



## Knowledge hub - Collection of best practices

### Summary of the best practice

1. Title of the best practice (e.g. name of policy, programme, project, etc.) \*

Nutrition-Friendly School Initiative to promote healthy dietary practices and physical activity, and improve nutritional status of school-age children.

2. Country or countries where the practice is implemented \*

State of Palestine (Gaza and West Bank's)

3. Please select the **most relevant** Action Track(s) the best practice applies to \*

- Action Track 1. Inclusive, equitable, safe, and healthy schools
- Action Track 2. Learning and skills for life, work, and sustainable development
- Action Track 3. Teachers, teaching and the teaching profession
- Action Track 4. Digital learning and transformation
- Action Track 5. Financing of education

4. Implementation lead/partner organization(s) \*

Ministry of Education

5. Key words (5-15 words): Please add key descriptive words around aims, modalities, target groups etc. \*

Improving the nutritional status of school-age children and adolescents in the State of Palestine.

6. What makes it a best practice? \*

Palestinian adolescents are highly vulnerable and exposed to multiple sources of deprivation and distress, with potentially severe and long-term impacts on their nutritional status and well-being. To address malnutrition among adolescents, the Ministries of Education and Health collaborated to implement a Nutrition-Friendly Schools Initiative, which was piloted across 24 primary schools in Gaza and the West Bank in 2019, and has now been scaled-up.

## Description of the best practice

### 7. Introduction (350-400 words)

This section should ideally provide the context of, and justification for, the practice and address the following issues:

- i) Which population was affected?
- ii) What was the problem that needed to be addressed?
- iii) Which approach was taken and what objectives were achieved? \*

Palestine is affected by a protracted humanitarian crisis related to the ongoing and chronic Israel-Palestine conflict, internal political divisions, and a deepening socio-economic crisis. As a result, Palestinian children and adolescents have limited access to essential services including health, nutrition, education, social and safe water and sanitation services.

The 2013 Palestinian Micronutrient Survey indicated a high prevalence of anaemia among children, adolescents, and pregnant women. Furthermore, the Ministry of Education's surveillance found that Palestine faces a double burden of malnutrition in adolescents with rising rates of overweight, particularly among teenage girls (16.6%), and accompanying diet-related non-communicable diseases.

Given this, the Nutrition-Friendly Schools Initiative (NFSI) was implemented in 2018 with support from UNICEF aiming to assist the government's efforts in a school-based multi-sector approach to address malnutrition among adolescent girls from the most vulnerable districts of the West Bank and the Gaza Strip. The NFSI approach included policy dialogue and advocacy with Palestinian authorities to change the education policy to promote adequate adolescent nutrition as well as a component focused on modeling and scaling up effective interventions within schools and communities, including supporting capacity building activities for teachers, caregivers, children, and community representatives, community mobilization initiatives and the provision of supplies such as micronutrient supplements.

## 8. Implementation (350-450 words)

Please describe the implementation modalities or processes, where possible in relation to:

- i) What are the main activities carried out?
- ii) When and where the activities were carried out (including the start date and whether it is ongoing)?
- iii) Who were the key implementation actors and collaborators? (civil society organizations, private sector, foundations, coalitions, networks etc.)?
- iv) What were the resources needed (budget and sources) for the implementation?

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As part of this initiative, the national school nutrition strategy was revised and upgraded to incorporate the Nutrition Friendly School approach. Additionally, the Palestinian Maternal, Child and Adolescent National Nutrition Protocol was revised, updated and translated in order to reflect the currently accepted best practices on adolescent's nutrition and in line with the NSFI. A referral system between the schools and primary health care clinics in the targeted governorates was developed to refer any anaemic school-age child for further investigation and treatment. The current MOE training package on school nutrition was revised and updated to integrate the NFSI steps and relevant guidelines. Lastly, a package of nutrition interventions including NFSI standards was developed. This included the revision of curricula to include life skills, health, and nutrition promotion messages, alongside physical activities. The MoE and local partners produced several Arabic brochures and leaflets on the NFSI, its objectives, and steps for becoming NFS accredited. These were distributed to all school children and key community representatives.

## 9. Results – outputs and outcomes (250-350 words)

To the extent possible, please reply to the questions below:

- i) How was the practice identified as transformative? (e.g., impact on policies, impact on management processes, impact on delivery arrangements or education monitoring, impact on teachers, learners and beneficiary communities etc.);
- ii) What were the concrete results achieved with regard to outputs and outcomes?
- iii) Has an assessment of the practice been carried out? If yes, what were the results? \*

The total number of school children reached in the first phase (24 schools) was 12,929, in both the West Bank and the Gaza Strip (3,453 in the West Bank, with 61.7% girls, and 9,473 in the Gaza Strip with 93.4% girls). In the second phase, an additional 10 schools were added to the programme in the West Bank, including East Jerusalem. In these additional schools, 3,709 schoolchildren were reached, of whom 47% were female. In total 16,638 schoolchildren benefited from schools activities, including haemoglobin and anthropometry screening, awareness sessions on healthy lifestyles and nutritious foods, hygiene promotion activities, and other physical education activities implemented through the NFSI programme. In addition, almost 395 teachers from all 34 schools were trained within the capacity building programme. One-day face-to-face training to introduce the updated protocol was conducted at the end of February 2020 in the Gaza Strip and six five-hour virtual training sessions were conducted for the West Bank. The virtual training sessions in the West Bank included almost 100 participants from different Palestinian and international institutions including the MoH, the MoE, local universities, United Nations Relief and Works Agency, international and local NGOs. Within the NFSI, efforts were also made to improve monitoring systems and data availability, including indicators on the nutrition of school- age children (anaemia prevalence rates, nutritional status estimates, including obesity rates).

## 10. Lessons learnt (300 words)

To the extent possible, please reply to the following questions:

- i) What were the key triggers for transformation?
- ii) What worked really well – what facilitated this?
- iii) What did not work – why did it not work? \*

During the NFSI implementation, inter-ministerial cooperation and engagement of all relevant nutrition partners working within health, education, protection and WASH sectors and communities to address child malnutrition were of utmost importance. This facilitated the organization of frequent consultation workshops which enabled the discussion of learnings and how to overcome any challenges. At the national level, a strategic consultation workshop entitled "Investment in Nutrition in Palestine" was organized, in which the NFSI initiative was presented and discussed. This workshop resulted in key recommendations incorporated in the Palestinian NFSI and taken into consideration for future phases of scale up throughout the Gaza Strip and West Bank.

However, coordination among various nutrition partners has been challenging. In order to enhance the dialogue on adolescent nutrition, UNICEF coordinated and supported MOH to hold frequent meetings at the national and sub-national level including the Gaza nutrition technical working group. This engagement helped improve inter-ministerial coordination as well. Another challenge faced through NFSI implementation was the absence of a National Nutrition Adolescent protocol, including clear procedures for screening of children at the school level, as well as the lack of a clear referral system for anaemic adolescents from schools to health facilities. To overcome this challenge the MOH and MoE revisited the National Nutrition Protocol and included procedures for adolescents including for referrals of malnourished and anemic adolescents. The revised protocols greatly helped to ensure that adolescent nutrition was prioritised and that school-aged children received nutrition screening. It further enabled a streamlined referral process so that children were given adequate support and weren't missed by the education and health services.

## 11. Conclusions (250 words)

Please describe why may this intervention be considered a “best practice”. What recommendations can be made for those intending to adopt the documented “best practice” or how can it help people working on the same issue(s)? \*

The initiative aims to foster an enabling school environment for nutrition through a package of interventions, including: capacity building trainings for teachers, children and parents; improved WASH facilities, gardening and school play areas; improved diversity of foods provided in school canteens; screening for anaemia and micronutrient supplementation as needed; community mobilization workshops; and physical education, particularly among girls. The Ministry of Education is committed to developing a national strategy and an eight-year action plan for mainstreaming and scaling up actions to address all forms of malnutrition among school-age children.

The government has been able to implement the NFSI activities in State of Palestine to a high standard, despite the challenges faced, particularly in light of COVID-19. A wide range of innovative activities were developed at school level before the pandemic which laid the groundwork for the implementation during the pandemic.

Other countries interested in implementing the NFSI approach should consider:

- The need to adopt the NFSI as a MoE policy to scale up the initiative across the country, and setting clear standards
- The importance of updating the National Nutrition Protocol to include school-age and adolescent nutrition,
- The importance of regularly engaging communities and particularly parents in the initiative to ensure that the activities in the NFSI were sustained and that, as far as possible, healthy eating behaviours were maintained.

## 12. Further reading

Please provide a list and URLs of key reference documents for additional information on the “best practice” for those who may be interested in knowing how the results benefited the beneficiary group/s. \*

<https://palestine.un.org/en/159804-schools-and-nutrition-better-results-children-palestine>