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Acronyms

BLK  Balai Laboratorium Kesehatan
BMI  Body Mass Index
DMFT or dmft  Decayed, Missing, Filled Teeth (permanent deciduous)
EHCP  Essential Health Care Package
FIT  Fit for School
FIT-HOS  Fit for School Health Outcome Study
FIT-PAS  FIT Program Assessment Study
FKG UNPAD  Facultas Kedokteran Gigi, Universitas Padjadjaran (Padjadjaran University Faculty of Dentistry)
GIZ  Deutsche Gesellschaft für Internationale Zusammenarbeit
HWWS  Individual handwashing with soap
Lao PDR  Lao People’s Democratic Republic
LabKes  Laboratorium Kesehatan
MoE  Ministry of Education
PED  Provincial Education Office
PUFA or pufa  Pulp involvement, Ulceration, Fistula, Abscess (permanent deciduous)
SEAMEO-INNOTECH  Southeast Asian Ministers of Education Organization Regional Center for Educational Innovation and Technology
STH  Soil-transmitted helminth
UKS  Usaha Kesehatan Sekolah (School Health Program Team)
UNESCO  United Nations Educational, Scientific and Cultural Organization
UNICEF  United Nations Children’s Fund
WASH  Water, Sanitation and Hygiene
WHO  World Health Organization
The Regional Fit for School (FIT) program is a joint school health program of the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH, the Southeast Asian Ministers of Education Organization Regional Center for Educational Innovation and Technology (SEAMEO INNOTECH), and relevant government agencies in four partner countries in the region – Indonesia, Lao People’s Democratic Republic (Lao PDR), Cambodia and the Philippines. The regional FIT program aims to improve access to water, sanitation and hygiene (WASH) facilities in schools, and to initiate positive change in hygiene behaviour through the implementation of daily group handwashing with soap, daily group toothbrushing with fluoride toothpaste and school-based bi-annual deworming as part of the integrated national deworming program.

In Indonesia, the regional FIT program started on Regional level in November 2011 and implementation in West Java by the Provincial Education Office (PEO) and the Usaha Kesehatan Sekolah (UKS) started in October 2012. During the research and development phase, 12 primary schools in Bandung City and Indramayu district were selected as official model schools of the program covering around 7,000 school children. Replication and scale up initiatives in West Java and other parts of Indonesia are under way.

To assess the effect of program interventions, a comprehensive FIT Program Assessment Study (FIT-PAS) was conducted with three major components: a WASH survey, which assessed the status of water, sanitation and hygiene resources in schools, a behavior study in Cambodia, which investigated independent handwashing practices and social norms of primary school children, and a Health Outcome Study. In 2012, baseline data was collected by a trained local research team from nine schools that implemented the FIT interventions in Bandung City and Indramayu district, and the same number of control schools, defined the nearest same size school, that implemented the existing government school health programs. The follow-up survey was done two years after.

The FIT-PAS showed that two years after program implementation, the FIT program improved access to handwashing facilities, water and soap in schools, as well as access to clean and functional toilets in schools. There was a clear impact of the daily group toothbrushing on oral health. The progression of dental caries on permanent teeth was 24% lower among FIT schoolchildren than control schoolchildren. There was a very low prevalence of STH infection in both FIT and control schoolchildren at baseline and follow-up, which indicated that the national deworming program is working well. The percentage of thin children (1 in 4 children being thin) did not significantly differ between FIT model and control schools, nor between baseline and follow-up. On the other hand, prevalence of childhood obesity increased in intervention and control schools which indicates that childhood obesity is becoming a public health problem in the Indonesia. The study also built research capacity and improved the collaboration between education and health sectors, and with academia.

This intersectoral approach is necessary to effectively address public health issues for children in the South-east Asian Region.
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