of behaviour change* is the current predominant concept to understand, explain and influence behaviour. The model differentiates several stages of change:

1. Pre-contemplation: person has no intention to change
2. Contemplation: person considers to change in the near future (the next six months)
3. Preparation: person is willing to change behaviour and is looking for enabling factors (you know you must change and you believe you can)
4. Action: person changes behaviour
5. Maintenance: person is sustaining the behaviour change
6. Termination: person has no risk of falling back

The trans-theoretical model shows that behaviour change is no single event or linear process but rather a development over a period of time including a number of loops and relapses until behaviour change is reached. The sharing of information on handwashing and hygiene behaviour is necessary but not sufficient as a standalone measure to lead to behaviour change.

This has important implications for programme design and implementation. The importance of skills-based health education has been shown in research and is recognized in most of the existing school health frameworks, such as Focusing Resources on Effective School Health (FRESH), the WHO health-promoting school concept (HPS), and the Fit for School Action Framework. However, the traditional approach relying on IEC materials only is still very common.

The FIT approach aims at creating an enabling environment that promotes healthy behaviour and hygiene practices as a daily routine to integrate hygiene habits as positive personal experiences. A survey to assess knowledge, attitude (KAP) and behaviour of children in Fit for School model schools and control schools is on-going in Cambodia right now. The baseline data gathering was conducted in February 2013 and a follow-up study will be conducted after 18 month. Available anecdotal evidence indicates that a change in general handwashing and toothbrushing behaviour outside of the school context can be seen; and that an increased awareness of hygiene practices spills over to family members and friends.

***Group and organizational level***

Most programmes focus on behaviour change of the individual and leave out behaviour change on the institutional and organizational level. This can include the decision-making and work processes affecting the prioritizations, investments, planning, data analysis of an institution and organization. The FIT Approach addresses this aspect by providing templates for policy, advocacy, financing and procurement in order to facilitate sustainable change.

## 5. Social norms and hygiene behaviour

Recently the concept of social norms has been recognized as an important element in determining personal hygiene behaviour. Social norms include empirical and normative expectations; empirical expectations refer to what we expect others to do, and normative expectation relate to what we believe others think we ought do (e.g. handwashing at critical times). Different approaches can be used to visualize and raise awareness on the consequences of inadequate hygiene behaviour and to leverage the power of social norms. During the Learning Exchange, two examples were given:

> *To illustrate the importance of handwashing with soap after using the latrine, a hair which got in touch with faeces, is put into a glass of water. The small amount of faeces dissolves and one cannot see that the water is dirty. As the audience is aware of the contamination everyone rejects drinking the water. By using this demonstration the audience is challenged to reflect on their hygiene behaviour after using the toilet and underlining the importance of handwashing with soap.*
>
> *In order to raise awareness against open defecation a container with faeces and one with food are put right next to each other. Flies go back and forth between the two containers and contaminate the food with faeces. This illustration exemplifies the faecal-oral cycle and the disgust keeps people from eating the food. This demonstration aims at mobilizing the audience to construct and use latrines and at the same time they expect their neighbours to do the same.*

These are just two examples that may be part of a comprehensive approach to establish empirical and normative expectations with regard to handwashing with soap and in the context of open defecation.

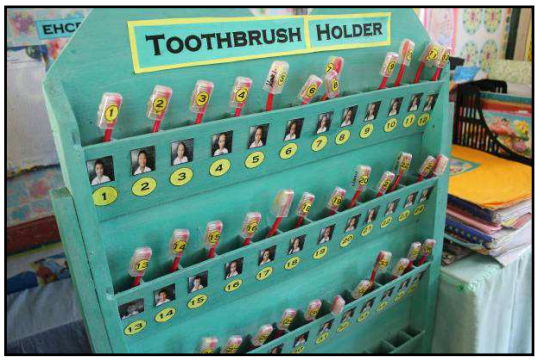
A repeated group activity in the school setting such as daily handwashing and toothbrushing can also trigger a social norm if repeated over a longer period of time. Children observe each other during the activity, learn from each other and urge non-compliant children to follow the group, thus creating peer pressure.

## 6. Field visits

The programme of the Learning Exchange was complemented by field visits, organized by the NGO Fit for School Inc. After the first day of input and discussion in Manila all participants travelled to Iloilo located in the Western Visayas, which served as a home-base for the remaining days of the Learning Exchange.

Two participant groups visited different locations in the vicinity of Iloilo in order to cover different implementation realities in the school context.

The first group visited Buhang Elementary School and Assemblyman Segundo Moscoso Memorial School, which are located in the province of Antique. The second group visited Buenavista Central School and East Valencia Elementary School located on the island of Guimaras. All schools had organised a programme to welcome the visitors who could then observe the routine group handwashing and toothbrushing activities. Participants also had the opportunity to walk around the schools in smaller groups, engage with teachers, children, parents and school health personnel present or could participate in an M&E exercise.




Toothbrush holder

Student distributing toothpaste with dispenser

Group handwashing activity

Group handwashing activity

A roundtable discussion involving a number of local stakeholders such as the governor, PTA members, school health nurses, school children and community members completed the field visit. Participants had the opportunity to share experiences and engage in lively discussions.

The Q&A section in the annex provides more detail on questions raised during these discussions.


Governor of Guimaras

Roundtable discussion

Roundtable discussion

Student sharing experience

## 7. School-based Management (SBM)

SBM is a management model that builds on the decentralization process of the education sector in many countries. SBM describes the transfer of decision-making authority and responsibility from the central to the school level focusing on the local management and operations in schools. The aim of SBM is to improve education outcomes by enabling schools to base their management decisions on their needs in a local context.

Within SBM, school heads play a key role to provide effective management and leadership, manage financial and human resources, mobilize educational resources, and strengthen community partnerships. This includes building a constituency of stakeholders with a common school vision, sustain, and develop a school improvement plan. The most crucial element of SBM is to establish a strong school-community partnership. Schools have often been looked at as beneficiaries and recipients of government support or donors. With SBM, they are considered a resource and entry point to improve education for all and introduce positive change on the local level.

There are five key areas of SBM focus:

1. Shared leadership (personal commitment, sense of ownership, high accountability, shared responsibility)
2. Shared vision and objectives (improve learning outcomes, enabling and healthy school environment)

3. Sound legal frameworks and policy guidelines (central, provincial and local, school improvement plans)
4. Multi-stakeholder participation (local education governance, trust-building, definition of roles, collaboration)

Recognizing these principles and creating synergies with school-health and WASH programming is important to create healthy and safe learning environments. Including school health components and WASH into school improvement planning, involving the parent-teacher organisations and the community at large, as well as strengthening the leadership role of the school principal are important elements in this context. Understanding and using the processes of SBM is an essential element in improving programme implementation quality and sustainability.

## 8. Experiences from implementing the FIT Approach outside of the Philippines

The implementation of the FIT approach in three additional countries of the Southeast Asian region in the context of the GIZ/SEAMEO Fit for School Regional Programme provides for new insights and learnings in adapting the approach to new contexts. Key learning from the implementation of the FIT approach in Cambodia, Indonesia, and Lao PDR include, but are not limited to the following aspects:

- Starting small with only few model schools to develop templates for implementation at a larger scale
- Starting with schools that are easy to reach and where decision makers are supportive – making things easy to kick-off and build experience
- Using and collaborating with existing institutions and structures (i.e. technical working groups, existing school health and WASH activities)
- Translation of material to local languages and (in a second step) adaptation of content to local cultural specifics
- Using Islamic religious rites of ablution to promote hygiene practices
- Recognizing limitations in implementation capacity of national government counterparts and involving local NGOs or parent-teacher organisations in practical work
- Challenge to identify appropriate incentives for involvement of community and parents in a culture where a civil society engagement is traditionally weak
- Providing as much practical guidance as possible
- Adapting design and quality of washing facilities to local preferences and available resources
- Clarification of roles and responsibilities of stakeholders, thus creating transparency and accountability
- Emphasizing sustainable national financing and providing entry points for ownership – but expectations from government partners and communities are rather challenging
- Constant multi-level advocacy (central, provincial and local level)
- Using opportunities for advocacy, publicity and stakeholder involvement (i.e. around Global Handwashing Day)

Implementation challenges

The different presentations, discussions and the field visit during the Learning Exchange aimed primarily at showcasing an ideal implementation of the Fit for School approach, based on the theoretical concept that has been largely successful so far in the Philippines.

Despite a convincing concept and sound advocacy arguments, the daily cooperation with partners, the practical implementation and the involvement of stakeholders, as well as their commitment to the programme goals are a constant challenge. Some of the typical challenges are not uncommon for any development programme that aims at changing major governance, financing, and implementation processes; other challenges are rather specific for the Fit for School approach.

*Challenges for implementation quality and scale-up*

- Difficulty of keeping implementation quality while scaling-up rapidly
- Difficulty to keep the initial excitement and motivation at high levels
- Ensuring consistency and alignment of approaches in different settings – clear definition of minimum standards and providing implementation templates
- Sometimes communities are difficult to convince to accept low-cost washing facilities, instead are more interested to have sophisticated facilities, even though not appropriate for the setting or affordable with available resources
- Understanding the M&E process as blame-free self-assessment and guidance for improvement rather than a punishment for wrongdoings
- Including provision for running costs and maintenance right from the start – appropriate capacity building, division of responsibilities and budget allocation necessary – supported through clear advance calculation/estimation of running/maintenance costs so that stakeholders know what will be required
- Difficulty of providing programme supplies (consumables) – although procured at the regional or district level they do not reach the school

*Challenges for partner commitment, ownership and sustainability*

- Constant advocacy is needed to keep the commitment and budget allocation of local governments
- Sometimes budget and procurement are chopped into batches and material not available for the entire year
- Difficulty to establish functioning and reliable intersectoral collaboration (between health, education and other related sectors/administrations) – complexity of coordination may be overwhelming and strategic directions not aligned
- Difficulty for traditional health stakeholders to accept the leadership role of the education sector in the context of WASH or school health
- Different donor agencies compete for programs and partnerships with the government partners, donor harmonization and alignment is urgently needed so that the government partner can focus on one agreed approach and is not confused with various directions and partners
- In some communities limited management capacity of school principals to ensure maintenance
- Insufficient technical and implementation capacities of partner government structures require increased capacity building to ensure full understanding of all programme details – gap between intentions and reality

- Difficulty to identify appropriate incentives for community and stakeholder involvement or buy-in
- Challenges through changing political environment and changing decision makers – importance of institutionalisation of the programme policies and activities in the long-term programmatic strategies, making use of existing governance processes

The Fit for School Approach does not provide ready-made solutions for each of these challenges listed. It is rather offering principles that may help and guide in finding solutions that help to achieve simplicity, scalability and sustainability in real life.

## 9. Comparison of programming approaches

The current WASH programming approach has led to major improvements worldwide and contributed to significant advances in the relevant sectors in many countries. However, time and growing implementation experience from different settings has shown that there are apparently inherent limitations and bottlenecks that impact on sustainability, scale and reach of WASH programmes. One of the objectives of the UNICEF-GIZ collaboration is to look into way of addressing these bottlenecks by using approaches that were instrumental in the development and growth of the Fit for School approach.

One aspect of the Learning Exchange was to initiate discussion and thinking about commonalities and differences of programming approaches To this end, a table was presented comparing the two approaches under different aspects.

It is important to be mindful of the different starting points of the two approaches: UNICEF WASH started from the water and sanitation sector while the FIT approach was designed as an integrated school health programme based on public health approaches.

Despite different perspectives and starting points, both approaches show many similarities and complementarities. In the following table, a few characteristics are listed providing a number of aspects in which approaches differ or may complement each other.

**Table 1. Comparison of approaches**

| Traditional WASH programming approach | Fit for School Approach |
|---|---|
| Skills-based: improves knowledge but fails in sustaining behaviour change | Practice-based: built skills and habits based on daily repeated group activities (group behaviour) |
| Many hygiene behaviours targeted | Focus on 2 key hygiene behaviours |
| Extensive training of trainers/teachers | Focus on uniform guidelines and manuals, minimal training |
| Not always maximising demand, supply and enabling environment | Focusing on demand/need, supply and enabling environment through template-based interventions |
| Often high investment in hardware | Focus on low cost facilities realistic for a large number of settings |
| Focus on pilot activities – weak scale-up provisions | Scalability is conceptualised right from the start through 3S framework – simple, scalable, sustainable |
| Not always evidence-based | Focus on evidence-based interventions |
| Complex M&E processes | Central role of simple, relevant and participatory M&E templates |

| | |
|---|---|
| Sanitation included | Sanitation not yet included (research under way) |
| Hand washing facilities not always suitable for group activities | Hand washing Facilities must work for group activities |
| Usually complete donor financing of infrastructure | Start-up costs donor-funded under conditionality of national funding after one year & sustained budgeting |
| Provides access to drinking water supply | Does not address drinking water supply |
| Does not include curative measures | Combined with provision of medication (deworming tablets) |

## 10. Adaptation of the FIT approach to WASH country contexts

One of the objectives of the Learning Exchange was to stimulate thinking and trigger activities to improve current WASH programming. After a week of exposure to the FIT approach country teams were asked to reconsider their current approaches to WASH and to envisage a concept for piloting a different approach based on FIT principles. This group work revealed a great openness of participants to innovative ways of programming, but also the difficulties that come with it. First and foremost it was considered insufficient to be able to understand the FIT approach in full detail after such a short and intense introduction. Furthermore, some participants felt that their respective country settings were rather different from the Philippines and therefore required substantial adaptation of the presented FIT approaches. There was general agreement, however, that one of the key learnings relevant for all was the importance of daily group handwashing as an activity with potential to improve on current hygiene practices. All countries expressed their interest to consider this approach further in their respective contexts.

All country teams came up with ideas, suggestions or even precise plans for their respective programming, aiming at testing a different approach for 6-8 months, starting early in 2013 (Annex 5). Based on this it is intended to follow-up with all countries from UNICEF and GIZ side, to determine support and further training needs, and to convene another meeting during the third quarter of 2013 to assess results and progress.

While GIZ and UNICEF on the global level are working on the joint development of a concept to use the FIT approach in the context of WASH For All Schools, it will be an important input and feedback from the country level to make this concept as realistic and practical as possible in order to reach mass scale in WASH programming.

## 11. Conclusions, observations and outlook

In the course of the intensive five-day workshop the participants immersed into the FIT approach, its tools, learned about challenges and success factors from a theoretical as well as practical perspective. This included a combination of presentations, active discussions and field visits as well as engaging in roundtable discussions with relevant stakeholders.

UNICEF WinS Officers, their government counterparts and partners showed great interest in the way the Fit approach has been implemented in the Philippines as well as Cambodia, Indonesia and Lao PDR and used every opportunity to engage in discussions and raise questions to gain a better understanding.

The Learning Exchange encouraged participants to assess the different principles and tools with regard to their applicability in the respective country contexts. Some elements and tools were evaluated as enhancing their WinS programme others were identified as difficult to apply due to differences in the cultural, political, geographical or institutional contexts.

During a concluding session the participants identified the following elements as having the greatest potential for their local contexts:

1. Multi-stakeholder collaboration on different levels
2. The development and implementation of standardized and low-cost solutions for water and sanitation facilities
3. Sustainable financing models for the construction and maintenance as well as ensuring the availability of programme supplies (soap, toothpaste, toothbrushes)
4. Adequate M&E system to measure impact of the programme in schools
5. Programme materials for orientation, guidance and self-instruction for various stakeholders (manuals, videos, brochures etc)

Integrated school health and WASH concepts can only be successful if the national and local contexts are taken into account. As each country team developed a rough roadmap they are now challenged to integrate elements from the FIT approach into their WinS programmes over the next six to eight months. Subsequently, a follow-up meeting is envisioned to discuss and analyze initial results and experiences, draw conclusions and come up with a model concept for the respective country contexts, which may then be the basis for further scale-up.

## Annexes

1. **History of the Fit for School Approach**
2. **The concept of the Essential Health Care Programme in the Philippines**
3. **Key innovations & success factors of the Fit for School Approach**
4. **Common questions and answers**
5. **Country plans**
6. **Immediate participant feedback**
7. **Meeting agenda**
8. **Participants list**
9. **References**

## 1. History of the Fit for School Approach

### *From a curative to a preventive approach*

In 2002, DepEd created a position for a school health expert at its Health and Nutrition Section in Cagayan de Oro, which was staffed by a seconded integrated expert supported by GIZ. With this support, the DepEd set up a pilot programme, lasting from 2003 to 2006, promoting oral health education and supervised toothbrushing in selected schools, along with basic oral emergency care. While the provision of care was found to be unsustainable, the supervised daily toothbrushing in schools worked well. DepEd therefore decided to focus on a preventive rather than a curative approach. The pilot programme also provided insight into the different working cultures of the health and education sectors and ways the sectors could work together in a more harmonized way.

In 2006, the Philippine National Oral Health Survey among the school population revealed the dimension of oral health problems, with almost all children suffering from dental decay, confirming the strong need for prevention. This became the basis for an advocacy campaign calling for more awareness and focus on oral disease prevention to tackle the epidemic of tooth decay.

### *Gaining political support on different levels*

At first, the introduction of the new approach led to challenges on different levels. A great deal of sustained advocacy had to be carried out to gain political support. In this context, a strategic planning meeting was convened in early 2007 bringing together DepEd officials from all regions as well as representatives from other national and international institutions. During this meeting the design of Essential Health Care Programme (EHCP) as an intersectoral school health programme based on the FIT approach was developed.

A governors' forum convened in early 2008 under the auspices of the League of Provinces of the Philippines (LPP) proved crucial in convincing all governors present to pledge financial support for the implementation of EHCP in early 2008. Subsequent activities included planning and capacity-building events for key officials of DepEd, forming of technical working groups at provincial level and support visits to provinces by experienced school health personnel.

In early 2009, the DepEd formally adopted the EHCP as the national flagship programme and national standard for elementary schools. Subsequent department orders mandated the construction of group washing facilities in public elementary schools and officially tasked teachers with supervising group handwashing and toothbrushing activities.

In May 2009, a Memorandum of Agreement (MoA) was signed, formally establishing the collaboration between DepEd, LPP, and Fit for School Inc. on the national level. The MoA provided the basis for subsequent agreements on the provincial level. DepEd further defined roles and responsibilities of school divisions, school administrators, teachers and health personnel in a Department Order signed by the Secretary.

### *Establishment of the NGO Fit for School Inc.*

In 2009, the Philippine non-governmental organisation Fit for School (FIT) Inc. was founded with the support from GIZ to have a legal entity and legitimate partner in place to facilitate the institutionalisation and rapid expansion and the implementation of the EHCP. With more flexible administrative and operative structures, it can react quickly to opportunities and challenges, and effectively link government agencies, civil society, donors and the academe. Due to the expansion of EHCP in the Philippines FIT Inc. currently encompasses a team 35 persons, most of them based in the field as project officers.

***Collaboration with partners and expansion of the FIT approach in Southeast Asia***

The UNICEF country office is one of the partners supporting EHCP implementation and scale-up through financing of Fit for School Inc. activities in selected provinces and joint sanitation research. GIZ and UNICEF also work together with Fit Inc. and DepEd in a technical working group (TWG), which is an important venue for development and advocacy. Private partners such as Procter & Gamble and GlaxoSmithKline have also contributed to the programme.

The success and impact of EHCP have led to growing national and international recognition. Based on that, a first International Fit for School course was held in April 2011 for interested representatives from other Southeast Asian countries. In late 2011, the German Federal Ministry for Economic Cooperation and Development (BMZ) commissioned GIZ with the implementation of the Regional Fit for School Programme encompassing Lao, Cambodia and Indonesia in partnership with Southeast Asian Ministers of Education Organization (SEAMEO). In the Philippines, EHCP has also been expanded to the Autonomous Region of Muslim Mindanao (ARMM) in co-financing partnership between BMZ and AusAID.

## 2. The concept of the Essential Health Care Programme in the Philippines

The EHCP is an integrated school health concept that was developed to address the burden of high-impact diseases of elementary school children. The programme is based on the three guiding principles: simple, scalable and sustainable. All interventions and details of the implementation are based on these principles, which are further detailed in the 'Fit for School Action Framework'.

**Figure 1: The three 'S' and the Fit for School Action Framework**


### *Skills-based interventions*

The EHCP includes three evidence-based interventions targeting selected high-impact and hygiene-related diseases and thereby addressing the public health needs of pre- and elementary schoolchildren from in the Philippines. Interventions encompass biannual deworming in form of mass drug administration at school through teachers, as well as daily handwashing with soap and toothbrushing with fluoride toothpaste as group activities. Hands are air-dried in order to prevent cross-infection (e.g. when using common towels). The mouth is not rinsed after brushing as it increases the preventive effect of the fluoride contained in the toothpaste. The measures are carried out as group activities because children enjoy it more, is easier to supervise, saves time and increases peer pressure.

These integration of skills-based activities into the daily school schedule, help establish routines and may create life-long positive hygiene behaviour. Schools decide on the best timing based on their schedule and number of available facilities. This means that handwashing is not necessarily done at critical times and toothbrushing not after food intake. The main aim, however, is to establish handwashing and toothbrushing behaviour as an activity and health-promoting habit. This is the first step, both on an individual and organisational level, which makes it easier to emphasize other aspects later on.

### *Clear roles and responsibilities*

The education sector is responsible for creating a supportive policy environment on the regional and divisional levels and providing clear guidelines on implementation at school level. School heads and teachers are in charge of the integration of hygiene activities into routine school life.

In the Philippines, LGUs are responsible for financing the supplies (soap, toothpaste, toothbrushes) of the programme and for improving access to water in their communities by including the expenses in their annual budget. In the Philippines, the supplies for the EHCP are customized and pre-packaged consisting of soap, toothpaste, and toothbrushes sufficient to last for eight school children for one school year. This simplifies the procurement process and distribution to the schools. The liquid toothpaste was developed together with a local manufacturer to ensure quality and efficacy. The Department of Health is in charge of procuring the deworming drugs as part of the national helminth control programme.

On the school level, school principals and teachers are the main actors in the daily implementation, school health personnel provides technical and monitoring support on a regular basis. The utilisation of non-health personnel is essential so that no additional resources need to be mobilized and sustained. Instead, existing structures can be utilized and the task-shifting from the health to the education sector strengthens the institutionalization in the existing system, thus contributing to sustainability. Clear orientation, guidance and capacity building to facilitate programme implementation are provided through materials such as manuals and videos, which were jointly agreed by all partners. The role of school heads is very critical for the success of the implementation because they are the responsible managers of all aspects of school life. Experience shows that active principals with solid management and leadership skills as envisioned in School-based Management (SBM) are more successful in the implementation process.

The tasks for teachers, who are responsible for the daily group activities, are held as low as possible to minimize any additional burden. School health personnel support the technical and management aspects of the programme by conducting orientations and providing assistance, involving the village officials, local mayors, barangay officials and parents. In average, one school nurse is responsible for eight to ten schools in the Philippines.

The NGO Fit for School Inc. provides technical support to DepEd with regard to management, capacity building, social mobilization, advocacy, community participation, facilitation of procurement and M&E. For reasons of ownership and sustainability they are the supporting entity, which empowers the ministry as the key stakeholder, but the NGO has no implementation responsibility.

### *Facilities*

Within EHCP, parents and the community are actively involved in the construction of child-friendly washing facilities by contributing their labour time. Parents are commonly organised in Parent-Teacher Associations (PTA), which are involved in many aspects of school life.

The washing facilities can range from low-cost constructions such as bamboo stands with tipi taps from recycled water bottles for schools without piped access to water, to concrete/tiled washing facilities with faucets. The facilities depend on the resources available and the local decisions of stakeholders. The construction can be a step-wise approach, starting with low-cost solutions and upgrading over time to minimize implementation barriers in the beginning. Information and instructions on the construction of facilities are provided to the schools. Lack of access to water or of material and resources are no excuse as creative low-cost solutions are available. However, facilities need to be child-friendly (appropriate size, safe etc), accommodate enough children at a time and be maintained. Additional colourful and creative paintings/murals/mirrors can motivate the children to do the activities. Based on experience, most schools start with simple constructions and develop them over time to make them more sustainable with the support of the community and the LGU.

Some of the common challenges during the implementation in the Philippines relate to deficiencies of the washing and sanitation facilities. Sometimes, there are no facilities available, facilities are not well-maintained or clean, not functional and/or they are not complying with the required standards such as being child-friendly, durable or not build in an area with only a short walking distance. In those cases, schools and the community need to be encouraged and guided to improve shortcomings and address these challenges.

### *M&E and research*

M&E is an integral part of the programme and fulfils two main objectives. On the one hand, process monitoring is needed for the steering and the quality of programme implementation. Progress can be followed, gaps and weaknesses identified and addressed. On the other hand, impact monitoring seeks to assess the effectiveness of the programme, which is extremely important for stakeholders and advocacy purposes as well as performance-based recognition systems.

In general, M&E and research needs to strike a balance between what is realistically feasible on the ground while meeting time scientific standards at the same. Tools have to be simple and applicable. In the Philippines, three research tools are currently being applied including the FIT Monitoring tool, the health outcome study, and an adapted version of the UNICEF WASH Monitoring tool.

*FIT Monitoring tool*

The FIT Monitoring tool is a participatory tool for assessing implementation quality and at the same time serves as a training tool for School-based Management (SBM) in regard to programme implementation on school level. An introductory video and manuals provide step-by-step guidance for the monitoring team consisting of three members, DepEd school health personnel (usually a school health nurse), a barangay official such as the barangay captain, and a PTA president or officer. They visit the school at least once a year to conduct an assessment. The classrooms that are checked are randomly selected using a dice, this avoid pre-selection bias since schools are more likely to show the best classroom and facilities.

During the visit the monitoring team follows a standardized procedure and fills out template forms which focus on the performance of EHCP activities by assessing seven categories: availabilities of supplies, orientation, deworming documentation, WASH for the classroom, water access, distance to and quality of group facilities and observation/timing of group activity. The results of each monitoring team members are compared for consistence and

countersigned. Afterwards, the team and the school head discuss the results and develop an action plan. The intention is not to punish schools for shortcomings but to raise awareness and provide orientation and encouragement to improve. The members of the monitoring team report back to their colleagues and the collected data is entered into an Online Monitoring System (OMS) at DepEd Division level. The OMS was developed for EHCP by DepEd with the support from Fit for School Inc. and can be accessed by DepEd personnel on division and national level as well as Fit for School Inc. staff. The monitoring in OMS demonstrates progress and makes shortcomings visible through a colour coding.

*Health outcome study*

The longitudinal health outcome study was designed to assess the efficacy of EHCP interventions and was started in 2009 at a reference site in Camiguin, an island of the Philippines. The survey is supported by a range of partners, including GIZ, the DepEd, the national Institute of Health, as well as national and international universities. Although conducted in one island only, it is in many ways representative of the Philippine setting; but it is more realistic and manageable to conduct such a study in a reference site rather than a large-scale survey at national level, which would be highly complex and expensive.

The population on Camiguin Island has a low migration rate, thus facilitating the long-term follow-up of the same child cohort. As control, schools on a different island with a comparable cohort have been selected who do not receive the interventions of the programme. The research protocol covers body constitution, helminth infections, oral health status, (abdominal) pain, socio-demographic information such as family size, ownership of a TV as proxy-indicators and a quality of life questionnaire. The study uses school attendance as the only education-related indicator since other indicators for cognitive development have proven to be too complicated. Appropriate indicators for this area are still being researched.

The survey has received ethics approval and parents/guardian's written consent for their children to participate. Data were collected at baseline and are followed-up annually. The methodology and initial results of the study are currently processed and will be published in a scientific journal in due course.

A similar health outcome study will be conducted in the three new countries of the GIZ Regional Fit for School Programme. The baseline data gathering has been conducted in all three countries at the end of 2012. A follow-up survey will be conducted after 18 months.

*WASH in Schools Monitoring*

The UNICEF WASH in Schools Monitoring Package has been adapted to fit the needs of the programme. The adapted tool is used to assess the water and sanitation facilities at the schools.

*Cost analysis*

In order to have a clearer understanding of the costs and inputs from different stakeholders to EHCP, a cost analysis study was undertaken in 2010. The analysis is based on data collected in Camiguin in 2009/2010. The results of the analysis are not necessarily representative for the rest of the Philippines but give a good indication of relations and cost factors.

There are virtually no cost studies on school health in low-income countries available. Conducting the cost study was a very complex and challenging undertaking. Even though a standard costing methodology was applied it proved to be difficult to define the design, level of detail, categories of contributions and cost.

The results of the study are under way to be scientifically published. Key results of the analysis include, but are not limited to the following:

- For each dollar invested externally through GIZ and other donors, about 6.14 USD are mobilized from the national stakeholders;

- The economic costs (all resources used in the intervention, including direct money outlays and the value of resources used) amounted to 4.78 USD per child;
- Direct costs (resources to implement the programme) were considerably lower at 1.66 USD per child; and
- Community contributions were calculated to be 0.40 USD per child.

The mainly programme contributions come from DepEd (65% of contributions) through coverage of teacher salaries who carry out the programme. The Department of Health contributed 0.4% for deworming drugs, LGUs provided 12% and donors about 14% (mainly from GIZ for capacity building), while 8% came from the community. In general, the start-off costs were higher than the running costs for all cost categories. In terms of cost-sharing per activity, the interventions themselves use the largest share with 55% (mainly due to teacher salaries), advocacy accounting for 13% and training for 12%. While teacher and other staff salaries are a cost factor that needs to be considered in such a study context, it can be argued that they are paid anyway and should not be counted towards programme costs in reality.

***Advocacy***

The EHCP, as much as any school health or WASH programme, requires a supportive policy environment. Although relevant policies are crucial, they are no guarantee for a successful or large-scale implementation. Thus, continuous advocacy efforts targeting decision-makers on every level are essential. Advocacy uses sound arguments generated from the evidence of the programme's M&E system; tailoring messages for the respective audience is important to closely relate to their motivations and interests. This also includes the analysis and recognition of incentive structures for the respective stakeholders, which vary considerably for parents, teachers, political decision makers or donor agencies.

Incentives and recognition for involvement can take different forms such as contests, certificates or participation or conduct of conferences where results can be presented. Using per diems or other financial arrangements as incentives is strongly discouraged as it creates questionable motivations, financial dependencies, and false expectations and will hamper a sustainable programme implementation in the long run.

***Research and development phase***

The programme was first piloted in a central location, which had necessary resources and structures in place to facilitate its implementation and advocacy. This phase of research and development was the most crucial phase for a subsequent successful up-scaling of the programme since it allowed for the analysis of mistakes and the development of sound templates. With the small programme running for a while it was possible to generate evidence and show tangible results that could be used in advocacy with decision makers. Their support was key for the subsequent broader rollout of activities. As the programme coverage grew, the template was further adapted and refined so that also more resource-poor and disadvantaged regions of the country could participate.

***Private sector involvement***

The private sector can be engaged as it has been the case in the Philippines. Ways for the private sector to contribute should be worked out according to the local setting. Their contributions should not be in form of donations as this bears the risk of discouraging stakeholders to get involved and is not conducive to government ownership and sustainability. The private sector may be involved in supporting the production of IEC materials, the provision of water as a capital investment/start-up cost etc. It is a principle of the EHCP that supplies are not branded and that costs are only covered for one year on the condition that continued funding by the LGU or other government structures in the following year is ensured through contractual agreements and relevant budget provisions.

## 3. Key innovations & success factors of the Fit for School Approach

A number of key learnings for other settings can be condensed from the model implementation of the EHCP in the Philippines. As part of the Learning Exchange, they are presented as seven key areas, which summarize how change and innovation are ideally managed in the Philippines. These conceptual areas relate in multiple ways to the key principles of the Fit for School Action Framework – simple, scalable, sustainable.

### *1. Using and strengthening existing structures*

One key success factor for the implementation, sustainability and scalability of the FIT approach is the utilization of existing structures. As using existing structures implies less additional financial and human resources, programmes are more likely to be carried out and sustained by the government and less likely to be dependent from external support. This applies to different areas but is especially true for involving the existing workforce instead of creating parallel workforce structures. The same applies for meetings, workshops, training and conferences – avoiding to create additional events and instead integrate events relating to the school health programme into regular meetings, workshops and conferences which are taking place anyway so that their value is maximised and additional resources reduced.

### *2. Template-based approach*

A programme approach based on unified and tested templates allows for simplification of content and actions; thus makes things as easy as possible for all levels, actors and stakeholders. Everyone should be able to have a good understanding and feel encouraged to get involved instead of being overwhelmed by complexity. Providing templates and guidance for every step of the implementation process helps to avoid repetition of mistakes (for instance with regard to the construction of facilities, procurement systems, advocacy, budgeting and M&E). This also applies to policy formulation. Once there is a good local policy template, it can be replicated by other local governments. Moreover, information and communication from the programme need to be streamlined, uniform, and consistent. However, it is important that templates are not rigorous and that they remain flexible enough for a certain degree of local adaptation and creativity in full respect of higher principles.

### *3. Identifying and using incentives*

In order to create and maximize incentives that are supporting a positive reinforcement, the interests of stakeholders, their motivations and benefits towards participation and involvement need to be carefully analyzed and addressed by the programme.

It is advisable to institutionalize incentive structures within the existing system. This can include the integration of activities/goals in job description or performance ratings, awards, recognition, etc. in addition to other measures. It is not advisable to use financial incentives and per diems since this will hamper suitable programme implementation after external funding ends.

### *4. Thinking at the system level*

Individuals as change agents play a crucial role in supporting relevant activities to initiate transformation and thus need to be engaged and supported. However, individuals change jobs and positions so that support might vanish or even be replaced by antagonism. In order to sustainably establish new approaches and activities they need to be institutionalized in the existing system, for instance through policies/ordinances across sectors.

Similarly, advocacy should not focus on individuals but rather take place at all levels (multilevel advocacy) to have a sustainable impact within the system. Sustainable

financing models must be based on the available financial capacities and processes in place, so that they are self-sustaining and realistic.

### *5. Involving the community*

Schools are not isolated entities but core social institutions of the communities. At the same time communities can be active contributors and change agents. Thus, the community should be closely involved and engaged in the school health programme by carrying out concrete, tangible and achievable actions. This increases responsibility, ownership and the likelihood to claim support from local politicians and decision-makers. At the same time it leads to increased transparency and accountability. Involving community members in school health programmes facilitates a positive spillover effect of the programme into community.

### *6. Using school-based management (SBM)*

Recognizing and using the processes and principles of SBM or equivalent concepts as the key management model of the education sector, especially in decentralised education systems, is important for the implementation of school health programmes. The principal is central for initiating and sustaining change within the school. This can encompass the management of access to water and sanitation facilities, involvement of the PTA and the community as well as the development of school improvement plans based on the needs of the schools. As a consequence, the school principal needs to be capacitated and empowered with solid management and leadership skills as envisioned in SBM. Application of SBM and implementation on school health programmes based on the Fit for School approach can be mutually enhancing as school health programmes provides tangible actions to apply SBM which itself reinforces the management quality of school health programmes.

### *7. Useful and supportive research*

Research should not be conducted for the sake of doing research. It rather needs to be tailored to provide relevant and credible data, which can be used for improving management and implementation of the school health programme, produce evidence for its legitimacy; and generate sound arguments for advocacy purposes.

Conducting research in the field is often faced with challenges due to a number of limitations regarding logistics, financial and human capacities etc. Therefore, research needs to be practice-based by finding a balance between what is feasible and appropriate on the ground and what is still scientifically sound. Ideally, the community and stakeholders are involved in the research to own and acknowledge the results as well as capacitate them to replicate it independently in the future. Engaging partners in the academia such as national and international universities and other relevant institutions should be considered. Transferring and sharing knowledge is equally important.

## 4. Common questions and answers

### The Fit for School Approach

***What are important success factors from the view of a governor, teachers and school nurses?***

Some of the most the most critical success factors include:

1) Working hand in hand with all stakeholders and actors,
2) Seeking partnership with the PTA and the LGU/barangay (smallest administrative unit) for program implementation,
3) Establishing a MoA for the facilitation of the implementation process. It also indicated guidelines and structures that those at the division level could follow to help them perform their responsibilities
4) Illustrating the importance of children practicing hygiene to change hygiene behavior and prevent hygiene-related diseases.
5) Adapting the approach to the local context and taking unique factors into account. Being innovative and creative.
6) Convincing local chief executives with the beneficial results of the program implementation and making them see their own political benefits when supporting the implementation.
7) National thrust enforcing the implementation through ordinances. The EHCP was included as one of the issues that schools need to prioritize
8) In addition, the program helped to gain recognition for the importance of school health personnel which motivated them to supervise and guide the schools in program implementation.

***How can the availability of supplies be sustained?***

As a prerequisite for program implementation the local LGU has to confirm in an official agreement to finance the procurement of supplies after the first year. Also, a policy/ordinance/local law may be put in place mandating the province to purchase materials

***Why not focus on children outside of the school system through targeting them with preventive measures at home?***

There is a division of labor between different ministries. The Rural Health Units of the Ministry of Health are in charge of children outside the school system whereas the Department of Education (DepEd) is concerned with children attending schools. For the DepEd, schools are the best entry points as many students can be reached due to the high enrolment rates. Ideally children are also change agents within their families teaching their parents and siblings about hygiene behavior they have learnt about in school.

***What is the role of school children in the implementation of EHCP/FIT approach?***

The role of school children depends on the respective school. For instance, this could include reminding the teacher that it is time to brush teeth/wash hands, acting as a hygiene patrol, checking availability of soap, dispense the toothpaste for the other students, clean the facilities, and take part in the monitoring.

### Interventions

***Why was group toothbrushing and handwashing chosen over individual practice at home?***

Group toothbrushing and handwashing at school were identified as effective and efficient interventions as they can be supervised by teachers, they only take a small amount of time as a number of children can do the activities simultaneously, and the children enjoy doing them more together with other children. Also, the group activities might increase the peer pressure of these hygiene practices. Brushing teeth at home after meals and especially before going to bed as well as handwashing at critical times is also important but it is more difficult to implement, monitor and support behaviour change at household level as other initiatives have shown.

***Is it harmful not to rinse the mouth after brushing teeth with fluoride toothpaste?***

Not rinsing the mouth after toothbrushing strengthens the preventive effect of fluoride contained in the toothpaste. It is not harmful to swallow a bit of remaining diluted toothpaste in the mouth.

***Is there a special toothbrushing technique recommended?***

Evidence shows that the brushing technique is not crucial for caries prevention as long as the toothpaste is applied in the mouth for at least 2 minutes.

***Are the toothbrushes changed every 3 months as recommended?***

The children use the same toothbrush for 1 school year. There is no need to change the toothbrush every 3 months as the children only brush their teeth once a day on about 200 school days. Thus, the number of toothbrushing times is still less compared to the number of toothbrushing times when brushing teeth 3 times a day for 3 months.

***Is there a conflict of messages between the WinS and the FIT approach regarding handwashing at critical times?***

There is no conflict of messages. The FIT approach aims at creating a healthy environment by putting the washing facilities and the supplies in place, and introduces handwashing as a regular, daily activity to make it a habit and eventually a social norm. Handwashing at critical times may then be encouraged as second step.

***What kind of soap can be recommended?***

Any kind of soap is recommendable as long as it is not harming the skin. Availability and practical application need to be taken into account. The pre-packaged supplies of EHCP contain soap bars since liquid soap preparations are not practical for group handwashing.

## Programme implementation

***Were targets set in the beginning regarding programme coverage of EHCP/FIT approach?***

From the start, the program was designed for upscaling but there was no explicit target in terms of numbers of school children reached. With partners such as GIZ and UNICEF, there is now more interest to set official targets but those have to be determined by the Department of Education. In the Philippines, currently 2,5 million children are reached and 7 million, about 50% of the student population are targeted to be reached within the next three years.

***How is the partnership between LGU and DepED managed?***

Frequent communication between the two partners and clarification of respective roles with regard to the program implementation is crucial. LGU officials established an Executive Order to ensure that funding for implementation even with changing politicians/government leaders and agendas. The NGO Fit for School Inc. plays an important role in terms of coordinating the discussions and bringing all stakeholders together for meetings and planning exercises.

**Why is expectation management important?**

The management of expectations of different stakeholders is crucial for the implementation of a program and highly dependent on the context. For instance, are the expectations of a community/school not met, resistance can arise. As a consequence, frequent communication about what is realistic as well as transparency about what has been achieved are crucial.

***Who selects the schools?***

In general, the schools are selected by the Department of Education and the LGUs. During the pilot and development phase, those schools were selected which are easy to reach and where the chances of success are higher so that they can be uses as models and positive examples for further expansion.

***How long does it take from concept idea to implementation?***

The timeframe for implementation depends on the context and the situation of the schools and the community. Every country needs to go through a research and development phase to contextualize the templates, which takes about one year involving a small number of schools only. This is the prerequisite for scaling-up, which can be prepared in parallel to the template development phase.

***Is there a risk of reduced quality of implementation if full coverage is targeted?***

The program is designed in a way that upscaling to reach a total coverage is conceptually feasible. With a solid monitoring system and school improvement plans in place, the quality of implementation can be monitored and improved if necessary.

***Are there shortcuts for implementing the FIT approach?***

Based on the existing experiences from the Philippines it is possible to fast track the implementation of the FIT approach to a certain extent. Nevertheless, it needs to taken into account that every country context is different with other starting points, challenges, and opportunities. Thus, the approach needs to be adapted accordingly and based on the resources that are available. In this regard, the implementation of a pilot and a test and development phase is crucial. During this phase one can see what is working and what is not, and what needs to be adapted further before going to scale.

***Will communities be excluded from the programme in case they are not cooperating or showing commitment?***

In general, communities are not excluded from the program. If a community is not committed, efforts should be strengthened, communication and information flow improved, expectations and processes clarified, and support and guidance offered. The context is different for every division, community, school and governor and the program needs to be adjusted to the specific setting and needs. Incentives can be provided such as recognition or awards for progress. Sometimes it takes more time for a change in strategy or in the institutional setting. Opportunities need to be identified and utilized. However, it is crucial that the implementation of the FIT approach is demand driven and it should not be enforced.

***What were the main challenges for the schools during the implementation of EHCP/FIT approach and how were they overcome?***

The most challenging part was initiating the implementation without funding/resources. To allocate financial resources, fundraisings were held and barangay council, local school boards (provincial government), and school alumni were asked for support.

Also, it was difficult to continue implementation despite negative voices. Strong efforts were undertaken in advocacy to convince people, for instance through radio messages, meetings, orientations, etc. Once some schools were implementing EHCP/FIT approach, other schools got interested and resistance decreased, thus creating positive momentum towards programme participation.

***Are there dental clinics in place?***

In some areas there are dental clinics providing basic services. However, most schools have no access to oral health care. This is why the shift away from treatment focus to a prevention focus is so important.

## Facilities

***Are there standard designs for sanitation facilities?***

The current standards defined by the government are too expensive and difficult to implement. Experience shows if designs are too expensive, difficult to implement and to sustain, actors are discouraged to start implementation. Affordable designs need to be available. Currently, new low-cost designs are being researched.

***How can cleanliness, maintenance and improvement of facilities be ensured?***

In the Philippines it is common to teach schoolchildren basic life skills in the curriculum. This includes also being clean and responsible. Individual restrooms in the classroom are usually cleaned by the students and inspected by teachers afterwards. The maintenance and improvements of washing facilities is part of the school improvement plan. School-based Management provides different ways and tools to engage stakeholders and the community to contribute, collaborate and institutionalize the conduction of facility maintenance and improvements.

***Which facility is better, faucet or punched pipes?***

One is not better than the other and the decision which one to choose should be based on the available resources and acceptance by the school. Punched pipes are cheap, water is used economically and more children receive water. Faucets are easy to use for children and can be

installed if resources allow. With regard to maximizing space, a washing stand which can be used from both sides should be considered.

***Are children willing to use the sanitation facilities when they are built within the classroom?***

In the Philippines, a restroom within the classroom is very common. Students use the facilities and no negative effects have been observed.

## M&E and Research

***Is the cleanliness of hands part of the health outcome study?***

The cleanliness of hands and fingernails was part of the national survey 2006 but it was difficult to determine a clear and unambiguous cut-off point. Thus, these indicators are not included in the health outcome study.

***How much does the conduction of a health outcome study cost?***

The costs vary depending on depth and design of the study and country context (logistics, meetings, personnel, statistician, etc.). They amount to about 50,000-80,000 USD for program duration per country. As most of the research structures and logistical arrangements are in place in the Philippines, the costs are lower.

***Why is only one classrooms visited by the monitoring team?***

The monitoring tool was designed to be as short, simple and feasible as possible. The monitoring team randomly chooses a classroom as a minimum requirement but it can also visit others if wanted and jointly decided.

***Why are no children asked during the monitoring visit?***

The monitoring tool was designed to be as short, simple and feasible as possible. If children are involved it will disrupt their classes. Asking children is no guarantee of receiving an honest answer as they might also say what is expected of them. Also, the monitoring team might need more training if they had to interview the students. In addition, the monitoring tool also fulfills the role of a training tool.

***Did the DepEd have a monitoring system in place before the Online Monitoring System (OMS) was implemented?***

The DepEd has a number of different monitoring tools. The OMS has been developed by DepEd with support from Fit for School Inc. for the EHCP/FIT implementation. The idea was not to create something new but rather develop a monitoring system that complements the existing system and provides necessary information to improve program implementation.

***Why are children still infected with worms after deworming?***

Children are constantly reinfected if the environment is not improving. Based on current WHO guidelines the deworming is therefore conducted every 6 months. At the same time it is important to improve the cleanliness of the school environment.

***Why is the prevalence of dental caries very high?***

High prevalence of dental caries in the Philippines is the result of a number of factors (frequency and amount of sugar intake, lack of oral hygiene, insufficient exposure to fluoride, socio-economic factors). Mass fluoridation through water for the prevention of caries is a theoretical option and would be effective but is not practicable in the Philippines because there is no common water distribution system. Fluoridation through fluoride toothpaste is most effective way to prevent caries in this context.

***Is there evidence for schoolchildren acting as change agents within their families and do interventions at school have spillover effects at home?***

No data has been collected regarding the change of behavior within the families, though anecdotal reports show that children they remind their siblings of proper hygiene and their parents to supply soap or toothpaste. Deworming at school clearly reduces worm infection rates in the surrounding community or with in families, even if not all children are participating in the deworming activity.

## 5. Country plans

### Bangladesh

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| Current practices and issues | • Handwashing (without soap) established as part of Islamic ablution practice<br>• Limited school coverage with drinking water; arsenic and bacterial contamination<br>• Poor sanitation coverage, lack of or inadequate financial allocation for O&M, huge challenges regarding menstrual hygiene management<br>• No agreement on WASH designs (e.g. access for disabled children)<br>• Insufficient availability of soap near handwashing stands, inadequate handwashing behaviour at critical times |
| Programme objectives | • Improve children's education experience and outcomes through improved health in an inclusive environment through handwashing with soap at key times as group activity, integrated in feeding programme (CFS) and using the school as entry point for community change<br>• Have access to safe water, appropriate sanitation facilities, functional/ maintained/ supplied handwashing facilities (CF WASH standards)<br>• Reach pre-primary, primary and secondary schools |
| Key outcomes | • Education-related: improved attendance/ achievement rates, reduced dropout rates; health-related: reduced incidence of diarrhoea<br>• Improved/sustained practice of key behaviours at household/community level<br>• Increased demand for improved access to WASH facilities at household/community level by making 'pilot' schools magnets for change |
| Key activities and support needed | • Advocacy at national and local levels - Integration of health and education sectors<br>• Advocate for allocation of O&M of PEDP3 funds<br>• Pilot in 30 child-friendly schools using existing designs (3 different categories of schools, A, B and C – to learn from different settings) over 6 months<br>• Piloting based on agreement between school/SMC/Ministry where costs/responsibilities are clearly outlined with monitoring expectations and implications of non-functionality (carrot and stick approach)<br>• Support needed regarding videos for advocacy, involvement of NGOs, clarification of roles and responsibilities, manuals, roadmaps (key activities), baseline surveys |
| Conclusion | • Aspects (group activities, fun approach, school-driven, demand-driven) of the FIT approach can be integrated into the Bangladesh WASH programme<br>• Much time needed to clarify roles and responsibilities for sustainability (key) and the drivers to scale-up<br>• Focus on addressing key bottlenecks for Bangladesh - lack of soap, safe water, handwashing practice, |
| Plenary feedback | • Good starting point to integrate handwashing with soap in existing ablution practice and existing programmes<br>• Reduction of complexity – go simple and small first while working on a replicable and scalable model<br>• Clarity about how the new approach differs from what is already ongoing is required |

**Cambodia**

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| Current practices and issues | • National policies on school health and WASH in place<br>• Inadequate translation into practice, lack of coordination<br>• Lack of adequate access to water and sanitation facilities, manpower and ownership |
| Programme objectives | • Improve health and education outcomes of primary school students<br>• Support the government to conceptualize and implement school health programmes |
| Key outcomes | • Develop the MoU/ToR in country for collaboration between UNICEF and GIZ Fit for School in order to implement FIT approach during 1st quarter of 2013<br>• Pilot implementation in 10 schools for template development and scale-up<br>• Improved coordination among stakeholders |
| Key activities and support needed | • Identify the role and responsibilities of relevant partners and stakeholders, conduct of stakeholder meeting for setting criteria, conduct capacity building<br>• Identity the target school for implementation of UNICEF/MRD and GIZ-FIT/MoEYS<br>• Conduct baseline assessment<br>• Plan of action based on ToR of GIZ-FIT and UNICEF<br>• Implementation of pilot, conduct mentoring and coaching<br>• Conduct M&E and lesson learnt, gap analysis, preparing scaling up, exit strategy |
| Conclusion | • Implementation has started in pilot schools and baseline data has been gathered<br>• Practical aspects of the collaboration UNICEF-GIZ in Cambodia need to be sorted out and an MoU should be signed soon |
| Plenary feedback | • Clarity about the objective of the GIZ-UNICEF collaboration required<br>• Intention to work together must be filled with tangible deliverables – definition of areas of work |

**India**

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| Current practices and issues | • Supplementary feeding in pre-school centres and mid-day meals in all elementary schools (National Flagship Programmes)<br>• Existing policy framework ( & dedicated funds): Right to Education and WASH, Supreme Court Order on completion of WASH targets by 2013, School Health Programme, Total Sanitation Campaign, National Handwashing Directive<br>• WASH in EMIS (not including availability of soap)<br>• Currently habit of handwashing before meal and after toilet use<br>• No organised handwashing before meals, no adequate facilities, insufficient availability of soap, piped water, electricity and O&M, no systematic monitoring, no integration into school curriculum |
| Programme objectives | • Develop implementation template for scaling-up and options on standard, costs and principles as well as tools for effective advocacy, sustainable government financing, institutionalisation within the education sector<br>• Conceptualisation of incentive mechanisms<br>• Address key bottlenecks impeding WASH in Schools<br>• Institutionalize handwashing in all schools before the mid-day meals |
| Key outcomes | • Get buy-in from government – consensus on approach, concept, roles and responsibilities of partners, technology/ designs options<br>• Proof of concept (6 months phase), 3-4 states, ~200-300 schools (Feb-July)<br>• Development of templates, funding mechanisms<br>• Integrated into the mid-day meal programme |
| Key activities and support needed | • Debriefing meeting with government at centre and state level, acceptation of approach and link of handwashing to health and education<br>• Selection of schools and civil society partners, conduct base line survey, design technologies, dissemination in selected districts<br>• Preparation of schools and other stakeholders (training, capacity building)<br>• Basic advocacy and communication package for all levels of stakeholders.<br>• Implementation of the project – 6 months (Feb to Jul), monitoring<br>• Documentation of evidence and review of initial bottleneck analysis<br>• Advocacy for key policy outputs |
| Conclusion | • Good policy framework in place, further development of 2-3 key policies required<br>• Integration of handwashing into mid-day meal programme to reach mass-scale, linking to deworming programme, focus on low-cost solution, M&E |
| Plenary feedback | • Integration into feeding programmes and mid-day meals a good entry point<br>• Timeframe is very short and ambitious – better reserve more time to develop a good model, to put the support structures in place and to address the implementation details (think big – start small)<br>• Daily monitoring is difficult to sustain and has limited value<br>• It is important to have a success story in the beginning - difficult to kick-start a second time |

**Indonesia**

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| Current practices and issues | • Several government agencies and actors implementing WASH-related programmes, existing pilot programmes without harmonized standards and guidelines<br>• Strong focus on construction while neglecting behaviour change, monitoring<br>• Lack of stakeholder involvement (esp. principals and teachers)<br>• Need to align programme goals with government goals, lack of coordination among stakeholders, donor-driven programmes<br>• Need to build on and bridge with existing WASH programme |
| Programme objectives | • To create a model for collaboration between UNICEF and GIZ FIT that will support the government to reach their WASH target |
| Key outcomes | • Harmonisation of guidelines<br>• Implementation plan for the new districts, development of a model, introduction to schools where WASH is implemented |
| Key activities and support needed | • Find out legal framework of GIZ FIT country activities (Dec 2012)<br>• Signing legal MoU and agreement (on relevant levels) (Jan 2013)<br>• Preparation (Dec 2012 – Jan 2013):<br>o Guideline shared and harmonized<br>o Concept note (WASH in all schools)<br>• Detailed implementation plan (DIP) (5 days) (end Jan 2013)<br>• Scheduled coordination meeting (regular monthly meeting) & set up coordination & Knowledge Management structures (end Jan 2013)<br>• Use existing structures for regular sub-national meeting (AMPL) (monthly)<br>• Define strategy for documentation and advocacy (Jan 2013)<br>• Additional staff/support: 1 Project Officer, (+/-) Admin/Logistics Support, (+/-), additional funds, capacity building of national/sub-national counterpart |
| Conclusion | • Align programme with existing national policy<br>• 6 schools in NTT as a model for the integration of WinS-Fit for School<br>• Scale up an integrated model to other WASH-implementing schools in Indonesia |
| Plenary feedback | • Strong need for coordination, harmonisation of various actors and programmes<br>• Ambitious timeline<br>• If the collaboration works out as planned it could be a good model for collaboration in other regions |

**Kenya**

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| Current practices and issues | • Existing WASH in Schools programme – promotion of handwashing practice at critical times, WASH facilities, hygiene promotion<br>• Capacity development for SMCs, teachers and pupils for O&M<br>• High incidence of diarrhoea among - absenteeism, high worm infections<br>• Low handwashing practice at critical times (about 5%), low access to water<br>• Interventions not at scale, low access to WASH services in schools<br>• Government funding not available yet, mainly donor funded<br>• Low community participation in WASH in schools |
| Programme objectives | Improve the health of school children through up-scaling of practice -based WASH for all schools in Kenya<br>• Fit for School approach adaptation<br>o Group handwashing to create a social norm on handwashing (including at critical times)<br>o Effective stakeholder participation in WASH in Schools delivery - government, communities, private sector, local government, donors, civil society<br>o Strengthen PPP for long-term commitment to partnership with schools<br>o Innovative business models development for enhancing sustainability of WASH services in schools<br>• Development of physical facilities in schools<br>• Capacity development for O&M |
| Key outcomes | • Adaptation of Fit for School approach to Kenyan context<br>• Development, implementation and M&E of pilot approach<br>• Roll out for up-scaling |
| Key activities and support needed | • Acceptance, mobilisation and support of policy makers- GOK and UNICEF, donors, schools, communities; conduct pilot and baseline study<br>• Funding for facilities development, stakeholders, consultation forums, baseline surveys and third party monitoring, research collaboration partnerships with academic institutions |
| Conclusion | • Fit for School approach can be adapted for Kenya<br>• It integrates well with the ongoing WASH in Schools programme, provides opportunity for scaling-up and enhancing sustainability of WASH services<br>• It provides opportunity for long term public private partnerships<br>• It has potential for strengthening community –school collaboration and engagement<br>• Promotes child to parent learning |
| Group feedback | • More clarity about how the “new” approach differs from the existing one is required<br>• Linking with GIZ office in Kenya would be helpful – GIZ had a number of activities and experiences in the country context, particularly in schools (prior to the Fit for School Approach) |

**Lao PDR**

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| Current practices and issues | • WASH in Schools programme supported by UNICEF:<br>o WASH facilities (disability, DRR)<br>o Hygiene promotion (life skills, health & hygiene toolkit, activities)<br>• The adoption of the "School of Quality" (SoQ) by the MoES brought increased attention to school infrastructure/environment and WASH needs<br>• Limited latrine and water availability, poor O&M of WASH facilities, soap, poor management of the school environment, lack of ownership etc<br>• GIZ Fit for School Programme has started in selected schools |
| Programme objectives | • Primary school children practice handwashing with soap in schools at critical times on a daily basis and use latrines<br>• School environment is improved and O&M system for WASH is functioning |
| Key outcomes | • Multi-year work plan for 2012-2013 reviewed to reflect new initiatives, discussions with counterpart on improving handwashing practice for behaviour change (end of December 2012)<br>• Revision of health & hygiene toolkit (Blue Box) finalized (end of Jan 2013) to include handwashing practice leading to behaviour change<br>• O&M manual for schools finalized (end of January 2013) |
| Key activities & support needed | • Annual review meeting<br>• Revision of Blue Box<br>• O&M manual |
| Conclusion | • Continue to explore areas of cooperation and how to complement each other<br>• Share with GIZ the list of UNICEF supported target schools for 2012-2013<br>• Include instructions for group handwashing in the teacher's guide – simple options (Blue Box) |
| Plenary feedback | • Solid foundation for cooperation GIZ-UNICEF required – development of an MoU<br>• Clarity about roles and joint activities – both organisations are part of the technical sector working group<br>• Importance of coordination, avoiding duplication and clarity with partner government |

**Nepal**

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| Current practices and issues | • Policies on enabling policy environment in place (Sanitation & Hygiene Master Plan, Child Friendly Education Framework, CFLG/LSGA & SSRP, CGD friendly designs); National Strategy on School Health and Nutrition (2006)<br>• Government plan and budget for WASH facilities in place<br>• WASH in Schools as a national programme of DOE/MoFALD (SSHE/SLTS)<br>• EMIS and integration of WASH indicators<br>• Coordination with Health & Nutrition Department for School Health Programme<br>• PPP for Hand washing with soap<br>• Insufficient compliance with existing guidelines, capacity, budget, public participation<br>• Rural-urban divide and disparities between private vs. public schools, current approach does not address equity/geographical diversities<br>• Limited practice of WASH behaviour, no school-based behavioural research |
| Programme objectives | • Contribute to goals set in School Sector Reform Program (SSRP), i.e. improve quality of education, increase attendance/ access, learning outcomes including behavioural change/ life skills, enabling environment<br>• Improved health impacts regarding reduction of diarrheal incidences and other water and sanitation induced diseases and decreased health costs |
| Key outcomes | • Increased supervised group handwashing practice among children of basic education and school-based ECD<br>• Practice of group handwashing behaviour institutionalized within the policy, plan and programme of the MOE/DOE<br>• M&E (mainstreaming into the regular EMIS and Flash Reports)<br>• Increased WASH facilities (CGD friendly including menstruation hygiene)<br>• Community outreach leading to ODF |
| Key activities and support needed | • Assessment of sanitation behaviour of children in schools<br>• Consensus building among major stakeholders at national/ sub-national level<br>• Integrate FIT approach in ASIP and SIPs (handwashing with soap starting point)<br>• Capacity building of stakeholders on gaps (concepts/ resources)<br>• Review M&E framework and tools<br>• Partnership for WASH facilities expansion, contribution of communities |
| Conclusion | • Building on the existing policies, systems and programmes (e.g. extend SLTS beyond schools, UNICEF priority districts)<br>• Start simple but have the bigger picture in mind<br>• Multi-stakeholder engagement including public private partnership<br>• Local adaptation and contextualization |
| Plenary feedback | • Complex setting – keeping things simple and manageable will be important<br>• Focus on a small pilot to develop replicable templates – work with well-motivated schools<br>• Linking with GIZ Country Office important to determine support modalities from GIZ side |

**Sri Lanka**

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| Current practices and issues | • School Health Promotion Program (Government led)<br>  o Policies (SHP Policy – 2007)<br>  o Skills & knowledge (complete personal hygiene, physical , psycho-social)<br>  o Healthy environment (WASH, garbage)<br>  o Community participation (school to community & vice versa)<br>  o Health Services (MoH, PHI, PHM, Local Authority)<br>  o External support through a single gov channel (compliance, no duplication)<br>• Knowledge-based, too technical, not easy for stakeholders, not focused, limited time for planning and M&E<br>• Health staff is responsible for school health as a part of community health<br>• Insufficient information flow between national, provincial, and school level |
| Programme objectives | • Simplify and focus the behavioural component of SHPP<br>• Promoting group handwashing before the mid-day meals (entry point)<br>• Harness the participation of mothers in promotion of handwashing<br>• Improvement of handwashing facilities to accommodate groups |
| Key outcomes | • MoU between MoE, UNICEF and Unilever – January, 2013<br>• Action plan based on MoU (min. 200 schools) – February, 2013<br>• Commitments documented between schools and provincial department of education – March, 2013<br>• Baseline data for 200 schools – May, 2013<br>• Number of students in 200 school conducting daily group handwashing for 21 consecutive days – May to June, 2013<br>• End-line data for 200 schools – September, 2013 |
| Key activities and support needed | • Signing MoU between MoE, UNICEF and Unilever<br>• Preparation of the action plan based on MoU<br>• Conducting baseline study in 200 schools<br>• Conducting group hand washing among x students in 200 school before mid-day meals for 21 consecutive days<br>• Monitoring the 21 day programme by MoE, UNICEF, Unilever, PLAN<br>• Conducting end line assessment and data analysis |
| Conclusion | • System in place which needs to be improved, handwashing behaviour with soap needs to be encouraged<br>• Integration of handwashing with soap in mid-day lunch<br>• Collect and document evidence and get buy-in of stakeholders |
| Plenary feedback | • Very ambitious time lime of activities, take more time to plan and coordinate in order to have a replicable model in place<br>• Conduct handwashing for 21 days will not lead to sustained behaviour change<br>• Conduct of baseline in 200 schools is very ambitious – better stay small first |

**Tanzania**

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| Current practices and issues | • MoU between 4 key ministries in place<br>• Existence of National School WASH Guidelines and toolkits<br>• National Strategic Plan for School WASH (2010 – 2015) has been developed<br>• Inadequate funding for School WASH as there is no government budget line<br>• Inadequate coordination, especially at lower level (regional, district and community), no translation of national MoU to lower levels<br>• Lack of political will and awareness, lack of institutionalization |
| Programme objectives | • Enhance coordination for increased coverage of handwashing with soap for behavioural change for improved quality of learning environments |
| Key outcomes | • Adaptation of group handwashing activities in 10 selected schools<br>• Integration of education and health in schools<br>• Pilot School Based Management (SBM) in 10 selected schools<br>• Improve coordination (long-term) |
| Key activities and support needed | • Organize meeting with respective schools and districts for awareness creation and agreeing on roles and responsibilities, involvement and contribution of communities<br>• Conduct assessments in the selected schools for baseline and need identification<br>• Resource mobilization<br>• Development of tools and adaptation<br>• Construction of facilities<br>• Introduction of SBM<br>• M&E<br>• Support needed for reviewing the adapted Fit for School approach |
| Conclusion | • Integration into existing programmes and campaigns |
| Plenary feedback | • Good to start small with well motivated schools<br>• Challenge of government commitment beyond policies<br>• Focus on low-cost facilities and exploration of community participation |

## 6. Immediate participant feedback

The overall rating of the Learning Exchange by the participants was very positive as tested through an evaluation form distributed at the end of the meeting. Regarding the relevance and transfer possibilities, 85% of participants acknowledged that the topics and content were very import for their own work.

Some of the key observations and feedback comments from participants included:

**Workshop content**

- The most significant learnings:
  - Importance of leadership and management of the school principal in the implementation of EHCP
  - Multi-stakeholder collaboration
  - Interaction between teachers, students and parents, as well as the support, commitment and involvement of stakeholder such as the community and the local political leaders, their acknowledgement of ownership.
  - Observing and experiencing the group activities of handwashing and toothbrushing
  - Focusing on a few simple interventions leads to success

- Application of learnings:
  - Specific ideas and activities regarding implementation of group activities, design of the monitoring system, the application of the FIT principles simple, sustainable and scalable, and adaptation and contextualization of the approach

- Participants recommended to
  - Provide more information about the experience of teachers and challenges encountered during the implementation
  - Set up a permanent learning exchange platform to share experience on what works

**Field visit**

- Very encouraging and valuable experience for the understanding of the approach and its implementation in the school setting
- Participants recommended
  - Visiting schools in smaller groups for better interaction possibilities and
  - Seeing a variety of schools at different stages of the implementation process including schools in poorer settings and those which are facing challenges
  - Less showcase schools but more exposure to the real challenges

**Future support needs**

- Materials (videos, manuals, pictures, presentations, etc)
- Scientific evidence and baseline data
- Protocol templates for research and M&E
- Capacity building of counterparts
- Financial support (e.g. for installing minimum facilities)
- Support from the country offices of UNICEF and GIZ

## 7. Meeting agenda

| Sunday 25.11.2012 \| Day 1 | | | |
|---|---|---|---|
| All day | | Arrival in Manila<br>Reception at airport and transfer to Marriot Hotel as arranged by GIZ | |
| 19:00-21:00 | | Welcome reception & Introduction of participants<br>Marriot Hotel | |
| | | Overnight at hotel | |

| Monday 26.11.2012 \| Day 2 | | | |
|---|---|---|---|
| 07:30-08:30 | | Breakfast | |
| 08:30-09:30 | | Welcome & Opening Speeches<br>Welcome of participants and opening remarks of<br>• Fit for School Regional Programme – Bella Monse<br>• GIZ Human Capacity Development – Ralf Panse<br>• Southeast Asian Ministers of Education Organization SEAMEO – Philipp Purnell<br>• UNICEF Country Director – Toomo Hozumi<br>• DepEd Director School Health & Nutrition, Department of Education, Manila – Ella Naliponguit | Moderators<br>Guest speakers |
| 09:30-10:00 | | Coffee break & departure of guest speakers | |
| 10:00-10:15 | 1 | Schedule overview and meeting objectives | Habib Benzian<br>Murat Sahin |
| 10:15-10:30 | 2 | What is Fit for School and what is it not?<br>Clarification & positioning<br>Defining terms and players in the context of Fit for School | Alexander Schratz<br>Habib Benzian |
| 10:30-10:45 | 3 | The History of Fit for School<br>How things started and developed | Fit Team & Partners |
| 10:45-11:15 | 4 | Warming-up & expectations<br>Levelling of expectations | Sharon Chao (SEAMEO) |
| 11:15-12:00 | 5 | Introduction to Fit for School/Essential Health Care Programme<br>Presentations, video & moderated discussion | Bella Monse |
| 12:00-13:30 | | Lunch Break | |
| 13:30-15:00 | 6 | Fit for School Approach / The Essential Health Care Programme<br>Programme management<br>Facilities<br>Engaging stakeholders<br>Packaging of consumables<br>Videos, presentations and Q&A | Cromwell Bacareza<br>Alexander Schratz<br>Bella Monse |
| 15:00-16:15 | | Moderated Discussion: | Moderators |
| 16:15-16:45 | | Coffee & Snacks | |
| 17:00-17:30 | | **Departure & transfer to airport – flight to Iloilo**<br>18:55 Cebu Pacific Flight<br>19:00 Philippine Airlines Flight | |
| 21:00 | | Dinner in Iloilo after arrival | |

| Tuesday 27.11.2012 \| Day 3 | | | |
|---|---|---|---|
| 07:30-08:30 | | Breakfast<br>Outside of meeting room | |
| 08:30-08:45 | | Welcome & Summary of Day 2 | Moderators |
| 08:45-09:15 | | Reflections on Simplicity, Scalability & Sustainability<br>Contextualising the Fit for School Principles<br>Reactions to key questions from participants | Alexander Schratz |
| 09:15-09:45 | 7 | Supporting partners to manage change<br>Key innovations & success factors of the Fit for School approach | Alexander Schratz<br>Bella Monse |
| 09:45-10:15 | 8 | Challenges & Implementation traps<br>Challenges and implementation traps from the Philippine experience<br>Plenary discussion | Alexander Schratz<br>Cromwell Bacareza |
| 10:15-10:30 | | Coffee Break | |
| 10:30-11:15 | | Group work – Identifying key challenges<br>Quick group work – 3 key challenges – 3 min plenary presentation | Moderators |
| 11:15-12:00 | 9 | Behaviour Change – Dream & reality<br>Definition and advantages of skills-based education<br>Case example: Oral Hygiene Behaviour<br>Creation of new supportive social norms<br>Consequences for programme management & capacity building<br>Presentations & moderated discussion | Nicole Siegmund<br>Habib Benzian<br>Murat Sahin<br>Mike Gnilo |
| 12:00-13:00 | | Lunch Break | |
| 13:00-14:30 | 10 | Using research evidence for management & advocacy<br>Overview of the Fit for School Research Programme<br>Strengthening advocacy with relevant evidence<br>Realistic & pragmatic research concepts | Bella Monse<br>Timothy Grieve |
| 14:30-14:45 | | Coffee Break | |
| 14:45-17:00 | 11 | The EHCP M&E Tool<br>Participatory M&E and its role in implementation & scale-up<br>Presentation, video, moderated discussion | Cromwell Bacareza<br>Alexander Schratz<br>Jon Villasenor |
| 17:00-17:30 | 12 | Preparation for field work<br>Objectives, schedule, logistics, debriefing etc<br>Assignments for participants | Cromwell Bacareza<br>Alexander Schratz |
| 19:00 | | Dinner | |

| **Wednesday 28.11.2012 \| Day 4** | | | |
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| 06:00-07:00 | Early Breakfast | | |
| 07:00-09:30 | Departure of **Group 1**<br>to Antique | Departure of **Group 2**<br>to Guimaras | **Group Facilitators**<br><br>**Antique:** Jun, Zander<br><br>**Guimaras:** Cromwell, Anna |
| 09:30-10:30 | School Visit (Buhang Elementary School)<br>Handwashing and toothbrushing drills<br>Interaction with school head, classroom teachers and pupils | School visit (Buenavista Central Elem. School)<br>Handwashing and toothbrushing drills<br>Interaction with school head, classroom teachers and pupils | |
| 10:30-11:00 | Departure of **Group 1**<br>to Assemblyman Segundo Moscoso Memorial School | Departure of **Group 2**<br>to East Valencia Elem. School | |
| 11:00-12:00 | School Visit (Assemblyman Segundo Moscoso Memorial School)<br>Handwashing and toothbrushing drills<br>Interaction with school head, classroom teachers and pupils<br>M&E Simulation | School visit (East Valencia Elem. School)<br><br>Handwashing and toothbrushing drills<br>Interaction with school head, classroom teachers and pupils<br>M&E Simulation | |
| 12:00-13:00 | Lunch Break | | |
| 13:00-15:00 | Round-table discussion with LGU, TWG members and other stakeholders | Round-table discussion with LGU, TWG members and other stakeholders | |
| 15:00-17:30 | Return travel to Iloilo City | | |
| 17:30-19:00 | Rest | | |
| 19:00 | Dinner | | |

| Thursday 29.11.2012 \| Day 5 | | | |
|---|---|---|---|
| 07:30-08:30 | | Breakfast<br>Outside of meeting room | |
| 08:30-08:45 | | Welcome & Summary of Day 4 | Moderators |
| 08:45-09:45 | 13 | Moderated Plenary Discussion - Debriefing<br>General observations & reflections on field work<br>Questions to the FIT Team<br>Initial impression - What could be useful for my own country context? | Moderators<br>FIT Team |
| 09:45-10:30 | 14 | Group work 3-2-1<br>Group work: 3 key observations – 2 key differences to UNICEF - 1 open question | Moderators<br>FIT Team |
| 10:30-10:15 | | Coffee Break | |
| 10:15-11:15 | 15 | Marketplace: Presentation of group work<br>3 min elevator speech per group<br>5 min expert response & 5 min plenary discussion | Moderators<br>FIT Team |
| 11:15-12:30 | 16 | Using the synergies of School-based Management (SBM)<br>How does a school administration work? Overview and principles of SBM<br>Relation of SBM to school health or WASH activities<br>The school principal as the ultimate program manager<br>Presentation & moderated discussion | Yolanda de las Alas (SEAMEO) |
| 12:30-13:30 | | Lunch Break | |
| 13:30-14:30 | 17 | Same, same but different? Comparing approaches<br>Contrasting key features of UNICEF WASH programming with principles of the FIT Approach | Timothy Grieve<br>FIT Team |
| 14:30-15:00 | | Country implementation: Feedback from FIT Regional Programme | |
| 15:00-15:15 | | Coffee Break | |
| 15:15-16:30 | 18 | Planning a small-scale country R&D programme<br>• Addressing issues identified in national bottleneck analysis<br>• Selection of schools<br>• Activities<br>• Community involvement<br>• Template development<br>• M&E tool / Research activities<br>• Policy context & sustainable financing | Murat Sahin<br>Bella Monse |
| 17:00 | | Departure for dinner | |

| Friday 30.11.2012 \| Day 6 | | | |
|---|---|---|---|
| 07:30-08:30 | | Breakfast<br>Outside of meeting room | |
| 08:30-08:45 | | Summary of Day 5 | Moderators |
| 08:45-09:00 | | Key learnings from Fit for School country adaptation in the Regional Programme<br>3 min presentations from Cambodia, Indonesia and Laos | |
| 09:00-10:30 | | Country planning<br>Fit for School / GIZ / UNICEF resource persons available | |
| 10:30-10:45 | | Coffee break | |
| 10:45-12:30 | | Country Plan Presentation and Peer Review<br>Country group present their action plans and participants provide feedback | |
| 12:30-13:30 | | Lunch Break | |
| 13:30-14:00 | | Overview of GIZ tools and support modes for country implementation | Ralf Panse<br>Conrad Thombandsen<br>Bella Monse |
| 14:00-15:00 | | Wrap Up & Summary | |
| 15:00-16:00 | | Farewell & Networking Session (with snacks/early dinner) | |
| 17:00 | | **Departure for airport – Return to Manila**<br>18:55 CEB<br>21:00 PAL | |
| | | Overnight in Manila | |

## 8. Participants list

| No | Last name | First name | Designation, organization | Country of assignment | Contact details (email) |
|---|---|---|---|---|---|
| 1. | **Adongo** | **Alfred** | Technical Manager, SANA International | Kenya | akeyoadong@yahoo.com |
| 2. | **Ahsan** | **Syed Ali** | Senior Assistant Secretary, Ministry of Primary & Mass Education | Bangladesh | ahsan-ex@gmail.com |
| 3. | **Ali** | **Syed Jafar** | Assistant Director, DSHE, MOE | Bangladesh | syedjafar@yahoo.com |
| 4. | **Ariza Deiparine** | **Carmela** | Consultant, Moderator | Philippines | carmela_ariza@yahoo.com |
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| 6. | **Badloe** | **Chander** | Regional Advisor, UNICEF | Thailand | cbadloe@unicef.org |
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| 8. | **Bansal** | **Sanjay** | District Magistrate, North 24 Parganas, Govt of West Bengal, Govt of India | India | Sanban1686@gmail.com |
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| 12. | **Budcharern** | **Sengarun** | Education Officer, UNICEF | Lao PDR | sbudcharern@unicef.org |
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| 16. | **Chavvyroth** | **So** | Deputy Chief of School Health, MOE | Cambodia | sochhavy@yahoo.com |
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| 18. | **De Silva** | **Suranga** | WASH Officer, UNICEF | | sudesilva@unicef.org |
| 19. | **Delas Alas** | **Yolanda** | Senior Capacity Development Specialist, SEAMEO INNOTECH | Philippines | yolly@seameo-innotech.org |
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