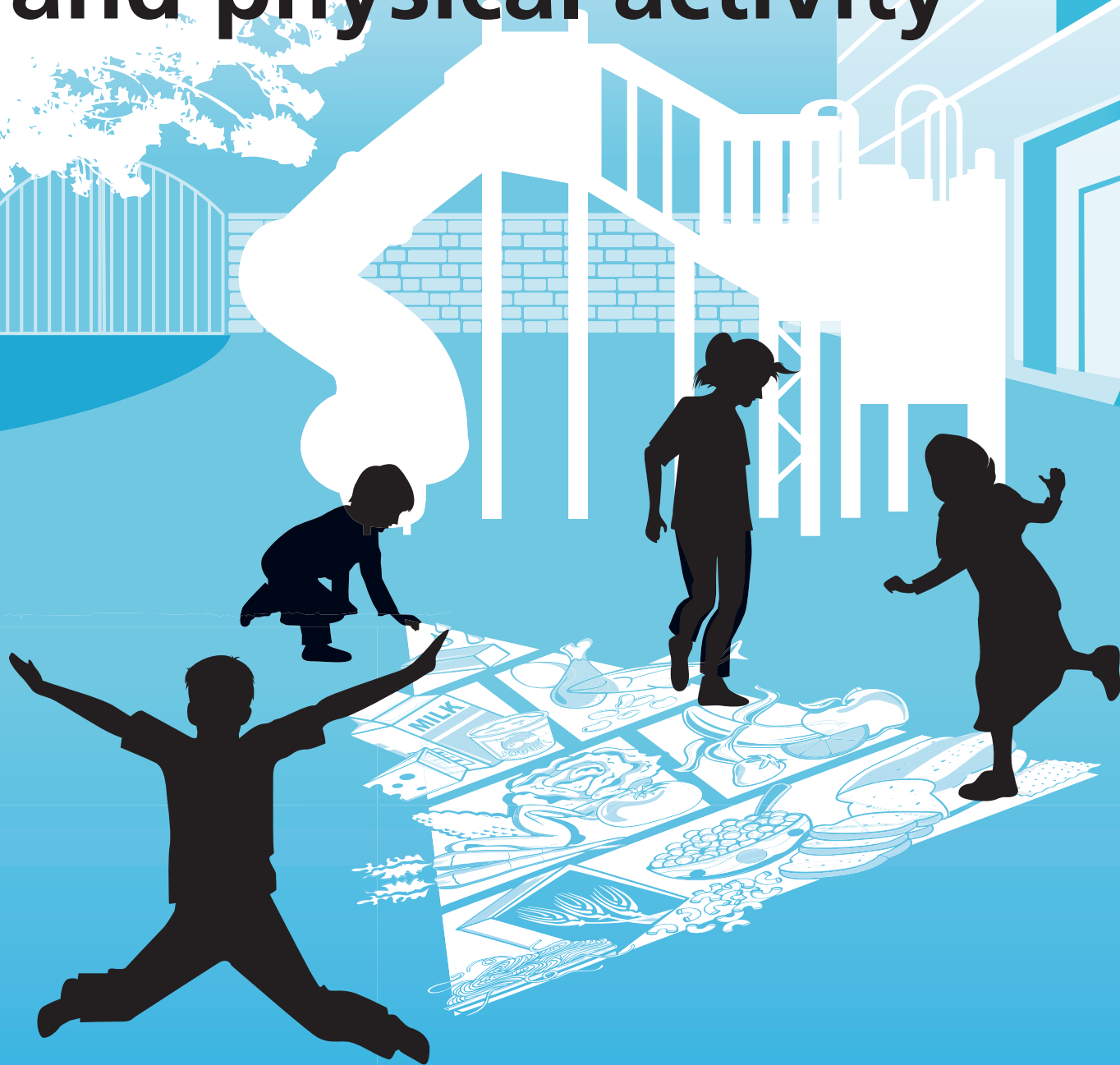


A practical guide to developing and implementing

# school policy on diet and physical activity



**World Health  
Organization**

Regional Office for the Eastern Mediterranean



A practical guide to  
developing and implementing  
**school policy on diet  
and physical activity**



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# Preface

Noncommunicable diseases have become the predominant health problem for people in the Eastern Mediterranean Region.<sup>1</sup> Evidence indicates that the prevalence of certain noncommunicable diseases, such as diabetes and hypertension, is increasing rapidly, particularly in higher income countries. In order to reduce the impact of major risk factors such as unhealthy diet and physical inactivity, the World Health Assembly adopted the Global Strategy on Diet, Physical Activity and Health (DPAS) in May 2004 and the School Policy Framework on Diet and Physical Activity. DPAS is a call to Member States to develop and implement policies and programmes that promote healthy diets and increase levels of physical activity. Subsequently, the World Health Organization (WHO) Regional Office for the Eastern Mediterranean developed a Regional Framework on Diet and Physical Activity for national policy-makers. The regional framework suggests several approaches to addressing issues of unhealthy diet and physical inactivity including in schools.

Countries of the Eastern Mediterranean Region are in social and cultural transition. This transition is also reflected in the newly adopted lifestyles of young people, who often prefer to socialize in places such as fast food restaurants and who frequently play computer games during their spare time. Children need to acquire the knowledge and skills to understand the implications of unhealthy diet and sedentary lifestyles, and to make health-related choices.

In the Eastern Mediterranean Region, indicators related to diet and physical activity are alarming. The Global School-based Health Survey indicated that in Egypt 21% of young people are at risk of becoming overweight and in the United Arab Emirates 42% of school students spend more than three hours watching television and playing video games each day.

Schools are key settings for promoting children's health. They offer strategic opportunities to increase health literacy on diet and physical activity. Investing in behaviour change through knowledge and skills is not sufficient to bring about desired sustainable changes. Governments should encourage schools to create environments that are conducive to making healthy choices. Member States need to ensure that there are policies in place to encourage young people to eat healthy food and exercise at school, by making services available for healthy food and sports facilities.

This guide builds on the School Policy Framework on Diet and Physical Activity. It assists in its operationalization and the development of policies to promote healthy diet and physical activity in school settings, through practical tools for conducting a situation analysis, reviewing, developing and implementing required policies for healthy diet and physical activity.

While this guide can be used by anyone dealing with issues of overweight and obesity among children, it is strongly recommended that central governments take the lead in demonstrating real commitment through school curricula, establishing mechanisms to facilitate intersectoral collaboration and action on physical infrastructure to provide an environment conducive to healthy lifestyle choices.

This guide was reviewed by health-promoting school focal points from 16 countries in the Region and it includes their recommendations. It is a work in progress and is not intended to be prescriptive. Countries are encouraged **to adapt** the proposed interventions according to their own priority needs and social and cultural contexts and make use of mechanisms and tools already existing in country.

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<sup>1</sup> The World Health Organization (WHO) Eastern Mediterranean Region is an organizational grouping of countries not synonymous with the geographical area. It comprises: Afghanistan, Bahrain, Djibouti, Egypt, Islamic Republic of Iran, Iraq, Jordan, Kuwait, Lebanon, Libyan Arab Jamahiriya, Morocco, Oman, Pakistan, occupied Palestinian territory, Qatar, Saudi Arabia, Somalia, Sudan, Syrian Arab Republic, Tunisia, United Arab Emirates and Yemen.







# Introduction

## What is the guide?

The guide builds on the World Health Organization (WHO) School Policy Framework on Diet and Physical Activity. It is a practical instrument that facilitates the adoption, adaptation and operationalization of the Global Strategy on Diet, Physical Activity and Health (DPAS) School Policy Framework. It focuses on governmental action to improve dietary practice and increase physical activity in the school setting at national and subnational levels through action on environment, behaviour and education.

## Who are the main target users?

The primary target users of this guide are “health promoting schools” focal points within ministries of education and health and any other government units involved in the development of school health policies. It is also recommended that other ministries are involved, such as finance, agriculture, transportation, physical environment, sports, recreation, culture, as well as other stakeholders in the policy development process.

## How to use the guide

The guide provides a set of tools to assist in establishing school policy on diet and physical activity. Organized into four sections, the guide supports: preparation and situation analysis; development of policy goals and objectives; selection and implementation of policy options; and monitoring and evaluation of related processes and outcomes.

**Section 1: Getting started**, discusses establishing human infrastructure, mechanisms for collaboration and conducting a situation analysis, that are all required before developing a policy on diet and physical activity.

**Section 2: Policy goals and objectives**, provides users with tools to develop clear policy goals, objectives and targets in order to define the areas requiring immediate improvement.

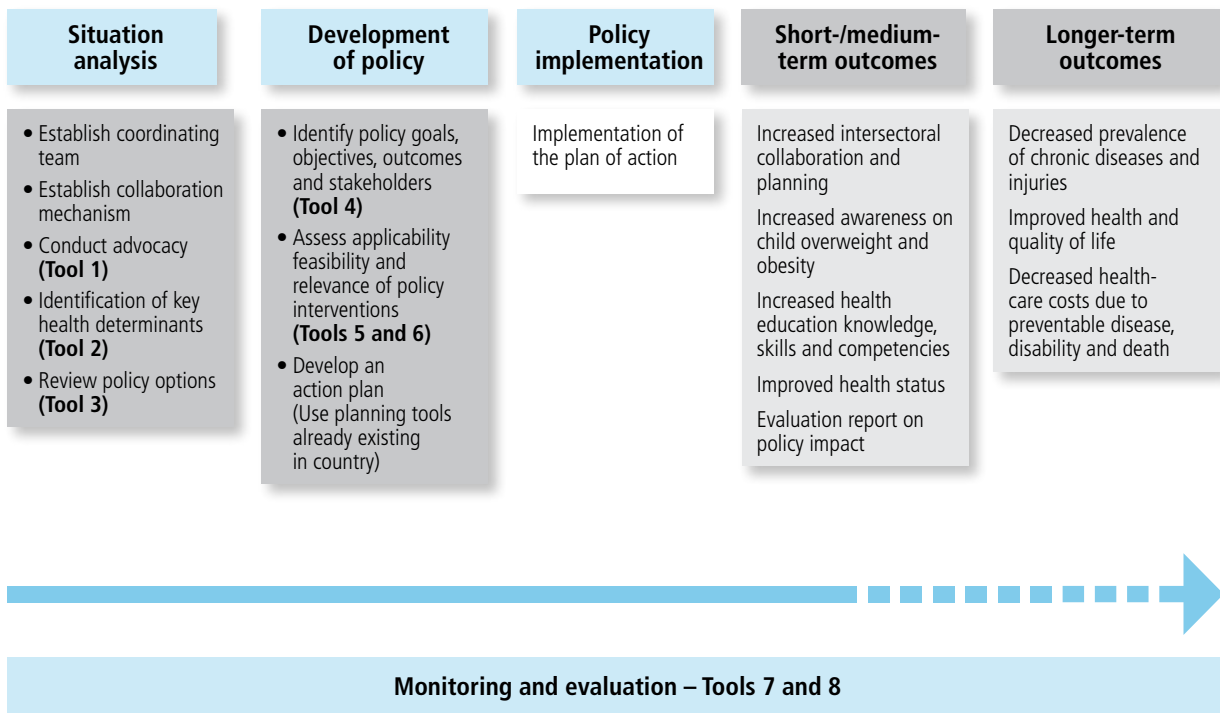
**Section 3: Selecting and assessing policy interventions**, proposes policy options organized into six categories and provides tools to assist in the process of selecting and assessing policy.

**Section 4: Monitoring and evaluation**, provides tools to enable the users to select process, output and impact indicators to measure progress.

Figure 1 gives an overview of the process of developing and implementing policy on healthy diet and physical activity for schools. It shows key steps, relevant tools and expected outcomes.



**Figure 1: Overview of policy development and implementation process**





# Getting started

Establishing an effective school policy to promote healthy eating and physical activity requires preliminary work. There are five key activities prerequisite for success in the application of the School Policy Framework on Diet and Physical Activity:

- 1) identifying/formulating a coordination team to facilitate and promote integration of joint work from all relevant stakeholders at all levels;
- 2) establishing a multisectoral coordination mechanism at the national level;
- 3) conducting a situation analysis of health status and risks factors related to eating and physical activity of children;
- 4) advocating with policy-makers to obtain political commitment and involvement of sectors outside of health education;
- 5) disseminating the school policy framework to all concerned individuals and organizations.

## 1) Coordination team

A national coordination team should ideally be composed of people involved in school health. Clear terms of reference and the expected contribution of members should be defined and agreed, including: conducting a situation analysis, advocacy for the school policy framework, defining/selecting policy to address diet and physical activity, and developing a workplan to implement appropriate policies in schools.

If there is already a coordination team for the health promoting schools initiative, using this same team should be explored.

## 2) Collaboration mechanism

Most of the risk factors related to unhealthy diet and lack of physical activity fall outside the education and health sectors. Therefore, collaboration among all stakeholders from the various sectors is key to success. Multisectoral teams/mechanisms should be developed prior to developing any policy/programme.

## 3) Situation analysis

The situation analysis involves a preliminary assessment of needs, assets and challenges, etc. It requires the involvement of different partners, including those who will be engaged in the implementation and the beneficiaries of any policy/programme. This should ensure understanding of the expected impact of a policy/programme, its responsiveness, and a sense of ownership among recipients.

Two instruments have been developed to assist in the situation analysis and review of existing policies: *Matrix of children's health status and behaviour* (Tool 2); and *Checklist for review and analysis of policy interventions* (Tool 3).

## 4) Advocacy

Any action at national level requires political support. The data from the situation analysis should be used to make a case to key decision-makers from ministries of education and health and other concerned ministries. Remember not only to present the evidence but also to propose policy options as solutions. This will facilitate uptake and action from policy-makers.

## 5) Dissemination

The school policy framework should be disseminated to individuals and organizations concerned with schools, children's health, diet and physical activity.



## Using Tool 1: Before getting started

Before developing a policy on diet and physical activity, the necessary human and logistical infrastructure must be set up and information for the project gathered. Tool 1: *Before getting started*, provides a set of key questions on human infrastructure, coordination mechanisms, situation analysis, advocacy and dissemination. The health promoting school focal point can use these questions as a reference for this preparatory phase to ensure that the essential prerequisites are in place before formulating policy.

### TOOL 1: BEFORE GETTING STARTED

Step	Activity	Key questions that should be answered
1	Identify/formulate a coordination team to facilitate and promote integration of joint work from all relevant stakeholders from all levels	Who should be involved? What should the terms of reference be? Do we need an official written agreement to facilitate joint work?
2	Establish a multisectoral collaboration mechanism at the national level	Which sectors/ministry should be involved? Are there mechanisms in place that we can use to discuss the issues of diet and physical activity? Who are potential partners involved in the issue of diet and physical activity? Should participation from the nongovernmental and private sectors be included in this mechanism?
3	Conduct a situation analysis, through baseline assessment	What are the priority areas for action at national and subnational levels? What data sets are available to address the issues? What are the main health issues related to child health, diet and physical activity? (Use Tool 2)
4	Advocate with policy-makers to obtain political commitment and involvement of sectors outside health education	Who are the concerned sectors/ministries? What strategic points/documents do we need to present to them? What are the main implications of the proposed approaches for formulation and implementation of effective policies and strategies (using a multisectoral, multilevel approach)? What are the policy ideas that we should suggest?
5	Disseminate	To whom should we send the national school policy on diet and physical activity? What type of materials should we produce to inform stakeholders about the national school policy on diet and physical activity?

It is recommended that the situation analysis be led by the health promoting school focal points at the Ministry of Education and Ministry of Health and involve school staff, students, parents and the community.

The engagement and willingness of policy-makers will be highly dependent on the availability of evidence. The situation analysis will provide information on gaps and required changes in policy. The situation analysis should provide data on:

- existing patterns of physical activity, fruit and vegetable consumption, school attendance, and prevalence of overweight students, obesity, diabetes, knowledge, attitudes, beliefs, values, behaviours and other related conditions among students associated with healthy eating and physical activity;
- existing government programmes and policies that address promotion of healthy eating and physical activity in schools implemented by government and other stakeholders;
- inclusion of lessons/activities related to healthy diets and physical activity in relevant school curricula;
- resources and capacities allocated in the country to promote healthy eating and physical activity in schools.

Existing data sets should be used to analyse the current health status of students such as the Global School-based Student Health Survey and the Health Behaviour in School-aged Children Survey.<sup>2</sup>

<sup>2</sup> See [www.who.int/chp/gshs](http://www.who.int/chp/gshs) and [www.hbsc.org](http://www.hbsc.org) respectively.



In addition, even though action should be implemented at the national level, it is important to have information on health status and behaviour of children and to review interventions at the subnational level as well. This helps ensure that proposed policies also consider subnational health priorities.

Two tools have been developed to assist with the situation analysis.

- Tool 2: *Matrix of children's health status and behaviour*
- Tool 3: *Checklist for review and analysis of policy interventions*

The *Matrix of children's health status and behaviour* is designed primarily for use at the national level to inform national policy-makers and key staff about the prevalence of overweight and obesity at subnational levels, to guide the development of national policies and strategic interventions, and to set priorities in policy development based on national and subnational needs. It is also designed to provide regional officials with a point of reference for their performance vis-à-vis other regions.

The *Checklist for review and analysis of policy interventions* can be used to review policies that are already in place and to suggest development of new policies where needed.

## Using Tool 2: Matrix of children's health status and behaviour

The matrix provides a set of indicators that can be used to discern the pattern of diet and physical activity at national and subnational levels. It allows for a comparison between regions or cities.


























When the prevalence of a risk factor is 0%–5%, the region is on track (green triangle). When the prevalence of the risk factor is 6%–10% the government should monitor the risk factor (yellow diamond). When the rate is above 11%, (red circle) then the government should take immediate action.

The next step is to analyse the causes behind the high prevalence of an identified risk factor and required intervention. If there are many red circles horizontally, this reflects a policy failure at national level. If the red circles are predominant in one region or city, then the policy intervention should be implemented at subnational level.

In adapting the tool, users should ensure that indicators are relevant to the country context and remain the same all through implementation and assessment of the selected policy.

### TOOL 2: MATRIX OF CHILDREN'S HEALTH STATUS AND BEHAVIOUR

On track 0%–5%\*  Require attention 6%–10%\*  Require immediate attention 11%+\* 

Geographical area**/ Health status indicator	Area 1	Area 2	Area 3	Area 4	Area 5
Percentage of overweight children					
Percentage of obese children					
Percentage of children eating less than five servings of fruit and vegetables per day					
Percentage of children who exercise less than one hour per day					
Percentage of children spending more than three hours per day watching the television					

\*Rates to be adopted/agreed at a national/subnational meeting.

\*\* Analysis can be conducted at regional or city level.



## Using Tool 3: Checklist for review and analysis of policy interventions

The *Checklist for review and analysis of policy interventions* assesses possible policy interventions that can be implemented by schools. These interventions are divided into six major areas for policy options: school recognition; school curriculum; food services environment; physical environment; health promotion for school staff; and school health services. The checklist can be used to review whether appropriate policy interventions already exist. It is crucial not to assume that there is no policy to promote healthy diet and physical activity. The checklist can also be used as a starting point to suggest desired policies or ideas for policies.

The coordination team should tick the appropriate columns. The results of this analysis serve as a basis for policy development.

### TOOL 3: CHECKLIST FOR REVIEW AND ANALYSIS OF POLICIES INTERVENTIONS

Policy option	Possible policy interventions	Exist?		Suggested?	
		Yes	No	Yes	No
<b>School recognition</b>					
	<ul style="list-style-type: none"> <li>• Develop criteria and procedures for awarding schools a special status.</li> <li>• Mobilize schools to participate in the school recognition programme.</li> <li>• Provide incentives for schools to participate e.g. equipment/facilities, certification and technical or financial support to schools.</li> </ul>				
<b>School curriculum</b>					
	<ul style="list-style-type: none"> <li>• Introduce weekly physical education of 1 hour to the school curriculum.</li> <li>• Provide students with the opportunity to practice life skills on decision-making about food and physical activity.</li> <li>• Involve students in a task force that would:               <ul style="list-style-type: none"> <li>– identify barriers to being physically active and making healthy food choices;</li> <li>– recommend possible solutions to overcome the identified barriers.</li> </ul> </li> <li>• Involve teachers who are equipped with the knowledge and skills necessary to impart health messages to students effectively.</li> <li>• Include classes on healthy diet and eating habits, critical analysis of food and beverage marketing and physical education in the school curriculum.</li> <li>• Promote and support the use of the local environment (e.g. beaches) and facilities (e.g. public parks) for physical education and sports classes.</li> <li>• Include excursions to national parks, forests and gardens as part of the school classes.</li> <li>• Provide adequate funding for physical education and sports classes, appropriate physical activity facilities and training for physical education teachers.</li> <li>• Provide a national curriculum framework for physical education classes and consider the development of a regulatory approach to make physical and sports education compulsory in schools.</li> </ul>				

*Continues...*



Policy option	Possible policy interventions	Exist?		Suggested?	
		Yes	No	Yes	No
<b>Food services environment</b>					
Nutritional standards for school food	<ul style="list-style-type: none"> <li>• Develop and implement nutrition standards for foods served in schools that are consistent with national or regional food-based dietary guidelines, as appropriate.</li> <li>• Disseminate nutrition standards for foods served in schools in different communication formats to school staff, parents and students.</li> <li>• Consider a wide range of options for the implementation of these standards including, if relevant, the adoption of a regulatory framework.</li> </ul>				
School food programmes	<ul style="list-style-type: none"> <li>• Develop, implement or strengthen school food programmes or programmes for food distribution.</li> <li>• Provide, in partnership with relevant stakeholders if appropriate, specific funds for breakfast, lunch and snack programmes. When public–private partnerships are established for the provision of meals at school, it is important to ensure that meals comply with the nutrition standards for schools or with national food-based dietary guidelines.</li> <li>• Encourage and support schools to develop school gardens. Interact with relevant international agencies, such as the Food and Agriculture Organization of the United Nations (FAO), to mobilize additional support for the development of projects on school gardening.</li> <li>• Set up or strengthen school food services.</li> <li>• Mobilize stakeholders such as catering companies, cafeteria workers, teachers and students to ensure that the cafeteria environment is friendly.</li> <li>• Train teachers in nutrition to, among other tasks, supervise the safety of foods and beverages served in schools and ensure compliance of all foods served with the nutrition standards for schools.</li> <li>• Encourage schools to find culturally appropriate alternatives to foods that are high in fat, sugar and salt.</li> <li>• Where relevant, consider the use of financial measures to make healthy food and beverage options the most affordable items for students or compensation for schools that improve the content of vending machines.</li> <li>• Consider, if appropriate, the development of a mechanism to limit the availability of energy-dense, micronutrient-poor foods and beverages offered through vending machines and snack bars, and to remove vending machines from the school setting.</li> </ul>				
Marketing Impact	<ul style="list-style-type: none"> <li>• If sponsorship of school events is required, encourage schools to find appropriate sponsorship from a wide range of commercial entities.</li> <li>• Include media and marketing literacy as part of the school curriculum.</li> <li>• Organize a seminar on the impact of marketing and media on children’s food and beverage choices.</li> </ul>				
Food availability near schools	<ul style="list-style-type: none"> <li>• Organize consultation with representatives of food and beverage producers/sellers.</li> <li>• Identify opportunities for action regarding the provision of healthier food products.</li> <li>• Disseminate the nutritional standards for school foods to all food and beverage producers, vendors and distributors that operate in the vicinity of schools.</li> <li>• Facilitate the development of a mechanism to determine what foods and beverages can be sold in the vicinity of schools.</li> </ul>				

Continues...



Policy option	Possible policy interventions	Exist?		Suggested?	
		Yes	No	Yes	No
<b>Physical environment</b>					
Buildings and facilities	<ul style="list-style-type: none"> <li>• Increase awareness among school staff that the school's physical environment is a key factor in increasing physical activity among students.</li> <li>• Encourage and provide schools with safe and appropriate spaces and facilities so that students can spend their time actively.</li> <li>• Provide guidance and support to schools to establish partnerships with communities to open up and effectively utilize existing community recreation and sporting facilities, and vice versa.</li> <li>• Pass a requirement that schools should have playing and sport grounds.</li> </ul>				
Extracurricular opportunities for physical activity	<ul style="list-style-type: none"> <li>• Encourage schools to organize inter-school sport activities.</li> <li>• Mobilize parents and communities to organize extracurricular activities.</li> <li>• Provide extracurricular sport activities free of charge.</li> </ul>				
Safe walking to and from school	<ul style="list-style-type: none"> <li>• Establish partnerships with ministries of transportation, municipalities, communities, parent and teacher associations and traffic planners in order to create safer paths and advocate for walking as an active form of transport.</li> <li>• Establish safe routes for walking to and from schools, where feasible.</li> <li>• Organize public awareness campaigns to alert the general population to the fact that students are walking to and from school.</li> <li>• Encourage the organization of community volunteers at each traffic point to ensure that children can walk safely to school.</li> </ul>				
<b>Health promotion for school staff</b>					
	<ul style="list-style-type: none"> <li>• Mobilize stakeholders such as nongovernmental organizations, local sports associations and the health care community to organize activities on healthy eating and physical activity for all school staff.</li> <li>• Encourage school administrations to facilitate and support the implementation of activities related to health promotion for school staff.</li> <li>• Provide funds for in-service training and some incentives for teachers to participate in additional training.</li> </ul>				
<b>School health services</b>					
	<ul style="list-style-type: none"> <li>• Support the establishment of partnerships between schools and local health services to provide school health services at no or reduced cost to the school.</li> <li>• Consider, as appropriate, the collection of information on body weight and height, and dietary and physical activity habits of all students at regular intervals. Encourage and support confidentiality and proper use of the data collected in schools.</li> <li>• Give the school health team responsibility for supervising safety of foods and beverages served in schools in compliance with the national nutrition standards for schools.</li> </ul>				





# Policy goals and objectives

Goals and objectives are necessary to clarify what policies and interventions ultimately aim to achieve, and help to evaluate the desired outcomes. The information gathered during the situation analysis should be used to formulate the goals and objectives for policy development/change. Subsequently, the coordination team should agree on a plan of action for advocating and obtaining acceptance of the policy by key stakeholders. It is important to note that implementers and beneficiaries of the policy (e.g. children themselves) should be involved.

**Goals** can be defined as broad statements that describe the overall desired improvements related to healthy eating and physical activity in schools. Some examples of goals are:

- Provide favourable experience and sufficient skills to lay the foundations for lifelong healthy eating and physical activity.
- Reduce lifetime incidence of noncommunicable disease risk factors among school-aged children and adolescents.
- Increase by 30% the number of schools recognized as ‘nutrition-friendly’ within two years.
- Increase the percentage of schools that have daily physical activity classes as part of their curriculum from 50% to 70% within two years.
- Have a public awareness campaign on safety for children walking to school by the end of the year.

Goals are then broken down into specific process, output and outcome objectives.

**Objectives** are set to define what is to be achieved through the interventions with regard to healthy eating and physical activity. These objectives should be SMART, i.e. specific, measurable, achievable, relevant and time-bound, and should differentiate between processes, outputs and outcomes. Process and output objectives describe what will be changed or implemented to achieve the goals; outcome objectives refer to the intended change in knowledge, behaviour and health.

## Using Tool 4: Identification of the goals, objectives and stakeholders

Using group discussion and brainstorming techniques, the coordination team should discuss various policy interventions suggested in Tool 3 for promoting balanced diet and physical activity in school settings. Aiming for consensus on a maximum of five policy interventions is recommended, using Tool 4 to analyse the goals, objectives (process and output), expected outcomes and stakeholders for each policy idea.

Two examples of how the tool might be completed are shown in the template below.



### TOOL 4: IDENTIFICATION OF THE GOALS, OBJECTIVES AND STAKEHOLDERS (EXAMPLES)

Goals	Objectives		Expected outcomes	Stakeholders
	Process	Output		
<b>Policy 1: Inclusion of one hour of physical activity in the school curriculum</b>				
Increase physical activity in school	<ul style="list-style-type: none"> <li>• Set up a coordination committee</li> <li>• Organize meetings with school staff and children to raise awareness on the risks of overweight and obesity</li> <li>• Discuss ways to promote physical activity using existing infrastructure</li> <li>• Organize meetings with parents and the community to explain about the health risks of overweight and obesity and to encourage physical activity outside school</li> </ul>	Organize two campaigns addressing overweight and obesity (within a year)  Conduct three meetings with school staff	70% of school children understand the risks related to overweight and obesity  90% of school staff are aware of the health risks of physical inactivity	Ministry of Health, Ministry of Education, media, catering companies
<b>Policy 2: Canteens use balanced dietary standards</b>				
Increase availability of fruit and vegetable products in school	<ul style="list-style-type: none"> <li>• Apply national nutrition guidelines</li> <li>• Develop nutrition standards for schools</li> <li>• Set up a task force to enforce application of the standards</li> <li>• Organize school meetings to explain about the new policy</li> <li>• Organize meeting with parents' association</li> </ul>	Nutrition guidelines for the school Nutrition standards Awareness raised	Reduce consumption of food high in carbohydrates by 70%	Schools, Ministry of Education, Ministry of Health



# Selecting and assessing policy interventions

Having selected a maximum of five policy ideas and identified the related goals, objectives, specific outcomes and beneficiaries, the coordination team is ready to further refine the selection of 1–2 policy interventions that can be implemented over a period of 1–3 years. The team is encouraged to incorporate into their policy the most urgent, appropriate and feasible options according to their needs, characteristics and resources.

**It is recommended that the team starts with small changes that are feasible, rather than wait until resources become available** to address all of the policy options simultaneously. Policy options adopted at national level should allow for local flexibility in the implementation phase.

The suggested policy options are organized into six broad areas for action:

- School recognition
- School curriculum
- Food services environment
- Physical environment
- Health promotion for school staff
- School health services.

These areas are entry points for introducing policy interventions. The user will find more information on specific policy options in Annex 1 of this guide.

The next step in the development of an effective policy to promote healthy eating and physical activity in schools is to select relevant policy options. The general principles presented below provide guidance to policy-makers when developing and implementing a national policy:

- A school policy on diet and physical activity needs to be coherent with, and complementary to, existing policies and action plans such as those related to health promotion and disease prevention.
- An interdisciplinary, integrated and holistic approach should be followed for policy development and implementation.
- Policy development and implementation should take into consideration cultural background, gender issues, ethnic minorities, and the jurisdictional and legal structure of the country.
- A school policy on diet and physical activity should be socially inclusive, participatory and consider the health needs of the most vulnerable groups as a priority.
- A sustainable school policy on diet and physical activity should be developed with a specific budget allocated for its implementation.
- Whenever possible, implementation of a school policy on diet and physical activity should utilize and benefit from existing structures and resources (technical staff, civil society, information, ongoing initiatives, policies, etc).
- Monitoring and evaluation should take place throughout the whole process of policy development and implementation. Resources (technical and financial) for monitoring and evaluation activities must be allocated from the beginning to facilitate this.

At this point, the coordination team should use the completed *Checklist for review and analysis of policy interventions* to select strategic policy options and interventions.



Having selected the relevant policy options, the coordination team should select related policy interventions and assess their applicability in terms of the time and resources needed for implementation. Tools 5 and 6 are intended to stimulate critical thinking and policy assessment as core elements in the development and delivery of policy interventions and advice to policy-makers. Members of the coordination team should make use of brainstorming and consensus-building techniques to assess potential policies.

### Using Tool 5: Assessing the applicability of policy interventions

Tool 5: *Assessing the applicability of policy interventions*, is intended to assist with further analysis of the applicability of the proposed policy intervention in terms of time and resources involved. The coordination team should select 1–2 policy interventions assessed in Tool 4 that can be implemented using limited financial resources and within a medium-term time-frame (2–3 years). It is important to note that the team does not necessarily need to select a policy intervention for each of the policy options. Once this analysis has been completed, the coordination team will select a policy (one or more interventions) that they consider has the highest chance of successful implementation.

Two examples of how the tool might be completed have been filled out in the template below. In this example, the coordination team might consider selecting “Inclusion of one hour of physical activity in the school curriculum” rather than “Canteens use balanced dietary standards” as it is less costly and can be implemented in a shorter time period.

#### TOOL 5: ASSESSING THE APPLICABILITY OF POLICY INTERVENTIONS

Policy option	Policy intervention	Expected outcome	Time-frame	Cost estimate	Source of funding
School recognition					
School curriculum	Inclusion of one hour of physical activity in the school curriculum	70% of school children understand the risks related to overweight and obesity 90% of school staff are aware of the health risks of physical inactivity	One year	US\$ 50 000	Ministry of Health, Ministry of Education, Ministry of Youth and Sports
Food services environment	Canteens use balanced dietary standards	Reduce consumption of food high in carbohydrates by 70%	Two years	US\$ 80 000	Ministry of Health, Ministry of Education, catering industry
Physical environment					
Health promotion for school staff					
School health services					

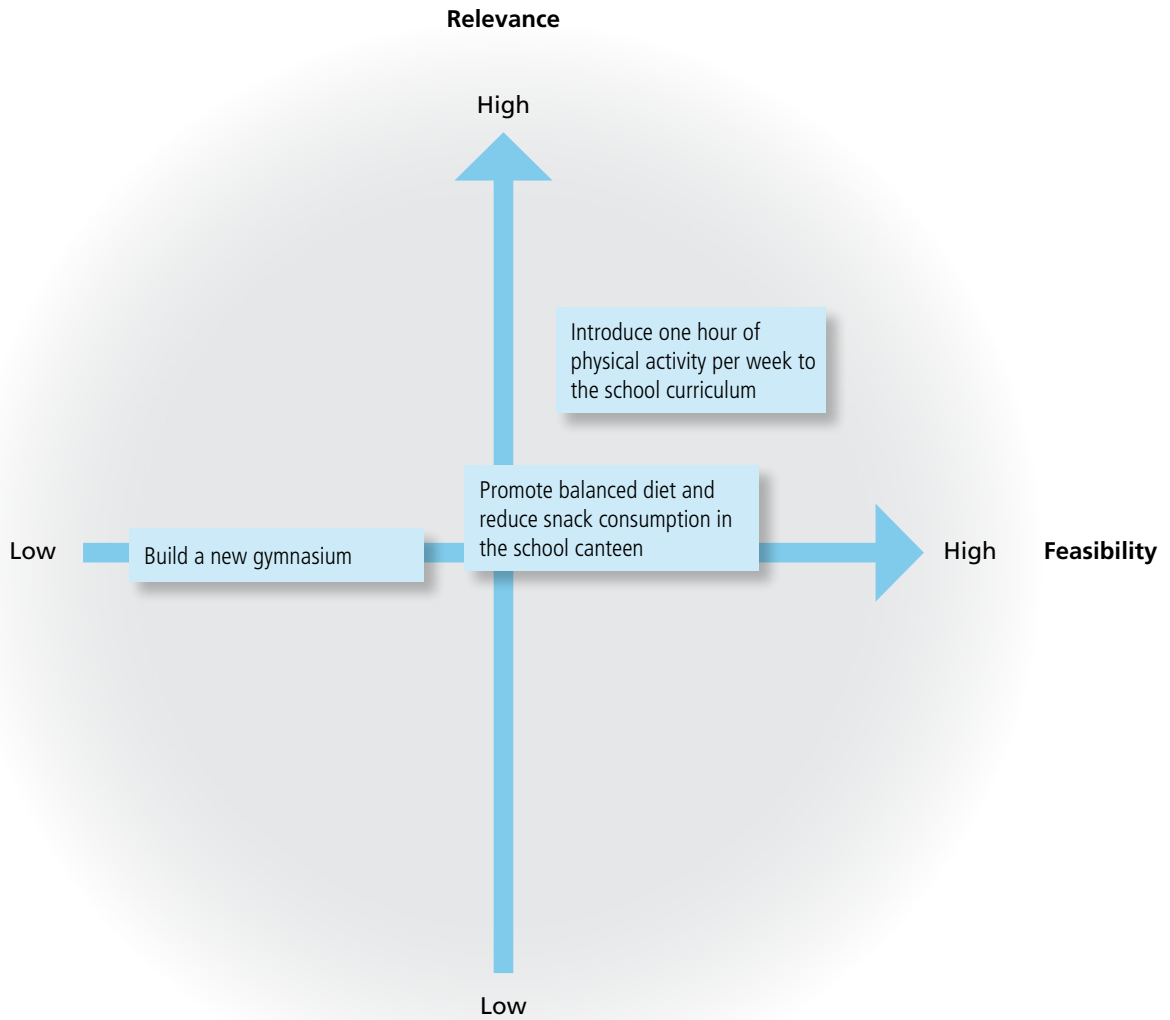
### Using Tool 6: Feasibility and relevance analysis

This tool further examines the applicability of various policy options. It provides a visual illustration of the proposed policy, assessed in terms of feasibility and relevance. The coordination team should plot each potential policy option on the axes representing relevance and feasibility of implementation. They should select the policy that is plotted closest to the top right-hand quadrant, as it will have the highest chances of success – measured in feasibility and relevance.



The tool below has been completed with a sample assessment of three policy options. In this example, the coordination team might consider selecting “Introduce of one hour of physical activity per week to the school curriculum” as it has the highest combined relevance and feasibility.

**TOOL 6: FEASIBILITY AND RELEVANCE ANALYSIS (EXAMPLE)**





# Monitoring and evaluation

Monitoring is the regular review and recording of activities that take place in implementing a project, programme or policy. It is a process of regularly and systematically collecting information on all aspects of implementation, and enables users to check if the implementation is on track. Monitoring also permits feedback on progress to donors, implementers and beneficiaries. Evaluation is typically conducted in the middle of a given project term and at the end, and enables analysis of whether the objectives are being achieved or not. Monitoring and evaluation should be conducted using a set of indicators established at the beginning of the implementation. Nevertheless, it is not uncommon for projects to start without indicators, which are only developed and used at a later stage. **This approach is not recommended, as it suggests that the team is not clear about the direction of the project.**

The team should select indicators at the outset that will reflect progress in the policy development process and the impact of the policy. The selection of indicators should be strategic, as they will be used to advocate for the policy and related project(s) as a whole. In the middle of the policy implementation process the team should assess whether the targets are being achieved.

## Using Tool 7: Process and output indicators

Tool 7: *Process and output indicators*, is a simple checklist of whether targets have been achieved. The tool below proposes several indicators that can be used as a starting point in selecting process and output indicators. Users are encouraged to select indicators suitable to their own country context. It is not recommended to use more than five indicators overall. These indicators should serve for mid-term and end-of-term review.

### TOOL 7: PROCESS AND OUTPUT INDICATORS

Action	Indicators	Yes	No
Coordination team/ collaboration mechanism	<ul style="list-style-type: none"> <li>• Existence of a multistakeholder coordination team with clear terms of reference</li> <li>• Existence of a coordination team office at the Ministry of Health, Ministry of Education or elsewhere</li> <li>• Coordination team meets at least once every school semester</li> <li>• Existence of mechanisms for holding the coordination team accountable</li> </ul>		
Situation analysis	<ul style="list-style-type: none"> <li>• Baseline data conducted at national and regional level</li> <li>• Priority areas for action selected</li> <li>• A set of policy recommendations prepared</li> </ul>		
Policy advocacy	<ul style="list-style-type: none"> <li>• Analysis of stakeholders conducted</li> <li>• Key stakeholders identified</li> <li>• Action taken, e.g. request for meeting to involve key stakeholders</li> </ul>		
Goals and objectives	<ul style="list-style-type: none"> <li>• Goals clearly identified</li> <li>• Objectives are SMART</li> </ul>		
Plan of action	<ul style="list-style-type: none"> <li>• Plan to implement school policy on diet and physical activity agreed by all members of the coordination team</li> <li>• Budget line assigned for implementing the plan at national and subnational levels</li> </ul>		
Dissemination	<ul style="list-style-type: none"> <li>• School policy on diet and physical activity distributed to relevant stakeholders</li> </ul>		



## Using Tool 8: Policy impact assessment

The aim of policy impact assessment is to assist in determining the effectiveness of given policies. The tool enables a review of whether the policy was effective (for example) in promoting balanced diet and physical activity in schools, what the shortcomings were, and whether the policy should be sustained, changed or terminated. This analysis should be presented by the coordination team in a report, with additional qualitative information, as evidence for policy support.

In the tool below, sample indicators have been provided as examples. Using no more than three indicators is recommended. In the Year 1 column, the coordination team should state the rate, percentage or other measurement of risk factor at the beginning of the policy implementation period. At the end of the implementation period, the team should indicate a new rate, percentage etc. in the second column. These two measures can then be compared to facilitate assessment of policy impact.

### TOOL 8: POLICY IMPACT ASSESSMENT

Indicator	Time-frame	
	Year 1 of project	End of project
<b>Short term (1–2 years)</b>		
Percentage of students aware of health benefits of healthy dietary habits and physical activity		
Percentage of students recalling positive messages about eating habits and physical activity taught during school		
<b>Medium term (2–5 years)</b>		
Percentage of children eating five servings of fruits and vegetables per day		
Percentage of children exercising for at least one hour per day during the past seven days		
Percentage of children who spend one hour or less per day watching television, playing video games, etc.		
Percentage of children using their bicycles or walking to school		
Percentage of children satisfied with the school performance with regards to diet and physical activity		
<b>Long term (5–10 years)</b>		
Percentage of children who are overweight		
Percentage of children who are obese		



# Conclusion

This guide provides a set of tools that enable the development and implementation of policies to promote balanced diet and physical activity in school settings. The guide is to be used by focal points of health promoting school programmes, nutrition-friendly initiatives, Focused Resources on Effective School Health (FRESH) and other similar initiatives. It is hoped that it will contribute to reducing the burden of disease related to unhealthy lifestyles, particularly related to diet and physical activity.

Interventions to promote healthy diet and physical activity in schools should be documented from their initial development along with lessons learnt. Where there is success, it is crucial that experiences are shared with other schools and the community. Success stories should be described and disseminated. The Eastern Mediterranean Network for Health Promoting Schools is an ideal platform for sharing experiences. You can share your experiences by contacting [hsg@emro.who.int](mailto:hsg@emro.who.int)





# Annex 1.

## Summary of policy options

### School recognition

This refers to any action taken by the government to reward and/or recognize a school that is taking action to promote healthy eating and physical activity. A school recognition policy is low-cost and relatively easy to implement and offers visibility to school initiatives. Possible interventions include the following.

- Develop criteria and procedures for awarding schools a special status.
- Mobilize schools to participate in the school recognition programme.
- Provide incentives for schools to participate e.g. equipment/facilities, certification and technical or financial support to schools.

### School curriculum

Governments can use both health education and physical education classes (sports classes) to encourage healthy eating and physical activity.

### Health education with a focus on diet and physical activity

School health education aims to help students develop the knowledge and skills that are needed to make informed decisions, practice healthy behaviours and create conditions that are conducive to health. School health education can be delivered as a specific subject, as part of other subjects such as science, home economics, mathematics and agriculture, or ideally as a combination of both.

### Physical education and sports classes

Increasing the number of physical education classes and sports classes is one of the most direct policies to increase students' physical activity. Policy-makers are encouraged to ensure that:

- Physical education classes contribute to the overall daily physical activity of the students throughout the school years.
- The majority of the physical education class time is actually spent on physical activity. This includes aerobic/endurance, strength, flexibility and coordination activities.
- A variety and choice of physical education classes is offered so that each student's age, gender, and disability needs are taken into consideration.
- Physical activity is enjoyable, developmentally appropriate, promotes fair play and encourages maximum participation of all students.
- Pupils learn about physical activity and health, and develop the confidence and skills for lifelong participation in physical activity.
- Physical education teachers are well-qualified and properly trained. Adequate safety precautions are established and enforced to prevent injuries and illness resulting from physical activity.
- The undertaking or withholding of physical activity is not used as punishment.

### Food services environment

The food services environment (school cafeterias, vending machines, snack shops, food brought to schools by students, etc.) provides foods and soft drinks that are high in vitamins, minerals and other healthy micronutrients, and low in fats, free sugars and salt. The following entry points for action may be considered to ensure an encouraging food services environment:



- nutritional standards for school food
- school food programmes
- food service area
- vending machines and school snack bars
- food and soft drink marketing
- food availability near school.

### **Nutritional standards for school food**

Food served in schools should adhere to minimum nutritional standards based on national or regional dietary guidelines. The following are some general guidelines for healthy eating and could be considered for the development of national nutritional standards for schools:

- A nutritious diet should be based on the nutrient and energy needs of students and mainly be from plant-based sources.
- A variety of vegetables, fruits and whole grains or potatoes should be eaten, preferably fresh (for fruit and vegetables) and locally produced, several times a day.
- Fat intake should be limited to not more than 30% of daily energy and most saturated fats should be replaced with unsaturated fats. Trans-fatty acids should be avoided.
- The consumption of sugar and salt should be limited, while ensuring that all salt used is iodized.
- Sugary drinks and sweets should only be used with limited frequency, and refined sugar used sparingly.
- Fish and low-fat meat should preferably be served.
- Food should be prepared in a safe, hygienic and healthy way. Steaming, baking, boiling or microwaving helps to reduce the amount of added fat.

In various countries where meals are provided at school, 30% of daily recommended nutrient intake for age is used as a reference value to plan the content of the meals served. This proportion can also provide guidance for the provision of adequate serving sizes in school meals.

### **School food programmes**

The objective of the programme is to increase the availability of healthy food in schools. The programmes provide breakfast, lunch and snacks at a reduced price or free-of-charge. Programmes may be available to all children or eligibility may be determined by economic or health criteria. Thus, within the same school, participants may receive a meal free, at a subsidized price, or at full cost.

It is important to ensure that the meals provided are nutritionally adequate and in line with the nutritional standards for school food.

While many schools offer one meal, usually lunch, the possible importance of providing breakfast needs to be stressed. This would ensure that children start the day with a balanced meal.

### **Food service area**

The food service area needs to be friendly to enable children to enjoy meal times. It should, among other things, be clean, have multiple points of service to avoid long queues, offer space for socializing and allow enough time for eating.

### **Vending machines and school snack bars**

School vending machines and school snack bars have been criticized for providing easy access to energy-dense, micronutrient-poor foods and beverages. In many schools, revenues from snack bars and vending machines are important sources of income for the school management. Foods and beverages provided in snack bars or vending machines should be consistent with nutritional standards for school foods and beverages or with the national dietary guidelines for school-aged children. In order to keep the source of revenue, policy-makers may encourage schools to replace energy-dense, micronutrient-poor products with milk, yogurts without added sugar, water, fruit juices without added sugar, sandwiches, fruits, nuts or vegetables. All of these may be good options to include in the range of products available in schools.



## Food and soft drink marketing

There is good evidence that commercial advertising and marketing of high-fat, energy-dense, micronutrient-poor foods and beverages to children can have an impact on a child's food preferences, purchase behaviour and consumption.

Marketing can also influence the school food supply as a result of sponsorship schemes. Governments may therefore decide to implement a regulatory mechanism to avoid sponsorship, advertisements and marketing of foods and beverages which are not consistent with healthy dietary practices. Marketing and advertising can be found in:

- posters on school campus
- textbooks
- advertisements in school yearbooks and newspapers
- school supply materials, such as book covers or pencil cases
- sponsored equipment for school sports teams, stadiums, etc.
- sponsored school events, school teams (e.g. quiz teams), exchange students or interschool competitions.

## Food availability near schools

Food vendors present on or near the school premises should be considered as partners in the promotion of healthy food by encouraging them to offer menus with fruits and vegetables.

## Physical environment

The school's physical environment plays a significant role in determining whether interventions to promote healthy eating and physical activity will be effective and sustainable. Elements that governments may consider are:

- buildings and facilities
- extracurricular activities
- safe walking and cycling to and from school.

## Buildings and facilities

A school's facilities are a key factor if the implementation of physical activity policies is to be successful. These include the school building, the classrooms, recreation and sport facilities and the surroundings in which the school is situated. By improving the physical facilities in schools, policy-makers will encourage students to spend their recess time more actively.

## Extracurricular opportunities for physical activity

Schools should ensure that the levels of physical activity for children and adolescents meet the minimum requirements for daily physical activity. Extracurricular activities can help to supplement physical activity obtained in formal physical education classes. Extracurricular activities include any form of activity provided by schools other than formal classes, such as:

- comprehensive programmes of after-school gatherings offering physical activity opportunities, both competitive and non-competitive;
- active recess, morning, lunch or after-lunch exercises, traditional dances, etc;
- school sports competitions.

Additional benefits of extracurricular activities include the participation of students in a wider variety of activities and increased opportunities for cooperation between schools, students, parents and the community.

When developing a policy to promote extracurricular physical activity the following issues should be considered:

- Extracurricular activities should not be a substitute for physical education classes.
- A variety of competitive and non-competitive activities, both individual and team activities, should be offered so that the maximum number of students' needs, interests and abilities are addressed.
- Students and the community should have access to adequate physical activity facilities.



## Safe walking and cycling to and from school

Walking and cycling to and from school presents a great opportunity for children and adolescents to be physically active on a regular basis.

Policies that promote safe walking and cycling include:

- crossing guards at road crossings to ensure students can safely get to and from school and take part in community sports and recreation;
- secure bike racks in school for students who choose to cycle;
- traffic-free zones in peak hours;
- safe walking and cycling trails, connected neighborhood pathways and play areas;
- adequate lighting during hours of darkness.

## Health promotion for school staff

Health promotion for school personnel is important because teachers and other staff need to be aware of and responsible for the messages they give as role models to students and others. Furthermore, evidence suggests that promoting the health of school staff by encouraging physical activity and healthy diet may improve staff productivity and mood, and reduce medical and insurance expenses. Health promotion for school staff can include:

- providing in-service training on healthy lifestyles;
- disseminating printed materials from national or local organizations providing a staffroom with a healthy environment to eat and relax in;
- ensuring healthy meals are served in the school cafeteria and providing healthy foods during breaks at staff meetings;
- organizing workshops held by nutrition specialists and physical education teachers.

## School health services

School health services help foster health and well-being as well as monitor, prevent, reduce, treat and refer health problems or conditions of students and staff. School health services can consist of a teacher designated to be responsible for healthy diet and physical activity monitoring, a trained school nurse or a school health team that includes a nutritionist or a diet and nutrition specialist.

Although not all governments can provide health services in schools, where resources are available the following services may be considered:

- Regular measurement of body weight and height of students with a feedback system to parents. Schools that initiate body mass index (BMI) measurement programmes should adhere to safeguards to reduce the risk of harming students, have in place a safe and supportive environment for students of all body sizes, and implement strategies to promote physical activity and healthy eating.
- Nutritional screening and information collection relevant to participation in physical activity.
- Referrals to other school services and community health services based on results of the screening.
- Recommendations about physical activity for all students, including those with disabilities, and their parents.
- Counselling of students and their parents to promote healthy eating and appropriate levels of physical activity.

In addition to providing these regular health services, health professionals may also be involved in research, monitoring and evaluation, education and advocacy.









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