

PHASE B

SITUATION ANALYSIS

UNIT B1

LOCAL HEALTH, DIET AND FOOD



CONTENTS

1. Local factors affecting health
2. The nutrition situation
3. Local foods and their nutritional value
4. The children's diet
5. Evaluating the diet
6. Dietary guidelines
7. Summing up

Display Document: THE LOCAL DIMENSION



WHAT YOU NEED

People

Valuable inputs for this session would be short talks from health professionals and nutritionists – for example, a description of health and nutritional problems in the region or among schoolchildren, a presentation of national/regional nutritional guidelines. Note that if this workshop is to be repeated, find some means of recording these inputs and storing them.

Information Useful extra documentation would be:

- reports about health and nutrition problems in the region; information about regional food and food practices;
- tables giving nutritional values of local foods;
- reports about people's perception of nutrition and malnutrition (in case a KAPP – Knowledge, Attitude, Practice, Perception – survey has been carried out);
- national or regional dietary guidelines;
- general descriptions of the region's economy and geography.

Course documents You will need:

- the data sheets for teachers, parents, health professionals and children;
- the summary poster material from Preparatory Units 1 and 2;
- the main display started in the A Phase;
- a copy of the display document THE LOCAL DIMENSION, which is at the end of the unit.

Equipment Recording equipment if you have decided to record speakers.

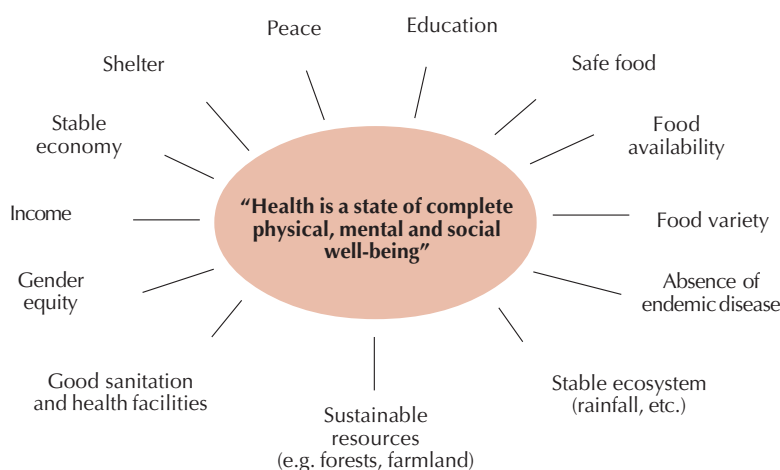
LOCAL FACTORS AFFECTING HEALTH

30 minutes

Below are the essential conditions for health already discussed in Unit A1.

In your community, which factors are missing or inadequate?

1. Discuss together and ring the critical factors.



2. Divide into groups and take one problem area for each group. Discuss the specific effects of this factor on health in your region. Consider all aspects of health and think of both the individual and the community. Use this box to focus your thinking:

THE PROBLEM...

	How does it affect individuals?	How does it affect the community?
Physical		
Mental		
Social		

ACTIVITY 1 *contd.*

3. Report your ideas briefly to the whole group. For example:

“We have civil war in one region. This endangers people’s lives and property and also their very means of making a living. It also creates fear and anxiety – in other words, it threatens mental well-being. It disrupts the social infrastructure (hospitals, roads, food supplies, for example) and it undermines social relations – trust, cooperation, shared beliefs.”

4. Summarize the main factors and their effects in the box below.

LOCAL FACTORS AFFECTING HEALTH	
Factor	Effects
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.....
.....
.....
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.....

N.B.: In Activities of Units of B and C Phase, some tables/boxes are shaded grey. These tables/boxes contain information and decisions that are going to be re-used at the end of the unit (in Summing Up) for creating the Display Document related to this Unit.

THE NUTRITION SITUATION



50 minutes

What is the nutrition situation in your area, from the medical point of view?

1. Before getting expert information, review the poster material you prepared for Preparatory Unit 2.
2. Briefly discuss the following questions with reference to your own experience:
 - What is the extent of malnutrition in your area? Is it a serious problem?
 - What would you say are the main nutritional problems/disorders?
 - What are the main causes? What factors contribute to poor nutrition?
 - Which social groups are most affected?
 - What are the main nutrition problems of schoolchildren in particular?
 - Do you think that children's nutrition is affecting their learning?
3. Find out what the experts have to say about the same questions. You may:
 - invite experts to make a presentation, or to come and answer questions;
 - refer to the information you have compiled in the Health Professionals Data Sheet (points B1.1 to B1.5);
 - refer to any documentation you have gathered;
 - any combination of the above.

Finally, discuss and complete the points in the box below.

MALNUTRITION IN THE AREA

Malnutrition in the area is generally: high ☐ medium ☐ low ☐

The main nutrition problems in the area are:

.....

The most important factors contributing to malnutrition in the area are:

.....

The groups most affected are:

.....

Schoolchildren have these main nutrition problems:

.....

UNIT B1

ACTIVITY 3 *contd.*

SOME AFRICAN HOME GARDEN CROPS THAT ARE RICH IN KEY NUTRIENTS

Energy	Protein	Fat	Vitamin A	Vitamin C	Iron
Avocado	Bambara	Avocado	Amaranth or	Baobab fruit	Beans/peas*
Bambara	groundnut	Bambara	African spinach	Cabbage	Kidney
groundnut	Baobab seed	groundnut	Bean leaves	Cashew nut	Liver
Banana/	Beans/peas	Butter	Bitter leaf	Citrus	Meat/chicken,
plantain	Cowpea	Coconut cream	Carrot	Custard apple	fish
Barley	Eggs/milk/	Groundnut	Cassava leaves	Guava	Some green
Breadfruit	cheese	Oil from	Cat's whiskers	Mango	leafy
Cashew nut	Groundnut	groundnut,	(<i>Cleome</i>	Papaya (ripe)	vegetables*
Cassava	Kapok seed	maize, nug,	<i>gynandra</i>)	Passionfruit	
Coconut	Meat/chicken,	safflower,	Chillies	Pineapple	
Enset	fish	sesame,	Jute	Sweet pepper	
Groundnut	Melon and	soybean,	Kale	(capsicum, if	
Maize	pumpkin seeds	sunflower or	Liver	orange)	
Millet	Oyster nut	any other	Maize (yellow)	Sweet potato	
Oil from	Pigeon pea	oilseed	Mango (ripe)	(yellow- or	
groundnut,	Some insects	Shea butter nut	Okra	orange- coloured)	
maize, nug,	and caterpillars	Some insects	Papaya (ripe)	Tomato	
safflower,	Soybean	and caterpillars	Pumpkin		
soybean,		Soybean	Rape		
sunflower or			Red palm oil		
other oilseeds			(unrefined)		
Oyster nut			Rosella		
Rice			Sweet potato		
Shea butter nut			leaves		
Sorghum			Sweet potato		
Sweet potato			(yellow- or		
Taro			orange- coloured)		
Teff					
Wheat					
Yam					

* Absorption of iron in these foods is increased by combining them with foods rich in Vitamin C, for example, by eating an orange or guava at the end of a meal.

Source: FAO. 2001. *Home gardening manual for Africa*, p.33. Rome

NUTRIENTS IN DIFFERENT TYPES OF FOODS

Food	Rich source of	Moderate source of
Cereals	Starch, fibre	Protein, B vitamins, many minerals
Starchy roots and fruits	Starch, fibre	Some minerals, vitamin C if fresh, vitamin A if yellow or orange
Beans and peas	Protein, starch, some minerals, fibre	B vitamins
Oilseeds	Fat, protein, fibre	B vitamins, some minerals
Fats and oils	Fat	Vitamin A if orange or red
Dark/medium-green leaves	Vitamins A and C, folate	Protein, minerals
Orange vegetables	Vitamins A and C	Fibre
Orange fruits	Vitamins A and C	Fibre
Citrus fruits	Vitamin C	Fibre
Milk	Fat, protein, calcium, vitamins	
Eggs	Protein, vitamins	Fat, minerals (not iron)
Meat	Protein, fat, iron	
Fish	Protein, iron	
Liver	Protein, iron, vitamins	

Source: King, F.S. and Burgess, A.1993. *Nutrition for developing countries*. Oxford, UK, Oxford University Press

ACTIVITY 4

THE CHILDREN'S DIET



30 minutes

To describe the children's diet it will be useful to have input from people who have a good idea of the eating habits of the *whole* community – for example, community workers. You will also get some ideas of children's diet from the Children's Data Sheet, B1.1 and B1.2.

1. **Variety and quantity** – What is the local diet like? Is it varied? Are there enough foods of the right kinds?

In Preparatory Unit 1 you looked at the Family Mixed Meal Guide, with the staple food at the centre and accompanying foods around it. You will find it again on the next page.

Using the Family Mixed Meal Guide, draw a similar picture of the children's diet, more complete than your description of the local diet in Preparatory Unit 1. How many different accompanying foods can you list?

2. **Frequency and number** – How many meals are eaten in a day?

Growing children need to eat frequently, with three meals a day and snacks between meals.

Draw a chart of children's normal day showing what they eat and how often, as in the example.

	Snack/drink	First meal	Snack/drink	Second meal	Snack/drink	Third meal	Snack/drink
<i>What meals</i>		✓	✓	✓	✓	✓	
<i>Time</i>		07.30	10.30	13.00	15.30	19.00	
<i>Food eaten</i>		Cereal Tea	Fruit Coffe	Sandwich	Tea	Meat and vegetables	

Your local diet	Snack/drink	First meal	Snack/drink	Second meal	Snack/drink	Third meal	Snack/drink
<i>What meals</i>							
<i>Time</i>							
<i>Food eaten</i>							

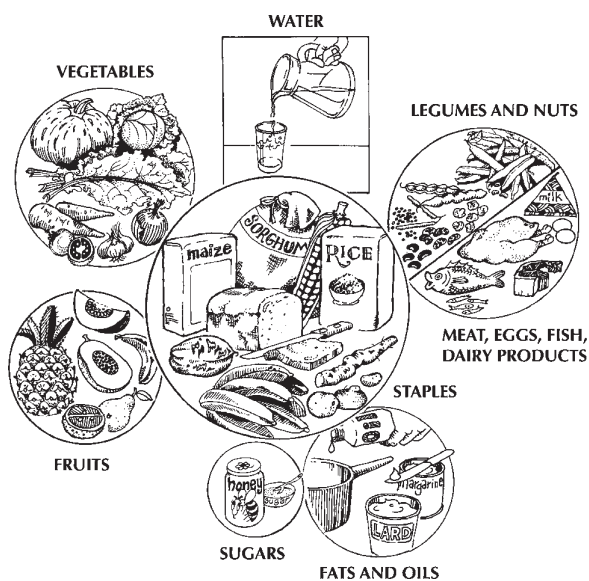
3. **Seasonality** – How does the diet change over the year? Does it lose some important ingredients at particular times of year, for example, very little fresh fruit in April and May, closed season for fishing in September and October? Make notes:

.....

.....

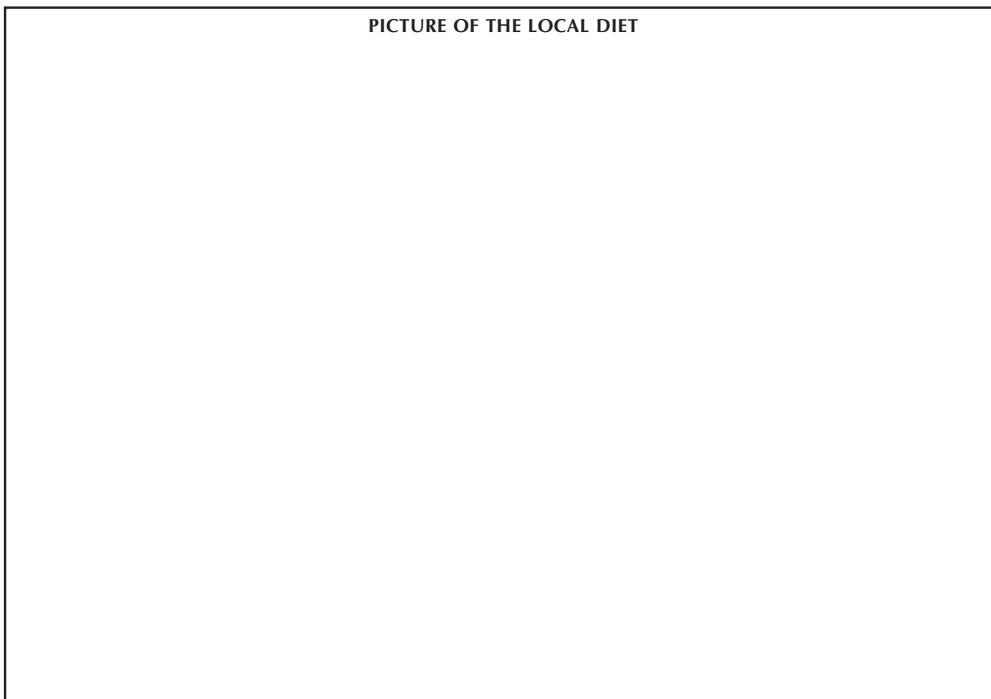
.....

FAMILY MIXED MEAL GUIDE



Draw a similar picture below, but give the specific local foods. For example, instead of “starchy staple” write “rice”, millet”, “cassava”; instead of “vegetables” write “pumpkin leaves”, “tomatoes”, and so on.

PICTURE OF THE LOCAL DIET



ACTIVITY 5

EVALUATING THE DIET



30 minutes

1. Look back at the diet description in Activity 4. Also, if necessary, consult the food values recorded in Activity 3.
 - Does the diet regularly include a variety of foods from different food groups at most meals?
 - Does it meet the needs of growing children – for food energy and nutrients?
 - Are any particular nutrients inadequate?
 - Are the meals frequent enough? Is there a good meal in the morning?
 - Is the diet badly affected at certain times of the year?
 - Can the food be thoroughly enjoyed and appreciated?

If not, what is missing or inadequate? Does this fully explain the nutritional problems identified in Activity 2?

To get other views, consult the Data Sheets for Teachers (B1.1 and B1.2), Parents (B1.1 and B1.2) and Health Professionals (B1.6 and B1.7) and note their combined opinions.

2. Summarize the children's dietary needs in the box below – e.g. *more healthy snacks; a good breakfast every day; fresh fruit all year round* etc. If you have any very specific recommendations – e.g. *more red palm oil, more pumpkin leaves* – include them in the appropriate place. You may also want “less” messages – e.g. *less fried food*.
3. Discuss the causes of the inadequacies in the children's diet – Lack of income? Lack of adequate food in the area? Poor health and sanitation? Lack of care? Lack of knowledge? Dislike of certain foods?

Try to find specific causes as well as general ones, e.g. *beans have low status*. Consult the Children's Data Sheet Point B1.3. Record these in the box.

Children's dietary needs

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.....

Causes of dietary problems

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.....

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20 minutes

1. Look back at the Dietary Guidelines in Preparatory Unit 1 (Factsheet 2). If you have your own national dietary guidelines, they should be on display. Identify any guidelines which very clearly apply to the schoolchildren.
2. Using your review of local foods in Activity 3, your picture of the local diet in Activity 4, and your evaluation in Activity 5, draw up similar guidelines for schoolchildren in your region – the most important messages for their diet.

Since children are often not responsible for what they eat, your guidelines will not be expressed as direct commands to children, like the Guidelines for adults, but as *Children should ...*

GUIDELINES FOR CHILDREN'S DIET

Children should...

[illegible]

ACTIVITY 7

SUMMING UP



20 minutes

You have now looked at the broad picture of health in the region, the special nutritional problems and their causes, children's dietary needs and specific dietary messages for schoolchildren.

How will your findings affect the classroom curriculum?

You should record your conclusions on the document **THE LOCAL DIMENSION** on the next page. This will be pinned up on the display to represent an extra dimension of the classroom curriculum. You can copy the document on the next page and then fill it in, or fill it in and then copy it.

Recording conclusions

Look back at the boxes you completed for Activities 1, 2, 5 and 6, i.e.:

- Local factors affecting health
- Malnutrition in the area
- Children's dietary needs
- Guidelines for children's diet.

Pick out the points that you think should have priority in the curriculum because of their local importance and urgency. You may consider:

- specific nutrients, specific food groups, particular meals and meal frequency;
- specific causes of nutrition problems;
- factors affecting health (e.g. sanitation) that can also be reached by education.

Be careful not to make the same point twice.

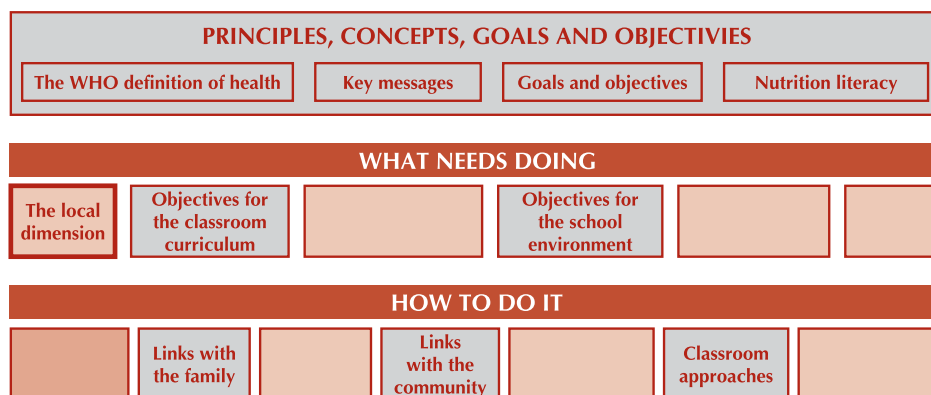
Record these in Part 1 of the document **THE LOCAL DIMENSION**. Leave Part 2 blank.

2. Pin up the document next to the **OBJECTIVES FOR THE CLASSROOM CURRICULUM** (see display diagram).

Presenting conclusions

Divide the points on the document between you and present them one by one, explaining why you have selected them. Make sure the whole group is in agreement that these points should be given special emphasis in the curriculum, with a view to making an impact on the local situation.

DISPLAY DIAGRAM



THE LOCAL DIMENSION

Part 1 **Special attention should be given in the school's education programme to these nutrition issues:**

Part 2 **The school should give educational support to these health/nutrition interventions:**

Part 3 **Local foods and food practices**

Local foods and food practices must be built into all classroom teaching about nutrition.

Yes ☐ No ☐

Establishing a local food information base should be an educational priority.

Yes ☐ No ☐

UNIT B2

HEALTH AND NUTRITION INTERVENTIONS AND LOCAL KNOWLEDGE



CONTENTS

1. Health and nutrition interventions
 2. Educational support for health and nutrition interventions
 3. Monitoring and referral
 4. Epilogue to E's case (optional)
 5. Monitoring and referral: the school's role
 6. Local foods and food practices
 7. Summing up
- Display Document: OTHER NEEDS
Key to Activities



WHAT YOU NEED

People

If possible, representatives of the local health services and the community services, together with any NGOs, aid agencies or other bodies which are organizing direct health or nutrition interventions in the area, and teachers' resource centres. Ask representatives to speak briefly about specific interventions and how they can be supported educationally. Teachers' resource centres should be called on to talk about information resources, the possibility of a food information base, and perhaps about the possibility of in-service training and materials development. Note that if this workshop is to be repeated, find some means of recording these inputs and storing them.

Information Your own information about the child health monitoring and referral systems, past and present; information about local food and food practices; knowledge of in-service training possibilities.

Course documents You will need:

- the School Questionnaire/Data Sheet
- the main display
- the LOCAL DIMENSION document from B1 (already on display)
- a copy of the OTHER NEEDS display document at the end of this unit.

Equipment Recording equipment if you want to record experts' talks.

UNIT B2

ACTIVITY 1

HEALTH AND NUTRITION INTERVENTIONS



20 minutes

What direct health and nutrition interventions are there in your area?

- Below is a list of possible interventions and programmes. Identify those which are active in your area and give details – e.g. how often, what kind, where, when. Say who is running them, give names of any contact persons if known and indicate if they could (or do) provide educational support for their interventions (e.g. leaflets, briefing material, posters etc.)

Intervention	Details	Provider, contact person
Deworming		
Dietary supplements (e.g. iodized salt, Vitamin A tablets)		
Medical screening for diseases or nutritional deficiencies/regular growth		
Immunisation/vaccination (against what?)		
Visits from the school dentist		
School meals service		
School health and safety inspections		
Water treatment/malaria control		
First aid kits/training		
Teacher training in health and nutrition issues		
Other (specify)		

- What particular health and nutrition interventions seem to be urgently demanded by the local situation you described in Unit B1?

HEALTH AND NUTRITION INTERVENTIONS URGENTLY NEEDED

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.....

.....

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ACTIVITY 2

**EDUCATIONAL SUPPORT FOR HEALTH AND
NUTRITION INTERVENTIONS**



Here are some examples of how schools have supported (or not supported) local health and nutrition interventions.

I remember there was a programme to give all the children Vitamin A capsules. The teachers gave them out in class. Some parents were worried about this, so they told the kids, "Take the capsule and put it in your mouth, but don't swallow it. Then when you get outside, spit it out in a bush." We only found out about this long afterwards.

We're lucky – we have an excellent school meals service. Although they're very busy they let us take our senior classes to the kitchens so that they can see the scrupulous hygiene precautions that are taken. Their officers also come and tell students how they plan the meals, and about the difficulties of providing meals that everyone will eat. It's an eye-opener for most of the children. If I have a nutrition lesson in the afternoon I always ask what the class had for lunch and we analyse it to see if it's "balanced". They can never see a meal again in quite the same way!

We don't have a school dentist but the Sister comes from the clinic once a year to demonstrate brushing teeth to the new pupils. The trouble is that at any one time a lot of the children are away. So some of the older pupils volunteer to watch the demonstration. Then they give their own practice talk while the Sister watches. They then do the demonstration themselves when she's gone. Some of them made a huge demonstration mouth and teeth and toothbrush out of bits of rubbish – the mouth is orange plastic, very realistic. They stick little bits of sweet potato between the "teeth" to show children what they're brushing away, and they also have a bad black "tooth" which falls out with a clang.

There is a big programme of food supplementation and de-worming in the next province. They've produced training courses for teachers and educational material to explain what they're doing – lessons and posters for parents. I picked some up at a meeting, but we can't use them because the programme hasn't reached us yet.

There is an agricultural project here which aims to provide a palm oil tree for every household. We met with them and worked out two lessons to give when they reach our area, so that people will understand how red palm oil will improve their health and also know how to process it. They will also bring along a seedling and plant it in the school, so eventually we'll be able to collect and process our own oil – if it survives.

ACTIVITY 2 *contd.*

1. Read the examples on the previous page – take one per group, read it and comment to the group as a whole.
2. Go back to the existing interventions you identified in Activity 1.
3. Divide into groups and take one intervention each. Spend a few minutes brainstorming how schools could *support* this intervention educationally and enter your ideas in the table below. You may also want to think of involving families and other members of the community.
4. Report back to the whole group.

[illegible]

ACTIVITY 3

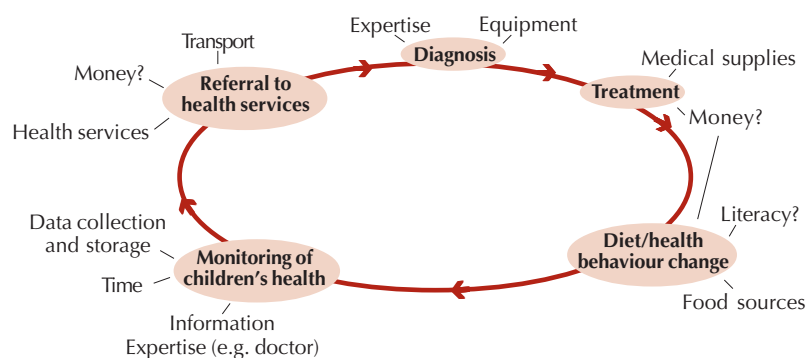
MONITORING AND REFERRAL



15 minutes

Look at the diagram *Health monitoring and referral* below (from Reader Unit B2). It illustrates a health monitoring system. Some of the important inputs and conditions are shown around the outside in italics.

Get a volunteer to talk through the diagram, or explain it to each other in pairs. This is in preparation for the next two Activities.



EPILOGUE TO E'S CASE



40 minutes

(Optional)

Note: 'E' is a girl. Choose a suitable name for her.

To illuminate the referral process, look at how it worked in a particular case.

The speakers below illustrate what happened about E's case (report in Preparatory Unit 2). They are the girl herself ('E'), her guardian uncle, her teacher, a local nutritionist, a school doctor, a hospital clinician, an NGO representative, a local nurse and the school head teacher.

Take one speaker each. Read the speaker's description of how events unfolded.

1. Identify who is speaking – write the name next to the speaker.
2. Underline the “health interventions” referred to.
3. Identify the weaknesses in the system and locate them on the diagram of the health monitoring system in Activity 3.
4. Exchange your insights. You will find our comments in the KEY.
5. Compare your situation with that in the case study. Discuss what needs improving and what are the main general constraints on safeguarding children's health.

Speaker:

‘I saw 40 children in E's school. I have a population of 10 000 on my lists and more than half of them are kids! This was my first visit to the school so I couldn't tell if the kids had improved over the last year. The school should keep records but the head teacher told me they were lost in a flood last year. However, I know most of the children here have been vaccinated against polio. Some of them are abnormal on the height/weight charts. ‘E’ was one. I couldn't do any reliable screening because I don't have funds or time at the moment. I had to move on to the next village. I alerted the district health authorities though, about possible nutritional deficiencies and worms.’

Speaker:

‘I was suspicious that health or family problems may have explained E's lack of achievement and I was worried about her absenteeism. So I sent a letter home with the child to see if we could meet and discuss her problems. After ten days I hadn't received a reply. After another few days of absence I decided to visit E's family. E was looking after the small ones when I arrived. I spoke to her aunt and uncle, who seemed concerned. They mentioned she wasn't eating fish and said they'd noticed her irritability but didn't know the cause. I suggested they take her to see the local nurse because she didn't look well and since the doctor's visit I'd noticed the swelling in her throat.’

ACTIVITY 4 *contd.*

Speaker:

“When ‘E’ came into the clinic I thought she looked pale. Her aunt told me the teacher had passed by their place and suggested the girl be brought here, but she hadn’t been able to make the 15 kilometre trip because they had been too busy. Seeing that her niece was getting worse – she was feeling weak and had diarrhoea – she took time off from work and got a lift with a market farmer. I didn’t like E’s swollen throat and all these infections she’d had recently, but I didn’t feel I could do much in E’s case. I’ve had no supplies for over a month now. She needed to see a doctor and have some tests. I gave them some leaflets which the nutrition officer had left explaining the need for a variety of foods to have a healthy diet. I’m not sure the aunt can read very well, however. E’s aunt wanted to get medicine from a local vendor but I told her this was risky. I referred her to the hospital in town even though it was a long way. Fortunately I know the driver of an NGO jeep which goes there once a week so I arranged a lift. Her aunt was worried about getting back but thanked me for my trouble and took the ride to town.”

Speaker:

“‘This won’t hurt at all. We’re just going to get a little blood to see how you are.’ ‘Ouch!’ The blood test showed Judith had an iodine deficiency. We prescribed salt with iodine. We alerted the district medical authority and the school – these cases aren’t usually isolated. Some kind of screening would be useful if they can get the funds. She needed de-worming too. We sent a letter to the subdistrict nutrition officer working in E’s area, who has links with the school nutrition education programme. The relief organizations in the province may also help. I doubt it though! Still, we’ll contact them anyway.”

Speaker:

“The district health office contacted me about the diet-related health problems in the local school. I’ve distributed a thousand nutrition education leaflets this last month – in clinics, offices, schools, markets. We have recently begun a nutrition education programme and we planned a food week presentation for the parents and community – it seemed a good idea to involve the local health workers and coordinate their screening programme with the event. An NGO I contacted might be able to supply some extra dietary supplements on this occasion. Our stocks are down. I’ll keep my fingers crossed! I have informed the school – the head teacher is sensitive to these issues, which makes it easier for me.”

Speaker:

“The nutritionist called and asked if we could supply some more iodine-fortified salt for a school and community food programme. We said we had some reserves and would discuss whether we could supply some for one or two months. However, we don’t usually do this. We might also contact the WHO project in the area to find out what other supplies can be tapped. The school contacted us to see if we would like to talk about our irrigation and agriculture project at a food fair the classes are organizing. I said we could take the kids out to the field instead. Transport could be a problem.”

UNIT B2

ACTIVITY 4 *contd.*

Speaker:

‘We got a letter today asking if we can go to E’s school for a school food programme – they want to talk about the children’s diet and what we can do to make them grow healthy. We are giving her the salt they gave us in town with her soya and vegetables and she even eats a bit more fish nowadays. She’s read the leaflets the nurse gave us. The teacher has helped too. My wife is happy about the change. Another thing is that E hasn’t had diarrhoea since her de-worming. E’s teacher also asked me if she could bring her class out here one day to see our fishing cooperative and how we bring in and clean the catch! It sounds crazy to me – but I’ll tell her OK because she’s been good to us and E.’

Speaker:

‘I just wanted to tell you all that we have received a message from the district health authority that they want to do some screening tests for our children. They suspect we may have a few cases of iodine deficiency. They would like to give some practical demonstrations on how to cook and store food safely. We suggested they come during our food week next month. Can someone organize a space for them on the programme, and inform the parents? Oh, I nearly forgot, the NGO might also come to distribute salt to families. There’s a field trip too we need to talk about, and the nutritionist will be giving some talks on healthy diet.’

Speaker:

‘We’ve started our nutrition education programme and today we made some posters for the food fair. Everyone is going to come and see our work. I saw the nurse at school again yesterday and she said I looked much better than when she saw me two months ago. I’ve put on weight too. She gave a talk to our class about how important it is to wash hands before eating, and measured the arms of the younger kids and wrote their measurements in a register. She’s really friendly and I hope she comes back soon. She’s going to come to the fair too because we invited her.’

ACTIVITY 5

**MONITORING AND REFERRAL:
THE SCHOOL'S ROLE**



1. What role does your school play in the health monitoring system? Discuss and produce a short description of the school's role. Consult Point B2.1 in the School Data Sheet.

THE SCHOOLS' PRESENT ROLE IN THE CHILD HEALTH MONITORING SYSTEM

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2. Are there any ways in which schools could act to improve the child health monitoring system? This may be no more than starting a dialogue with the health services, or resurrecting the "sick book" for recording absences. Make a few notes below.

WAYS TO IMPROVE CHILD HEALTH MONITORING

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3. Can you see any need for teacher education here? For example, in:

- growth monitoring?
- detecting signs of malnutrition?
- sounding children out about their diet?
- knowing what action to take and who to talk to?
- handling parents tactfully?

Make a few notes in the box below.

TEACHER EDUCATION NEEDS FOR HEALTH MONITORING AND REFERRAL

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LOCAL FOODS AND FOOD PRACTICES



20 minutes

Everyone in nutrition education needs knowledge of local foods and food practices. The table below is a means of collecting information about any particular food consumed locally. An explanation and example are given on the following page.

Food (e.g. banana, chicken):.....						
Nutritional value (what is it rich in?):.....						
Social value (is it valued? what is its social role?):.....						
	Acquiring	Storing and preserving	Marketing	Preparing and serving	Consuming	Waste disposal
Who does it?						
When?						
Where?						
How?						
How often?						
How much?						
Cost?						
Problems?						

- Notes: 1. "Food" includes food hunted, grown, raised (animals), gathered, bought, and water supply.
 2. "Acquiring" means hunting, growing, raising, gathering, collecting or purchasing.
 3. "How" includes processes and also precautions, in particular hygiene precautions (e.g. handwashing, covering food).
 4. "Cost" means cost in terms of time or money.

1. What should we know about the food we eat?

- Look at the explanation and example on the next page.
- Divide into small groups and select one local food each.
- Decide what teachers and children need to know about it, and fill in the table with question marks. These marks indicate which particular questions need answering.
- Discuss where teachers and children could find out the information. Also consult any available documentation (e.g. descriptions of regional food and food practices, tables of nutritional values, surveys).
- Report back.
- Read the note on the *Local food information* base on the next page. Is this idea desirable in your area? Is it feasible? Discuss.

2. Finally, discuss and answer the questions in the box below.

ACTIVITY 6 *contd.*

LOCAL FOODS AND FOOD PRACTICES

Are schools sufficiently well-informed about local foods and food practices?

Is full information about local foods and food practices available to schools?

Do local foods and food practices get enough attention in the curriculum?

Is there a need for a local food information base? Is it feasible?

“Our food” table

The table can be completed for any food item consumed in the area. The nutritional content and social value of the food are recorded in the first row. Below this, the horizontal dimension represents the “food path” (from acquiring food to consuming it and disposing of what’s left) and the vertical dimension asks questions about the social practices relating to it.

However, for any given food only some questions are relevant. As an example, take iodized salt. We need to know its nutritional value, who sells it locally and why it is needed. We are interested in the cost, in how to keep it dry and in how much we should use. We also want to know whether people recognize its value – do they perceive it as an expensive luxury? There may be problems acquiring it, as sometimes ordinary salt is fraudulently labelled as iodized.

The table has been marked with these question: the question-marks indicate what needs to be known about iodized salt in the framework of local nutrition. The table now represents the “local research programme” for this food item.

Our food (e.g. banana, chicken):.....						
Nutritional value (what is it rich in?):.....						
Social value (is it valued? what is its social role?):.....						
	Acquiring	Storing and preserving	Marketing	Preparing and serving	Consuming	Waste disposal
<i>Who does it?</i>	?	?				
<i>When?</i>						
<i>Where?</i>	?					
<i>How?</i>		?				
<i>How often?</i>						
<i>How much?</i>				?	?	
<i>Cost?</i>	?					
<i>Problems?</i>	?					

Notes:1. “Food” includes food hunted, grown, raised (animals), gathered, bought, and water supply.

2. “Acquiring” means hunting, growing, raising, gathering, collecting or purchasing.

3. “How” includes processes and also precautions, in particular hygiene precautions (e.g. handwashing, covering food).

4. “Cost” means cost in terms of time or money.

A local food information base

This kind of information can be the foundation for a “Local food information base”, which can include factsheets, drawings, maps, posters, interviews, pictures and so on. Such information can be collected, on a small scale or a large scale, by inspectors, resource centres, teachers and children. Actually finding out is the educational part – for both teachers and children.

ACTIVITY 7

SUMMING UP



30 minutes

You have now looked at three further elements of the local situation:

- what health and nutrition interventions there are and how to support them educationally;
- how the local health monitoring system works and what role the school can play in it;
- the importance of local foods and food practices in the curriculum.

The needs identified here can now be added to the display you are building up.

Some of these needs are directly concerned with the content of the curriculum and these will be entered in Parts 2 and 3 of the document **THE LOCAL DIMENSION**. This should already be on display next to the **OBJECTIVES FOR THE CLASSROOM CURRICULUM**.

Other needs are less directly involved with classroom content, for example, improving the health monitoring system, training teachers. These will go into a new document called **OTHER NEEDS**. A copy of this document is attached to this unit. Photocopy it or hand copy it so that it too can go on display.

Recording conclusions

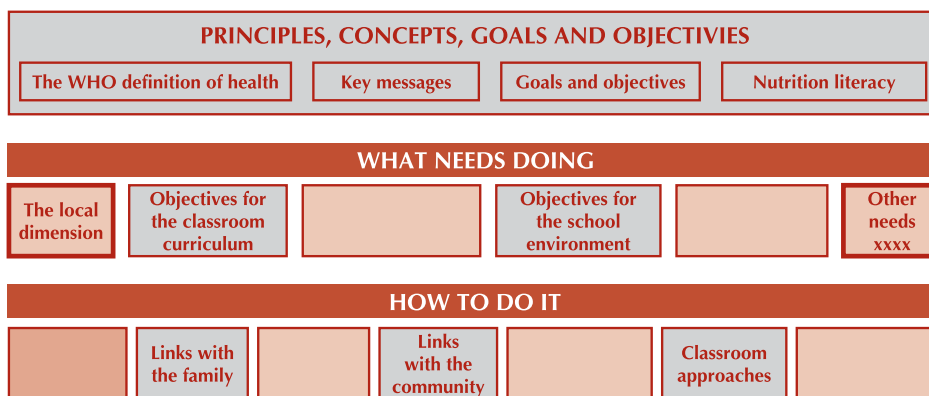
1. Look back at the second page of Activity 2, *Educational support for nutrition interventions*. Enter your conclusions in **THE LOCAL DIMENSION** document, Part 2.
2. Look back at the box you completed for Activity 6, *Local foods and food practices*, then accept or reject the statements in **THE LOCAL DIMENSION**, Part 3 – select “Yes” or “No”. This decision should not be taken lightly! If you accept the statements it will mean that these will become part of your action programme. Leave **THE LOCAL DIMENSION** on display next to the **OBJECTIVES FOR THE CLASSROOM CURRICULUM**.
3. Look back through the whole unit. Can you identify:
 - a) any special needs for teacher education?
 - b) any other needs which are not within the school’s control, for example, particular health interventions or improvements in the health monitoring system?

Enter these on the new sheet **OTHER NEEDS** at the end of this unit, or on a copy of it.

4. Pin up the **OTHER NEEDS** document to the right of the document display, near to **OBJECTIVES FOR THE SCHOOL ENVIRONMENT** (see display diagram).

Presenting conclusions

Divide up your new recommendations between you and present them to the group. Fix a time limit for each presentation. Make sure that the group is in agreement.

DISPLAY DIAGRAM

DISPLAY DOCUMENT

OTHER NEEDS

The needs recorded here are not solely within the control of the school. The purpose of this list is to provide an agenda for discussion with relevant authorities for improving the health and nutrition situation in schools. They include specific needs for teacher training.

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.

KEY TO ACTIVITIES FOR UNIT B2**■ ACTIVITY 4 *Epilogue to E's case***

Although E's case was resolved happily, it reveals some limitations in local health resources. Some are simply scarce (e.g. school doctors and general medical supplies) and there are difficulties of access (getting transport, having no telephone, finding time to take a child to the clinic). Some services (e.g. screening) seem to have been suspended, and something has gone wrong with the records. Sometimes supplies are erratic or the interventions are of limited duration.

On the other hand, the necessary services are in place, and the case reveals a high level of coordination and communication between school and local health providers, a fairly dynamic can-do atmosphere, and a lot of goodwill. The culture of cooperation and endeavour sometimes goes well beyond normal institutional cooperation (lifts in the NGO jeep and gifts of iodized salt, for example!).

UNIT B3

LINKS WITH FAMILY AND COMMUNITY



CONTENTS

1. Involving the family in nutrition education
 2. General links with families
 3. Links with families for nutrition education
 4. Nutrition events and activities involving the community
 5. General links with the community
 6. Health resources
 7. Community links for nutrition education
 8. An aware, informed school
 9. Problems
 10. A School Health and Nutrition Committee
 11. Summing up
- Display Documents: LINKS WITH THE FAMILY: *Approaches*
LINKS WITH THE COMMUNITY: *Resources and Approaches*
- Key to Activities



WHAT YOU NEED

<i>People</i>	Very welcome in this session will be representatives of families, health services, community services and any NGOs or organizations active locally in the areas of health and nutrition. Inputs from any of them (to a maximum of 10 minutes) would be desirable. If this workshop is to be repeated, find some means of recording these inputs and storing them.
<i>Information</i>	Your own knowledge of relations between schools and the family and community.
<i>Course documents</i>	The Parents, Teachers and School Data Sheets. Copies of the documents at the end of this unit LINKS WITH THE FAMILY: <i>Approaches</i> , LINKS WITH THE COMMUNITY: <i>Resources and approaches</i>
<i>Equipment</i>	If possible, equipment to record speakers.

30 minutes

1. What nutrition “events” do these texts refer to? Discuss this in small groups and write your answers in the box below. How might families be involved in these events?
2. Think of any other nutritional events or initiatives which schools and families could undertake together. Remember it is a two-way process – schools can learn from families as much as families can learn from schools. Write some more suggestions in the box.
3. When you have finished, pool your suggestions. Then compare them with the checklist of activities in the KEY.

NUTRITION ACTIVITIES INVOLVING FAMILIES

This image shows a full page of white paper with horizontal dashed lines, typical of notebook paper. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

ACTIVITY 1 *contd.*

Appeal for recipes

Class Four is making a collection of “Best Recipes” to put in a little book.

“Best” for us means:

- Delicious
- Nutritious
- Not too expensive

Can you contribute a good recipe?

Next week’s school menu

Monday

Tuesday

Wednesday

**Prato Primary Food Fair
18 March**

Bring and buy your favourite food!

Win a prize for best vegetable, best snack!

Watch demonstrations of delicious low-cost meals!

DRAMATIC SKETCHES
SONGS
PARADE
COMPETITIONS
DISPLAY OF WORK

Can you contribute? We need help with costumes, cooking, organization...

Contact the Head Teacher.

Homework

Ask three members of your family what fruit they eat, how much and when. Put their answers in the table.

Family member	What kind of fruit?	How many last week?
e.g.: <i>brother</i>	<i>bananas</i>	<i>four</i>
.....
.....
.....

Prato Primary School,
Field Estate, Prato

Dear Mrs Kai

Very many thanks for your help with raising funds for the school breakfast programme.

You will be glad to learn that we now have enough sponsors to provide a free breakfast for nearly half the children. In addition, three local firms are prepared to donate regular quantities of milk and cereals...

(Poster)

Parents!!!

Have you any experience of:

- *agriculture/ hunting/ fishing?*
- *selling food?*
- *preserving or canning food?*
- *professional cooking?*
- *living abroad?*

We may need you! Please contact a class teacher before you leave the school.

UNIT B3

ACTIVITY 2

GENERAL LINKS WITH FAMILIES/PARENTS¹

30 minutes

In the following two activities we look at the objectives for LINKS WITH THE FAMILY which you first met in Phase A. This document should be on display, with particularly important objectives marked.

The questions here are:

- What can schools do towards these objectives?
- What are the difficulties?

“I think of the school’s relationship with parents as curved like a hammock. At the beginning, parents are very interested and supportive, then interest slackens off, and then when exams come round at the end they get anxious and start visiting again. So I try to keep them interested all the way through – to straighten out the hammock, so to speak.”

– Primary head teacher

The first two objectives concern *general* relationships. How satisfactory are these in your schools?

1. Discuss the questions below for Objectives 1 and 2 and describe your present situation in the second column of the table. Consult the Data Sheets for Parents (Points B3.1 and B3.2), for Teachers (Points B3.1 and B3.2) and for the School (Point B3.1) to reinforce your views.

Objective 1: Generally, to provide dynamic, positive and productive school/family links

Do parents generally participate in the life of the school? Do teachers and parents expect to collaborate with each other? Are there frequent contacts between school and parents? Are parents often involved with children’s learning through homework? What are the difficulties in maintaining good relations with parents?

Objective 2: To support an active parent-teacher association or similar structure.

Is there a PTA? Is it active? Is it representative? Does it maintain good contacts with the rest of the parents? Is it interested in what children learn? Does it have good contacts with the community? Are there difficulties?

2. Think of specific actions the school can take, or approaches it can adopt, which will help towards the objective. Enter them in the third column.

¹ “Parents” here is used to mean “caregivers”, i.e. whoever in the home is responsible for the child’s welfare.

LINKS WITH FAMILIES FOR NUTRITION EDUCATION



30 minutes

The remaining “family objectives” (set out on the next page) are about nutrition education in particular. If your school does not have a nutrition education programme, they will not apply at the moment. In your discussion you are mainly assessing potential. The questions are: *How can the school meet these objectives? What approaches can it adopt?*

Divide into groups, taking one objective for each group. Discuss each objective and the questions it raises. Then complete the table on the next page. To inform your discussion, consult the Data Sheets for the School (Point B3.2), the Parents (B3.3, B3.4 and B3.5) and the Teachers (B3.3a).

Objective 3: To ensure that parents and families are aware of the school's nutrition education goals, policy and curriculum.

Can parents be involved in formulating school health and nutrition goals and policy? Can they disseminate it to other parents and discuss it with them? Do parents and families know what their children learn at school about health and nutrition? Would they be interested in sitting in on lessons? Would the school approve of this? Can the school explain to parents what their children will be learning so that parents can match it with their own ideas and practices, understand the purpose of the teaching, and discuss how to support it?

Objective 4: To raise parents'/families' awareness of the family's role in nutrition education.

Do parents/families recognize their central role in nutrition education? Can schools promote the idea of partnership and make connections between learning at home and at school? If so, how?

Objective 5: To encourage pupils to discuss and disseminate at home what they learn about nutrition at school.

As well as “disseminating”, pupils should be finding out at home about local food and food practices. Is this kind of homework possible? Are parents ready to enter into dialogue with their children about what is eaten and why? Will families tolerate this kind of intrusion into their privacy?

Objective 6: To involve parents/families directly in school nutrition education activities.

Are parents already involved in food preparation and demonstrations, in school trips, in Open Day exhibitions? Will there be any problems here? How can their interest be stimulated?

ACTIVITY 3 *contd.*

Objective 7: To ensure that parents'/families' skills, knowledge, practices and beliefs are explored.

Is the school and its teachers prepared to engage in the long-term process of finding out what parents and families think, believe, know and do? How can they do this?

Objective 8: To ensure that parents'/families skills, knowledge, practices and beliefs are used by the school.

Does the school know what parents and families have to offer in terms of nutritional skills, experience and specialist knowledge? How can it find out? Is it able to use this expertise? If so, how?

Objective 9: To ensure that teachers and school staff are aware of the importance of parents/families in nutrition education.

The teachers are in the front line for contact with parents. Do they recognize the family's importance in nutrition education? How can awareness be raised? Can they handle families tactfully so that parents will be keen to collaborate?

Objective	Difficulties?	What can the school realistically do towards this objective? What approaches can it adopt?
3. To ensure that parents/families are aware of the school's nutrition education goals, policy and curriculum.		
4. To raise parents'/families' awareness of the family's role in nutrition education.		
5. To encourage pupils to discuss and disseminate at home what they learn about nutrition at school.		
6. To involve parents/families directly in school nutrition education activities.		
7. To ensure that parents'/families' skills, knowledge, practices and beliefs are explored.		
8. To ensure that parents'/families' skills, knowledge, practices and beliefs are used by the school.		
9. To ensure that teachers and school staff are aware of the importance of parents/families in nutrition education.		

20 minutes

Here are some examples of school-community collaboration for nutrition education:

- Think of other nutritional events and initiatives involving both school and community. Consult your own experience. Fill in the box below with some suggestions. Pool your ideas, then compare them with the checklist in the KEY.

NUTRITION EDUCATION EVENTS INVOLVING THE COMMUNITY

[illegible]

ACTIVITY 5

GENERAL LINKS WITH THE COMMUNITY



20 minutes

In the next four activities we return to the objectives presented in Phase A for LINKS WITH THE COMMUNITY. These should already be on display. What can realistically be done to achieve these objectives, and in particular those which you have prioritized?

The first objective concerns the *general* relationship with the community.

1. What current links are there with the community? Use the table below as a checklist. Say what links there are (in the second column) and what they are for (in the third column). If you have a completed School Data Sheet, call on Column B in Point B3.3 to reinforce your conclusions. Teacher Data Sheet Point B3.4 is also an indicator.

	<i>Link with – ?</i>	<i>For what purpose?</i>
Local events		
Local media (radio/newspapers/TV)		
Local government services		
NGOs, aid agencies and voluntary organizations		
Youth organizations		
Community health and sanitation services		
Producers (e.g. farms, mines)		
Manufacturers (factories, processing plants)		
Shops, distributors, retailers		
Professional agencies, lawyers, accountants, etc.		
Religious organizations		
Other (specify)		

2. Does this picture represent very extensive, fairly extensive, or not very extensive links with the community? What are the problems? What can be done to improve this general relationship? Discuss, and complete the box below.

Objective	Community resources	How can the school promote this objective?
1. Generally, to develop and establish dynamic, positive and productive school-community links		
Problems		

HEALTH RESOURCES²

30 minutes

Objective 2 for community links concerns health resources. Apart from direct health interventions, what other resources are there?

1. What are the health resources in your area? What links already exist? What other links could be established in order to promote nutrition education? Discuss and complete the table below. You may find some answers in the School Data Sheet, Point B3.4.

<i>What is there? For example:</i>	<i>What can/do they provide? For example:</i>
Hospitals, clinics Doctors, nurses, chemists A community nutritionist A community counsellor Dental service School Health Service Water Board, Public Sanitation Office Health and Safety Inspectorate	Advice and information Talks and demonstrations Leaflets and posters Training Membership of school committee Other

2. Summarize the potential for nutrition education in the box below, and also discuss the problems.

Objective	Community resources	How can the school promote this objective?
2. To utilize the potential of community health services related to nutrition education – information, materials, advice, talks.		
Problems		

² If you are short of time, divide this survey of the situation into two - one group does Activities 6 and 8, the other does Activity 7.

ACTIVITY 7

COMMUNITY LINKS FOR NUTRITION EDUCATION



30 minutes

What else do your communities have to offer for nutrition education?

Objectives 3 to 6 have to do with the other people and organizations in the community that can be seen as resources for nutrition education. These are described in detail in the table *Local community resources* in the Reader, Unit B3, Table 14.

1. Form groups and share out the types of resource among the groups.
2. Read, one by one, the relevant descriptions in the table *Local community resources*.
3. For each, discuss what resources exist in your area, what potential they have for nutrition education, and what problems arise. Give concrete ideas if possible. Make notes in the table below. You may find the necessary information in Point B3.3 of the School Data Sheet.
4. Come together to share your findings. Highlight the best ideas.

Types of resource (numbers refer to objectives)	Community resources	How to promote links for nutrition education?
3. Local government Name local government projects, local representatives of ministries and departments.		
4. NGOs, aid agencies, charities Give names of relevant projects and organizations.		
4. Religious organisations Name churches, religious organizations, religious festivals.		
4. Youth organizations Name any relevant local organizations.		
5. Food producers Name big and small producers, especially of products typical of the area.		
5. Food processors Name both big and small enterprises.		
5. Food distributors and sellers Name retail outlets close to the school.		
6. Local media Give names of local radio and TV stations, newspapers and magazines.		
6. Local events Name the most important events and say when they take place.		
Other human resources Name specific people with relevant knowledge and skills.		
Problems		

ACTIVITY 8

INFORMED, AWARE SCHOOLS

20 minutes

Objectives 7 and 8 concern the schools themselves. Discuss the questions below and then complete the box at the bottom of the page.

Objective 7: To ensure that teachers and school staff are aware of the importance of the community in nutrition education.

- a) How aware are teachers and school staff? Consult Teacher Data Sheet B3.3(b).
- b) What are the best ways to convince them? For example:
 - Demonstration – for example, model lesson demonstrations, visits and talks?
 - Lesson materials with built-in outreach activities?
 - Encouraging outreach initiatives by individual teachers?
 - Group workshops on incorporating outreach elements into existing materials?
 - Discussion of the school's nutrition education programme with community members?
 - Other ideas?
 - What are the problems?

Objective 8: To enable the whole school to become well informed about local food and food practices.

- a) How well-informed are school staff about local food and food practices?
- b) What are the best ways to improve their knowledge? For example:
 - Homework in which children explore what people think and do?
 - Group workshops for teachers to pool knowledge on existing curriculum topics?
 - Projects to investigate particular foods and food practices?
 - Training for school staff?
 - Briefing materials?
 - Other?
 - What are the problems?

Objective	Community resources	How can the school promote this objective?
7. To ensure that teachers and school staff are aware of the importance of the community in nutrition education.		
8. To enable the whole school to become well informed about local food and food practices.		
Problems		

20 minutes

Is such a committee feasible in your school?

- What would the membership be?
- Is transport a problem?
- Do people have enough time?
- Do they normally turn up to meetings?
- Is there a tradition of intersectoral cooperation?
- Are there other problems?
- What size of group would be best?
- What might be the first items on the agenda?

Discuss these questions briefly and write a general recommendation in ONE of the boxes below.

SCHOOL HEALTH AND NUTRITION COMMITTEE

It is not feasible to establish a School Health and Nutrition Committee at this time because:

[illegible]

It would be desirable to establish a School Health and Nutrition Committee soon because:

[illegible]

ACTIVITY 11

SUMMING UP



30 minutes

You have now reviewed the objectives for links with both family and community and have identified actions and strategies for moving towards these objectives.

Your conclusions are to be recorded on the two display documents at the end of this unit: LINKS WITH THE FAMILY: *Approaches* and LINKS WITH THE COMMUNITY: *Resources and Approaches*. These will be added to the display, so you will need “pin-up” versions. Either fill in the documents and then copy them, or make copies of the blank documents and then fill them in.

Recording conclusions

1. School-family links

- a) Look back at your ideas for what schools can realistically do to achieve the objectives for school-family links (Activity 2, first page; Activity 3, second page). Review them together and make a selection. Choose those that (i) contribute to the objectives you decided were high priority, and (ii) seem most realistic and feasible. Don't be too radical, but on the other hand don't be too conservative – any interesting initiative can be adopted on a small scale.
- b) Enter your conclusions in LINKS WITH THE FAMILY: *Approaches*.
- c) Pin up this document next to the document LINKS WITH THE FAMILY: *Objectives* (see the display diagram on the next page).

2. School-community links

- a) Review your ideas for making use of community resources in Activities 5, 6 and 7 and make a selection. Choose those that (i) contribute to the objectives you decided were high priority, and (ii) seem most realistic and feasible. As before, don't be too radical, but don't be too conservative. If you have some good resources but no idea how to use them, include them in the *Resources* column.
- b) Enter your conclusions on the document LINKS WITH THE COMMUNITY, Part 1.
- c) Review Activity 8 and pick out the best strategies from the third column. These should go into LINKS WITH THE COMMUNITY, Part 2.
- d) Finally, enter your decision about establishing a School Health and Nutrition Committee in Part 3 of the document.
- e) Pin up the document next to LINKS WITH THE COMMUNITY: *Objectives* (see the display diagram on the next page).

3. Other needs

Look through the ideas you have displayed in these two documents. Do you see any other need coming out of your recommendations? For example is there a need

UNIT B3

ACTIVITY 11 *contd.*

for teacher training in any areas? Is there a need for specific materials? Add them to the list in the display document OTHER NEEDS.

Presenting conclusions

Get volunteers to present the selected approaches for both family and community, explaining the reasons for the group's choices and referring to the documents on display. Allow a maximum of five minutes each.

DISPLAY DIAGRAM

LINKS WITH THE FAMILY

[illegible]

LINKS WITH THE COMMUNITY

RESOURCES AND APPROACHES

PART 1

Objective 1-6	Community resources	How can the school promote this objective? (links, approaches, activities)

PART 2

Objectives 7-8		
	How can the school become more aware of the value of the community in nutrition education and the need for information about local food and food practices?	

PART 3

Objective 9		
	Should a School Health and Nutrition Committee be established?	

KEY TO ACTIVITIES FOR UNIT B3

■ ACTIVITY 1 *Schools, families and nutrition education*

Checklist of school nutrition activities with potential family and parent involvement

Families can:

- give talks/demonstrations in class*
- advise on the school garden*
- provide healthy food for children at school*
- provide samples of food, containers, labels and so on for children to take to class
- discuss their own attitudes to children's nutrition and nutrition education
- attend demonstrations and talks about nutritious meals
- come in to school to cook or help, e.g. in the tuckshop or school garden*
- help with school trips
- plan, help with, participate in school nutrition fairs and festivals*
- help with nutritional projects or homework*
- give children information about foods, food preparation, etc.
- liaise with community contacts on school nutritional matters and school projects*
- plan school menus and feeding schemes*
- raise funds for nutritional purposes
- act as class representatives (discussing school nutrition issues with the class and head teacher)
- act as parent representative on the School Health and Nutrition Committee or PTA*
- discuss school nutrition and health policy in open meetings.

(*events which may call on families' nutritional knowledge or expertise)

UNIT B3

KEY TO ACTIVITIES *contd.*■ ACTIVITY 2 *General links with parents and families*

3. Problems

Problem	Solutions
<i>Parents are not interested</i>	Really? How do you know? Find out by sending out feelers of different kinds. Ask for small tokens of interest, e.g. a food label, a list of vegetables that are eaten at home, or a comment on their own diet when young. Demonstrate respectful interest in what parents know, think and feel. Get children to do homework which involves asking about, drawing and writing about home practices.
<i>There's no tradition of parent-school cooperation</i>	Start small. Open up a channel of communication that is enjoyable to both sides and involves no commitment, e.g. invite both teachers and parents to a talk by an outside speaker, with discussion in groups after the talk and a report-back session afterwards. Appeal for parents with special knowledge of food and eating (farming, cooking, preserving, processing) to come forward. Invite some to the school to talk to teachers and/or children.
<i>Parents can't teach, so it's no use inviting them to the school to give talks.</i>	Some can. Some can give good demonstrations (e.g. how to plant seeds or prepare cereals). Some have photos to show and some can answer questions, if the children know what to ask. Try them out on a small group of children first, or invite them to a discussion session with several speakers in a panel.
<i>It's difficult to communicate with parents: some are semi-literate and don't reply to letters.</i>	Make sure all communications are in pictures as well as words. Explain the pictures to the children so children can explain it to parents. Get children to memorize important messages.
<i>Many parents live far away or work very long hours and can't come to the school.</i>	Start a parent grapevine, so parents keep in touch with other parents: this keeps parents involved and also saves the school a lot of effort. Always thank parents warmly for any contribution they make. Make displays of children's work to attract parents to the school.

■ ACTIVITY 4 *Links with the community for nutrition education*

Checklist of nutritional events and initiatives involving communities

- sponsorship, donations, prizes, funding for nutritional events;
- local visits – local farms, markets, shops, firms, factories, plants;
- talks and demonstrations given in class by local experts;
- nutritional information and expert advice;
- teaching materials and leaflets;
- publicity for school nutritional events;
- provision of healthy food;
- provision of training, jobs, work experience;
- planning and organizing nutritional events in the community – concerts, festivals, exhibitions;
- opportunities for children to observe – e.g. market stalls, vendors, cafés, fields, hunters etc.

KEY TO ACTIVITIES *contd.*

■ **ACTIVITY 9** *Problems*

Problem	Solutions and strategies
There is very little information available from health resources.	For educational purposes, a good web site may be worth several clinics – try the WHO web site. Get access to a computer – computer-addicted children will gladly find anything you want in their own time). Contact international organizations for educational material.
Local health professionals are not interested, or overworked, or far away.	Try flattery. If they can't come to you, tape-record children's questions and tape-record the health worker's answers. When health professionals are due to make an official visit, exploit it by preparing in class and ask for five minutes of the professional's time to answer children's questions.
Local health professionals are willing to come, but they are terrible speakers.	Set up the event to avoid disaster. For example tell them to bring something visible to illustrate their points (pictures, models, objects, posters). If it doesn't offend their dignity, ask them to sit down with the children around them so as not to be intimidating. Ask them to speak for not more than five minutes, then answer questions. Prepare the children to ask the questions. Alternatively, get the visitors to come and talk to teachers first – this will reveal if they are good enough to talk to children!
Local radio and news-papers are not interested.	They will be interested if you give them an event which makes a good photograph or sound-bite. Using the media means playing by their rules. A good "media event", for example, would be a competition for the best-dressed vegetable in which children parade with posters about vegetables and sing a vegetable song. You should have something short and interesting already written, ready to print, and a few quotable answers to interview questions.
Private companies are too busy and won't respond.	Use the favour system – get contacts through parents, get a V.I.P. to make the approach for you, ring up Head Office, and impress on them that you are speaking on behalf of tomorrow's consumers. Ask if the children can come and interview someone – promise a mention in the local press. If you can't speak to the managers, try the employees. If you can't get special access, get children to observe in legitimate ways – for example, by comparing prices of meats in a shop, observing irrigation systems, or watching the baker at work.
Teachers are not accustomed to liaisons with the community.	Break them in gently. Organize a project based on a local event and invite contributions and suggestions from teachers. Listen to doubts and objections. Get feedback afterwards and ask for ideas on improving the project.
We haven't got time to organize all these things.	Trips, projects, events and so on should be treated as teaching time. Make a case to the education authorities for extra paid time for coordination. Set up working groups and use the energies of helpers, parents, and children.

UNIT B4

THE SCHOOL ENVIRONMENT



CONTENTS

1. The school environment: what's involved?
2. The school environment: who's involved and how?
3. Points of view (optional)
4. Role models
5. Two school environments
6. How healthy is the school environment?
7. Communications (optional)
8. Summing up

Display Document: PRIORITIES FOR THE SCHOOL ENVIRONMENT

Key to Activities



WHAT YOU NEED

People

Representatives of any bodies who take responsibility for the school environment are welcome – e.g. local council, local education authority, church, parents, head teachers, Water Board. If there is a school feeding programme or a well-developed school garden, talks on these (to a maximum of 10 minutes each) focussing on nutrition education aspects would be very valuable. If the session is to be repeated, arrange to record the talks if possible.

Information

Your own knowledge of the school environment, policy and responsibilities, history and needs.

Course documents

OBJECTIVES FOR THE SCHOOL ENVIRONMENT (already on display).

Data Sheets for the School, Parents, School Staff and Teachers.

A blank copy of the final document NEEDS FOR A HEALTHY SCHOOL ENVIRONMENT.

Equipment

Recording equipment for speakers (see *People* above).

UNIT B4

ACTIVITY 1

**THE SCHOOL ENVIRONMENT:
WHAT'S INVOLVED?**

15 minutes

The first two activities establish *what* and *who* are involved in nutrition in your school environment.

Picture the schools you are concerned with – their physical structure, their settings, their staff. Draw a mental boundary around them. Exclude outside organizations and influences and what goes on in the classroom. You are left with what we have defined as the “school environment”.

What elements of this “school environment” are involved with nutrition, food, eating practices?

1. Think of the possibilities and fill up the box below with sketches and words. Think about abstract factors (decisions, attitudes, etc.) as well as concrete ones, and also extra-curricular activities (clubs, sports, etc.). If you like, put in appropriate people.

What's involved?

2. Check the contents of your box against objectives 1 to 8 in the document OBJECTIVES FOR THE SCHOOL ENVIRONMENT (from Unit A2), which should be on display. You may want to extend the elements in the document or add to your boxes. This should give a realistic picture of what is involved in *your particular* school situation.

ACTIVITY 2

**THE SCHOOL ENVIRONMENT:
WHO'S INVOLVED AND HOW?**



Discuss *all* the parties who are involved in the aspects of the school environment which you listed in Activity 1 (don't forget the children!).

1. List them in the first column below. If you have a completed School Data Sheet, draw on Point B4.1A. This will complete the picture of the resources in your school environment.

<i>Who's involved?</i> (e.g. teachers, cooks)	<i>How are they involved?</i>

2. In case you have forgotten someone, check your list against Objective 11 in OBJECTIVES FOR THE SCHOOL ENVIRONMENT. Finalize your list.
3. How exactly are these people's roles linked to nutrition issues? Consult the list below and complete the second column in the table. Add any missing roles and activities.

- Promoting school nutrition policy
- Receiving or giving training in nutrition questions
- Creating and maintaining a pleasant and hygienic environment
- Providing healthy food in hygienic conditions; supervising meals
- Checking the quality of food children bring to school
- Promoting and organizing whole-school activities of all kinds
- Exploring, observing and discussing the school environment with the children
- Maintaining a school garden
- Collecting payments
- Acting as role models
- Ensuring adequate water supply
- Making rules

UNIT B4

ACTIVITY 3

POINTS OF VIEW



30 minutes

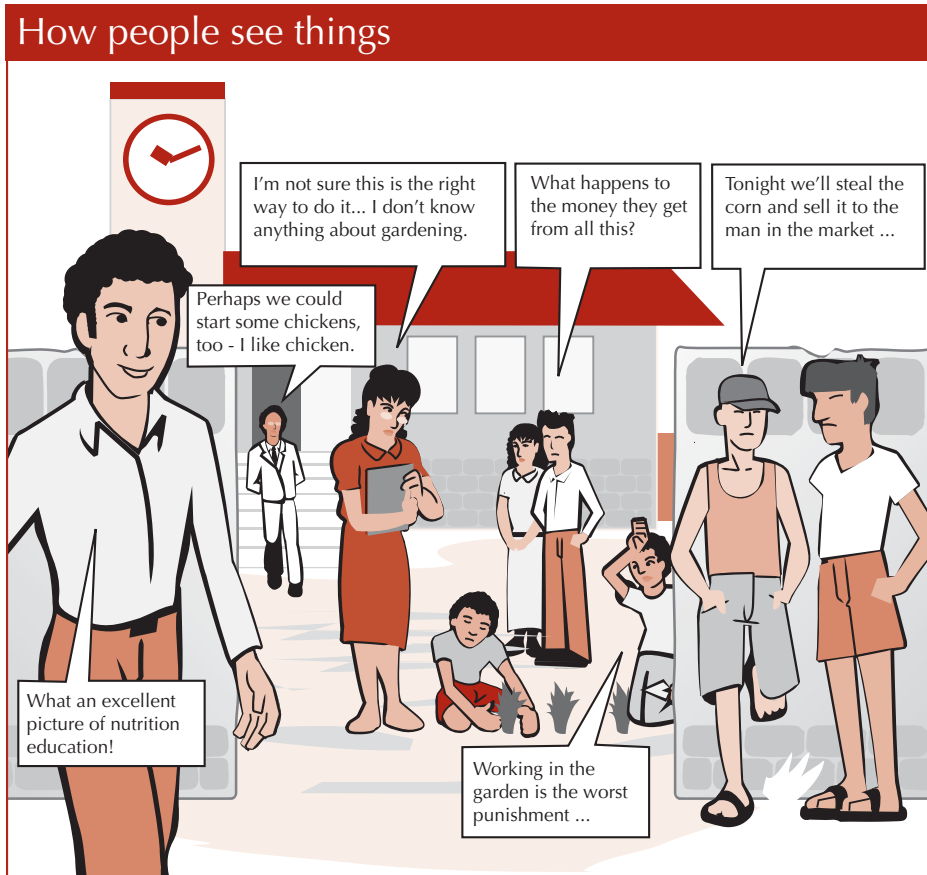
(Optional)

1. Below are six people talking about eating in the school setting. Who is speaking? How are they involved? Is it directly or indirectly? Is it practically, socially, psychologically? Are they involved as producers or as consumers? How do they feel? Who else is involved? Make a group and take it in turns to read each one aloud. Complete the column on the right. Afterwards, consult the KEY if necessary.

Speakers – how are they involved?	
a "Helping children with their breakfast is hard. Some of them don't bring any food at all and are hungry so we have to find them something even if it's just a bit of rice or bread. The ones who eat school breakfast often forget their money. Some of them aren't used to sitting down and eating together so they start to fight. And they spend so much time talking they sometimes forget to eat and we have to hurry them along."	Speaker:..... How involved?.....
b "I love it when the teacher tells us it's our turn to help with the menus for next week. She puts us into groups and tells us to do the menu for one day of the week. We always put down our favourite things but sometimes it doesn't look very healthy and she asks us to include things that are more nutritious. It's also really nice when we get to eat the menu we planned!"	Speaker:..... How involved?.....
c "I do the floors and tables very early in the morning before the children get to school. Those kids! There are bits of food every where and you have to sweep them up before the insects get them. And if they are left overnight they encourage mice and rats and cockroaches."	Speaker:..... How involved?.....
d "I think it is very important to have school rules for the canteen. You know, wash your hands, line up quietly, no throwing food around, pass the salt when asked, stack the plates at the end, that sort of thing. I tell the children about them during school assemblies and I've had them posted on the wall of the lunch room and in each classroom."	Speaker:..... How involved?.....
e "I used to bring my lunch from home in my lunchbox but it was always a bit smelly when I opened it and my mother often gave me the same thing every day. Also it was never as nice as the other children's food. I like school lunch because it's hot and there's a lot to eat. I used to be a bit frightened of the lady who serves the food but I'm not any more."	Speaker:..... How involved?.....
f "It's one of my jobs to deal with the water supply, which is a big worry. Sometimes the pump breaks down and sometimes it comes out of the tap looking a bit dirty, especially when the weather is bad. There is not much I can do about it except to warn the children and to get the technician to come by – which sometimes takes quite a time."	Speaker:..... How involved?.....

ACTIVITY 3 *contd.*

2. To practise seeing things from a different point of view, go back to the list you made in Activity 2 of people involved in your own schools.
 - a) Divide into groups, each group representing one of these people – the head teacher, the school meals supervisor, the caretaker, the children, and so on.
 - b) Take the issue *maintaining a pleasant and hygienic environment*. Think how “your” people see the situation, in all its details. Do they see it simply as a job? Do they see it as a frustration? Do they see it as a source of pride? Do they see it as nothing to do with them? Discuss this in your group and make notes. Think of real people and their attitudes, and the things they have said. Try to get under the skin of the people you represent.
 - c) Explain “your” point of view to the whole group.



UNIT B4

ACTIVITY 4

ROLE MODELS



20 minutes

How can school staff use their status as role models to influence children's understanding, behaviour and attitudes?

1. Divide into groups and take one of the following subjects in each group:

- eating healthy snacks;
- drinking clean water;
- washing hands before meals;
- buying from street vendors;
- eating dark green leafy vegetables.

“There’s a local sports club which has a karate class, so we invited them to the school to give a demonstration. They were quite good and you could see they were instant heroes for the boys. But the odd thing was that all the karate champs brought bottles of water with them as part of their sports kit. Our kids don’t drink water, as a rule – it’s all soft drinks. But the next day there were bottles of water everywhere: it was the new status symbol. Now we have our own karate class, too.”

– Deputy head teacher

2. Discuss how school staff could use their role model status to encourage children to do these things. They may find opportunities to:

- *talk about it* – for example, give their personal ideas of food values, say what they do at home;
- *show how they feel* – for example, say what they like eating, and when, and why;
- *show the value of knowledge* – by showing how they base food decisions on what they know;
- *call in other role models* – for example, tell anecdotes about other people – preferably glamorous ones who do healthy things, and foolish ones who do unhealthy things;
- *demonstrate or act* – for example, bring good food to school themselves, share it with the children and eat it in front of them with evident enjoyment.

If possible think of concrete examples.

3. Report your ideas to the whole group. Demonstrate them if possible – try a little role play between “teachers” and “students”.

ACTIVITY 5

TWO SCHOOL ENVIRONMENTS



20 minutes

Here are descriptions produced for two very different schools. The first is a rural school, relatively poor, and the second is urban and relatively well-off – although in both the teachers are seriously underpaid. They are responding to different questions: one is describing the physical environment, the other is about eating in the school setting.

Read them quickly to get the general idea. Do they resemble any schools you know? Read them again and underline what seem to be the priorities for action. Then discuss.

PRATO PRIMARY SCHOOL

Physical environment	How well is the school environment promoting healthy eating?
Does the school have a pleasant and hygienic environment, e.g. with respect to sanitation, rubbish, washing facilities, drinking water, eating facilities?	<ul style="list-style-type: none"> The school is pleasantly situated, in mountainous open country, with plenty of fresh air. But there are outside pit latrines, which are cold in winter, smelly in summer, and a source of flies. Children frequently go into the bush instead.
What basic improvements are needed? Check classrooms, the building, washrooms and the playground.	<ul style="list-style-type: none"> There are four basins, not much used, with cold water and no soap (it disappears). There are four taps with drinking water. Children have their own cups, and a few communal mugs, which are rather old and dirty.
Is there a school garden? Give its history and how it is used.	<ul style="list-style-type: none"> There are two large rubbish bins, regularly emptied by the caretaker – even though there isn't much to throw away, as not much goes in the bin! There are tables and chairs for eating, but no forks, plates and so on. Children sometimes bring their own food from home. There is a big school garden, but much of it is not used. Most of the teachers know little about agriculture. Sometimes the children are made to work in the garden as a punishment. The food produced is sold to provide funds for the school.

GRAMONT GIRLS' BASIC SCHOOL

Eating in the school setting	How well is the school environment promoting healthy eating?
Is food provided by/at the school? What food, and when? Does it make a valuable contribution to the children's diet?	<ul style="list-style-type: none"> There is no school meals service, and children go home for lunch. The school provides fruit juice and snacks at break-time. This is an initiative by two of the teachers, so children have to pay. Some teachers also sell sugar cane they keep in their desks.
Are snacks available, e.g. from vendors or vending machines? Are they healthy?	<ul style="list-style-type: none"> Those children who have money to spend show a strong preference for sweet snacks – biscuits, cakes – and fried pies from the street vendors outside the school gates. These are more expensive than the snacks in the school, and not very hygienic. There are no vending machines in the school.
Do children bring their own food to school? What do they bring? What is the nutritional	<ul style="list-style-type: none"> About half the children bring their own snacks. Some children don't get any snack at break. They are good about sharing but there is tremendous food snobbery. Fried chicken and cake are high on the list; you never see fruit or vegetables.

ACTIVITY 6

HOW HEALTHY IS THE SCHOOL ENVIRONMENT?



40 minutes

How far do your own school environments promote health and healthy eating?

The framework for building up this picture is supplied by the document **OBJECTIVES FOR THE SCHOOL ENVIRONMENT**. The objectives are given in the form of questions in the table on the next page. The questions require descriptive answers which will allow you to identify priorities for action, as you did with the descriptions in Activity 5.

1. **Description** – Describe your schools in the table in response to the questions.

If you have completed Data Sheets for the School (Point B4.2), the Parents (Point B4.1) the School Staff (Point B4.1) and the Children (Point B4.1), use this information to reinforce or modify your conclusions.

As regards role models (question 10), it is useful to establish if there is a strong personal interest in diet and health among teachers or among the other school staff (Teacher Data Sheet B4.1, B4.2; School Staff Data Sheet Points B4.4 and B4.5).

2. **Deciding on priorities** – Underline the points in your description which seem to require action. Also note potential growth points – e.g. something which has potential for development. Pay special attention to *educational use* – for example, a good garden or feeding programme which is not being used for education is half wasted.

GROWTH POINTS

We are lucky that we have a big school garden, with good soil, next to the river.

The school feeding programme is excellent – only, the children tend to reject some of the food, such as the fruit.

We had the Child-to-Child programme here and some of the teachers were trained to run it. There are some materials somewhere. But it has lapsed.

The boys are passionate about football – there's no need for a club, they'll play anywhere. But they want training.

Some of the school staff are very good cooks and know how to make a little go a long way.

There's a delicious local drink made from the bark of a tree. It lasts several days. The children know how to make it.

ACTIVITY 6 *contd.*

Questions	Description
Policy 1. Does the school have a <i>philosophy or concept of health and well-being</i> ? What is it and what does it involve? (one sentence). Is it actively promoted? 2. Does the school have a <i>nutrition policy</i> , with aims, norms and rules? What aspects of school life does it cover? Is this policy linked to a general philosophy? Does the school actively promote this policy? 3. Do school staff receive <i>training</i> in health and nutrition issues? 4. Is there a clear link between school philosophy, school policy and classroom teaching? Do the nutrition aspects of the school environment have a place in the education programme?	
Physical environment 5. Does the school have a <i>pleasant and hygienic environment</i> (e.g. re rubbish, sanitation, washing facilities, drinking water, eating facilities, etc.)? What basic improvements are needed? Check classrooms, buildings, washrooms, the playground. Is there a <i>school garden</i> ? Give its history and how it is used.	
Eating in the school setting 6. Is <i>food provided by or at the school</i> ? What food and when? Does it make a valuable contribution to the children's diet? 7. Are <i>snacks</i> available, for example, from vendors or vending machines? Are they healthy? 8. Do <i>children bring their own food</i> to school? What do they bring? What is the nutritional value of this food?	
Whole-school activities 9. Is there a tradition of <i>whole-school activities</i> (e.g. trips, projects, open days, theatricals, exhibitions, clubs, sports, etc.)? Are there any <i>whole-school activities involving nutrition</i> ?	
Role models 10. Do the children have <i>positive role models</i> in the school with regard to healthy eating and healthy lifestyle?	

UNIT B4

ACTIVITY 7

COMMUNICATIONS



20 minutes

(Optional)

Look back at your list of all those who are involved with nutrition and nutrition education in the school (Activity 2).

How are people informed, consulted and involved in your schools?

1. List your school's main forms of communication in the table below in the first column.
2. In the second column note who is involved in each, for example, the head teacher, children, secretaries, caretakers, cleaners. If you have information from the School Data Sheet (Points B4.1B) or from the School Staff Data Sheet (Point B4.2), use it to complete the table.

Communication*	Who is involved?

* E.g. Informal chats in the corridor, staffroom, playground
 School Health and Nutrition Committee
 Parent Teacher Association (PTA)
 Messages sent home with children
 School Council, with student representatives
 Regular bulletins (letters, newsletters or notices on boards)
 Working groups on specific issues and projects

Regular staff meetings
 School Board
 School assembly
 Classroom discussions
 Union meetings

3. Do these systems work well? Is anyone excluded? (Also consult School Staff Data Sheet B4.3). How could communications in the school be improved? Make a few suggestions in the box:

.....

.....

.....

.....

.....

.....

.....

ACTIVITY 8

SUMMING UP



20 minutes

You have looked at all the ways in which the school environment can promote healthy nutrition and have applied these to your own school environment. Your analysis should show what needs doing.

Your priorities will be recorded in the document **PRIORITIES FOR THE SCHOOL ENVIRONMENT**, which will be put on display together with the **OBJECTIVES FOR THE SCHOOL ENVIRONMENT**. To make your display copy, either record your decisions on the next page, then copy the document, or copy the blank document and then fill it in.

Prioritizing

1. Look back at Activity 6, second page, and Activity 7, part 3. Pick out the things that need doing and prioritize them. Do not concentrate only on obvious lacks – also give special thought to:
 - a) *growth points* – that is, things which are good but could be better;
 - b) *educational use* – that is, how existing facilities could be used for nutrition education.

Recording conclusions

2. Enter your priorities in the document **PRIORITIES FOR THE SCHOOL ENVIRONMENT**.
3. Display this document next to the **OBJECTIVES FOR THE SCHOOL ENVIRONMENT** on the main display (see display diagram below).

Presenting conclusions

Divide the priority needs between you and present them one by one, explaining and illustrating. Set a time limit for each presentation.

DISPLAY DIAGRAM



PRIORITIES FOR THE SCHOOL ENVIRONMENT

[illegible]

UNIT B4

KEY TO ACTIVITIES FOR UNIT B4

■ ACTIVITY 3 (1) *How are they involved?*

Speakers – how are they involved?
<p><i>Speaker:</i> a. School helper or teacher</p> <p>The speaker is responsible for making sure children have food and for getting them to finish their meals. S/he clearly has a high level of psychological involvement and sounds committed to the children's welfare. The children clearly have very varied responses to meal times!</p>
<p><i>Speaker:</i> b. Child</p> <p>The children are responsible for producing menus under the teacher's supervision. They are affected by the decisions because they eat what they plan. This child seems enthusiastic about the task and takes it seriously, but is also enjoying the game aspect. One wonders what kind of liaison there is between children, teacher and cook.</p>
<p><i>Speaker:</i> c. Cleaner</p> <p>This cleaner evidently takes the job seriously and understands the responsibility ("before the insects get them"). The children have probably not thought about the cleaner's role – it might not hurt them to try it out!</p>
<p><i>Speaker:</i> d. Head teacher</p> <p>The speaker is responsible for the state of the eating area, takes the responsibility seriously ("I think it's important") and takes action to support his/her views. S/he apparently hasn't consulted others – do those people see the "rules" as imposed or as self-evidently sensible?</p>
<p><i>Speaker:</i> e. Child</p> <p>It is worth remembering how emotive food is. This child has strong reactions to food and the people associated with it, most of whom are probably quite unaware of the effect they are having.</p>
<p><i>Speaker:</i> f. Janitor, caretaker</p> <p>The speaker is responsible for the water supply, takes the job seriously – "a big worry" – and feels helpless when things go wrong.</p>