

“Go Green, Clean and Healthy”
(and please stay committed)

-A case study of the implementation of the FRESH school
health policy in Lombok, Indonesia

Abstract

By addressing an absence of implementation studies, this master thesis aims to examine the implementation of the FRESH health policy in schools in Lombok, Indonesia. The method used is a qualitative field study based on empirical material consisting of interviews with representatives from implementing organizations and teachers designated to be “FRESH coordinators” in schools. By utilizing dimensions from the Multiple Governance Framework, the World Food Programme showed to have a leading role within the process, in addition to the performance of socialization, training and monitoring in coordination with two local NGOs and sub-district level of government. A goal oriented approach indicated that teachers had implemented activities assigned to them, although not strictly after given guidelines but instead within structures already familiar to them. Concepts from the theory on “street-level bureaucrats” showed not to cohere with the working conditions of teachers involved with FRESH in Lombok, one explanation being that FRESH to a large extent was integrated with already existing health promotion initiatives, which facilitated the process. The results also showed that commitment played a crucial part in why the policy was implemented in a certain way, in addition to students playing a prominent part in the process –both as beneficiaries and implementers.

Key words: implementation, health policy, governance, street-level bureaucrats, Indonesia

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List of Abbreviations

CAC: Community Advisory Committee
FRESH: Focusing Resources on Effective School Health
HDI: Human Development Index
MGF: Multiple Governance Framework
NGO: Non Governmental Organization
NRP: Nutritional Rehabilitation Programme
PRA: Participatory Rural Appraisal
PTA: Parent Teacher Association
SDN: Sekolah Dasar Negeri (Public Elementary School)
SF: School Feeding
SHP: School Health Policy
SHT: School Health Team
UKS: Usaha Kesehatan Sekolah (School Health Unit)
UNICEF: United Nations International Children's Fund
UNESCO: United Nations Educational, Scientific and Cultural Organisation
YKSSI: Yayasan Keluarga Sehat Sejahtera Indonesia
YSM: Yayasan Swadaya Membangun
WHO: World Health Organization

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1 Introduction

At the Education for All World Education Forum in Dakar, in April 2000, agreement was reached among major United Nations agencies to harmonize actions around common elements in each of their respective approaches to school health. United Nations International Children's Fund, United Nations Educational, Scientific and Cultural Organisation, World Health Organization, the World Bank and several non-governmental organizations agreed on a common structure for school health initiatives known as the Focusing Resources on Effective School Health (FRESH) framework. Other international agencies have since joined FRESH as partners (Attawell 2006). FRESH is in other words a health policy created at international level, while its implementation takes place in schools at local level. The policy is implemented in deprived areas within developing countries and one of them is Lombok in Indonesia. During my time as a volunteer with the World Food Programme in Lombok, I found out that the organization was one of the implementing organizations of the FRESH school health policy which made me interested in how a policy created at international level was implemented locally. More than ten years later, no studies are to be found regarding the implementation of the FRESH initiative, which raises the question; what has happened to this ambitious approach at local level?

1.1 Purpose and Research Questions

Inspired by the curious absence of implementation studies, the purpose of this thesis is to examine the implementation of FRESH in Lombok, Indonesia. In order to do so I will look at actors within two different layers of the implementation process. Firstly by examine actors from implementing organizations and secondly by examine teachers who were involved in the implementation of FRESH in Lombok. The focus on actors can be motivated by the fact that they are the ones actually implementing the policy and I am interested in their interaction within the process. The main research question guiding this study is: *How has FRESH been implemented in Lombok?*

In order to answer the main research question, I ask the following:

- *What are the roles of the different actors from implementing organizations within the implementation process?*
- *How have teachers implemented FRESH in the schools?*

I will adopt the definition of implementation which implies that it is the action of how policies are carried out, accomplished, fulfilled, produced and completed (Hill & Hupe 2009:3). I do not intend to estimate the impacts of the FRESH policy in Lombok, but do more than simply describe implementation experiences –I also aim to explain. That is, not only asking “what has happened?” but also “why has it happened in this way? Through explanatory analysis, I will seek to understand how and why the implementation has been performed the way it has.

1.2 Previous Research

Pressman and Wildavsky, who are the presumed founding fathers of implementation research, published their influential *Implementation* in 1973 concerning to what extent successful implementation depends on linkages between different organizations and departments at the local level (Pressman & Wildavsky 1973). Many scholars have since studied the implementation of policies using other labels, although Pressman and Wildavsky were the first to use implementation as an explicit analytic research term (Saetren 2005:569). Hargrove (1975) wrote of implementation as the “missing link” in the study of the policy process while the following figures also made important contributions within the area; Williams (1971), Derthick (1972), Berman (1978) and Dunsire (1978). Theory and research on public policy implementation can be seen as concerning “*the development of systematic knowledge regarding what emerges, or is induced, as actors deal with a policy problem*” (O’Toole 2000:266), and one example of public policy implementation concern health promotion in schools. Examples of studies within this area is one from Botswana in where the authors came to the conclusion that the health policy examined was struggling with difficulties, arguing there is a lack of research within the area of school health policy implementation (Shaibu & Phaladzes 2010). Another case study on the topic made by UNICEF examined the context, process and outcomes of a model called Child Friendly Schools in Thailand. The strategy included strengthening and stabilizing the network of education policymakers, education supervisors and trained teachers (Chabott, 2009). Inchley and her colleagues evaluated the process of effective implementation of Health Promotion Schools in Scotland. The study highlights whether the schools were able to successfully adopt health principles and the conditions that need to be in place for such concepts to flourish. They argue that indicators need to be given greater recognition if schools are to progress beyond the early stages of implementation (Inchley et al., 2006). This study can be related to the above mentioned as it also emphasizes the necessity to increase the research field and examines the implementation process. By examining two different layers of actors, I will broaden the perspective of implementation by looking at a multiplicity of actors, action situations and layers.

1.3 Disposition

Following this introductory chapter on purpose, research questions and previous research, chapter two examines the empirical context by presenting background information about health conditions in Lombok schools together with an account on FRESH and guidelines regarding its implementation in the schools. Chapter three presents the methodology used in the fieldwork. In chapter four the theoretical frameworks of this study are presented, firstly dealing with Michael Hill and Peter Hupe's Multiple Governance Framework and secondly by presenting Michael Lipsky's concept of "street-level-bureaucrats". The data collected from the field study is discussed and analyzed in chapter five. Lastly, chapter six will summarize the study findings in a conclusion and suggest further research.

2 Background

In order to provide a deeper understanding of the context, this chapter aims to present a background picture about health conditions in Lombok schools, together with information about FRESH and guidelines regarding its implementation in the schools.

2.1 Health Conditions in Lombok Schools

Lombok is an Island located between Bali and Sumbawa in the West Nusa Tenggara Province, which ranks 32 out of 33 of all Indonesian Provinces within Human Development Index (HDI). Twenty-five percent of the population is considered poor and earn less than 1 US Dollar per day and the average length of school attendance is less than seven years. A total of 418 Elementary Schools (Sekolah Dasar Negeri or SDN in Indonesian) are under School Feeding (SF) lead by the World Food Programme, as micronutrients deficiencies are common among children and malnutrition is one of the most serious health conditions in the province (WFP Factsheet). Many children do not eat breakfast before school and in combination with malnourishment, focusing in class is difficult and affects performance. Malnourishment and lack of knowledge concerning nutritious food, hygiene and inadequate water and sanitation facilities makes health conditions in Lombok schools “*very bad*” (Respondent 4). Considering the existing health conditions, the following actions are considered necessary in order to improve the situation: reduce micronutrient deficiencies, improve knowledge and practice of health nutrition and hygiene, improve capacity to concentrate and learn and improve attendance (WFP Factsheet).

2.2 Focusing Resources on Effective School Health

Focusing Resources on Effective School Health (FRESH) is an inter-agency framework for strengthening school health, hygiene and education, combining a core group of proven cost-effective strategies recommended by UNICEF, UNESCO, WHO and the World Bank. The initiative was launched in 2000 and the overall goal is to make schools healthier for children, children more able to learn, and Education for All more likely to be achieved (www.freshschools.org). Education for All means ensuring that all children have access to basic education of good quality. This implies creating an environment in schools in which

children are both able and enabled to learn (www.schoolsandhealth.org). The FRESH framework provides the context for effective health related school policies by positioning such policies among four core components that should be made available together for all schools. The initiative is based on research and experience that show that school-based health programmes can significantly improve both health and learning outcomes, and that successful efforts typically include a combination of activities in the following core components:

Health-related School Policies aim to achieve a healthy, safe and secure school environment. The FRESH Framework recommends that responsibility and authority over the implementation of these policies should rest upon the school administrators and teachers.

Water Sanitation and the Environment aims to reassure a sanitary, safe school environment by providing safe water and sanitation. Schools that lack appropriate toilet facilities are almost certainly increase the spread of parasites, and therefore harming not only children's health, but also the health of the community as a whole. Schools are responsible for the implementation and reinforcement of a healthy and safe school environment.

Skills-based Education aims to promote a healthy living. Teachers are main responsible for education and the goal is to help young people acquire communication skills, critical thinking and other life skills needed to practice a healthy life style.

School-based Health and Nutrition Services, aims to enhance the role of the school in a community. Schools should use and take advantage of existing skilled workforce such as teachers to educate children and their families about hygiene, health protection strategies and local environment. It can for example be promotion of deworming or school feeding programs that provides free or low cost breakfast or lunch. The key is in the synergy of activity across the four components of the framework, and in the FRESH supporting strategies, which make up the implementation tool for the policy (www.freshshools.org).

2.3 Guidelines Regarding the Implementation of FRESH in Schools

The FRESH supporting strategies call for effective partnerships between teachers and health workers, the involvement and support of parents and the community, and the active participation of students in the design and implementation of health promoting activities. FRESH encourage those who plan school health programmes to use the FRESH approach and provide implementers, in particular teachers, with a set of practical tools for achieving the best results. The tools consist of different types of educational materials such as lesson plans, checklists, etc grouped by FRESH core component and by health theme. As people are more likely to support something they helped to shape, the FRESH framework recommends that schools form a School Health Team (SHT)

(www.portal.unesco.org/education). The task of the SHT is to plan and implement school health programmes and the idea is that they take the lead regarding activities including:

- Providing leadership in developing a shared vision and an action plan that school officials can accept and support
- Working with school officials to ensure that a School Health Team leader is designated to oversee the activities in carrying out the action plan and that responsibilities for implementing activities are clearly defined
- Keeping good records and descriptions of what happens
- Working with parents to identify needs, solicit ideas and encourage involvement
- Delineating roles and expectations of team members as well as frequency and times for meetings
- Working with an Community Advisory Committee
- Leading or coordinating plans to provide information to school staff and community members and to arrange for training
- Establishing links with district education personnel, local health officials and provincial or national network or ministry-level staff

The SHT should also learn as much as possible about the status of health programmes and health problems in the school and local area. Once the group has this knowledge and information, the next step is to make plans for change. The development of an action plan (goals, objectives and steps) will help to answer questions about what changes the school want to make and how it will do so. The school will then review the plan and discuss with school officials how assignments will be made and people's skills and experience should be matched with the steps. Responsibilities should be defined so everyone knows the roles and who is carrying them out (www.schoolsandhealth.org).

3 Methodology

This chapter outlines the methodology used during the study, starting with a presentation of the methodological approach followed by a discussion of the data collection and semi-structured interviews. It concludes by presenting the code for the analysis of the collected data.

3.1 Approach

This thesis can be described as a hermeneutical qualitative case study as it prioritizes an in-depth understanding of a case, the implementation of a health policy at local level (Lundquist 1993:41f). Within qualitative methods one is also interested in coherence and structures, description and understanding, whereby the researcher observes the phenomenon from the inside, which I intend to do by undertake field studies (Ibid1993:104f). A top-down/bottom-up approach concern whether how to identify the features of a very complex process, occurring across time and a space, and involving multiple actors. Writers on implementation vary in the way they respond to that complexity and I will adopt an alternative view, stating that systematization and generalization is impossible and that the only approach possible is to provide an accurate account of a specific implementation process, which I aim to do (Hill & Hupe 2009:43f).

3.2 Data Collection

This thesis is primary based on the first hand material collected during a field study in Lombok, Indonesia including interviews with actors working closely to the area of interest, with particular insight about the topic under study. The selection of respondents and sampling is considered one of the critical areas in the qualitative studies (Mikkelsen, 2005:193). For this study, the selection of the respondents was based on their functions as being directly involved as actors in the implementation process and a number of different sources was consulted as to who could be of key importance to the study. Gathering this type of information from different sources ensures avoidance of a biased view (Ibid 2005:89). In some cases the selection was based on snowball sampling, meaning that one respondent would lead me to the next etc (Esaiasson et al., 2005:212, Marsh & Stoker 2002:205). In so doing, key actors within the implementation process showed to

be two local Non Governmental Organizations (NGOs); Yayasan Keluarga Sehat Sejahtera (Indonesian Family Health and Welfare Foundation, YKSSI) and *Yayasan Keluarga Sehat Sejahtera Indonesia*, (Community Self-Reliance Development Agency, YSM), in addition to the World Food Programme (WFP), the Indonesian government and teachers. Representatives from each organization were interviewed and a total of ten interviews were conducted. The teachers interviewed were chosen randomly as I accompanied WFP to FRESH schools under their School Feeding Programme (SF). Accompanying them while monitoring SF was my chance to access the schools, as the ones under FRESH are located in remote areas in central and east Lombok. A large portion of needed data was firsthand accounts from above mentioned actors regarding their experiences of the implementation process. To compliment this material and in order to collect background information, secondary sources such as publications and documents was used. Some of this material I got access to from the different key actors I was interviewing and some through Internet sources and web sites provided by large, well-known organizations and authorities, which contributed with valid material to the study.

3.3 Semi-Structured Interviews

By using a method of semi structured interviews I was allowed to follow a certain thematic schedule, while at the same time leaving space for the respondents to develop their answers. This technique serves as a way to ensure that the topics regarded as important to the research are covered while also providing for spontaneous responses (Willis, 2006:144f). There are different types of questions with the most significant difference between open-ended or closed ones (Jacobsen 1993:99). Open-ended questions provide a greater opportunity for respondents to organize their answers within their own framework, which increases the validity of the responses and showed to be the most suitable alternative for this kind of exploratory and in-depth study (Aberbach & Rockman 2002:674). Since the study to a great extent is about the different actors view on the implementation process I found this method to be the most appropriate as semi structured interviews with open-ended questions can focus on the part of the implementation process most relevant to the respondent being interviewed. Two main interview guides were drawn up, one for the representatives for the implementing organisations and one for the teachers. This method of asking thematic questions provided the opportunity to ask follow up questions, which would have been left out with a fixed set of questions (Kvale, 1996:84ff). The majority of the interviews were conducted in Indonesian (Bahasa Indonesia) and a translator assisted to ensure the reliability of the respondent's answers. Although assisted by a translator, my knowledge of Indonesian was an asset, as it helped me to approach, meet, and create a relaxed atmosphere with the respondents. To create such an atmosphere represents an essential part of the fieldwork, as the result of the interview is affected by the situation, the position of the interviewed, and the approach of the

interviewer (May 2001:174f). Within research it is important to be conscious about obtaining a high level of validity –coherence between theoretical definitions and operational indicators meaning measuring what we intend to measure and reliability –reliable data collection without systematic or random errors (Esaïsson et al., 2005:59). Aware of the fact that the teachers interviewed might come across as somewhat suspicious of my intentions and role as a researcher, this can have had effect on the reliability of the study as they might have chosen to present a “nicer picture” of being a FRESH school. I strived to avoid this situation by being clear about my position as a student doing independent research and the aim of the study –examining the implementation of FRESH and not its evaluation and desirable outcomes.

3.4 Analyzing the Data

In contrast to quantitative methods whereby the material must be coded before an analysis can be done, qualitative methods are integrated in a cyclic process (Svenning 1997:151). The analysis of the semi structured interviews with key actors will be achieved by categorizing the answers under dimensions and concepts within the two theoretical frameworks for this study, further explained in the following chapter. Answers from teachers will also be categorized under the activities assigned to the School Health Team, using a goal oriented implementation approach. The aim of the analysis is to uncover a deeper understanding of the respondents’ realities and experiences by interpreting their stories through the theoretical frameworks (Esaïsson et al. 2003:280). Each phenomenon must be considered on the basis of its own conditions and without generalizing ambitions, even though a case study has the potential to contribute to the understanding of other cases (Bjereld et al 2002:76).

4 Theoretical Frameworks

This chapter presents the theoretical frameworks for this study, the Multiple Governance Framework by Michael Hill and Peter Hupe and Michael Lipsky's theory on "street-level bureaucrats". As scientists should be aware of, and capable of applying, several different theoretical perspectives and also clarify differences in assumptions across frameworks and clarify conditions under which one perspective is more useful than another, I have chosen to include both frameworks in order to examine how FRESH has been implemented in Lombok (Sabatier 2007:6).

4.1 The Multiple Governance Framework

The Multiple Governance Framework (MGF), will be used in order to examine the roles of the different actors from implementing organizations within the implementation process of FRESH. There is an eye for *connections* within the MGF, and with its multi dimensionality the framework stresses the nested character of range of factors determining the acts of governing actors, an approach well suited for this study.

Hill and Hupe argue that studying contemporary implementation, above all, can be conceived as governance research (Hill & Hupe 2009:129ff). Governance can be used as a label to conceptualize the multi-dimensional character of "government-in-action" and among the many definitions circulating, they refer to the one formulated by O'Toole in where the conceptualization of governance is designed "*to incorporate a more complete understanding of the multiple levels of action and kinds of variables that can be expected to influence the performance*", a definition which will also be used in this thesis (O'Toole 2000:276, Hill & Hupe 2009:14f). What is attractive about the contemporary use of the concept of governance is its broad scope. Moving away from concentration on government as a locus, using this concept as a focus draws attention to relevant forms of action aimed at governing that has not been much looked at before. These actions are practiced by government, but also by corporate and non-profit actors who fulfil tasks in the public domain (Hill & Hupe 2009:101), which can be related to the tasks of implementing actors in Lombok regarding FRESH.

The MGF propose the following questions which will be useful when examining the roles of the different actors: *Who acts where, doing what, on which scale and how?* Each question refers to an element in the structure of a policy process if the latter is viewed as positioned in a multi-dimensional setting of government-in-action and is elaborated further as the following:

Who? Actors. Hill and Hupés definition of an actor is “*a single individual or a group functioning as a corporate actor*” and argue that the question who is the “governing actor?” is empirically open (e.g Ostrom 2007:30).

Where? Administrative layers. The term refers to a specific kind of action locations or *locus*: the formal, legitimate political-administrative institutions, including representative organs with certain territorial competencies. It also refers to a series of spots on a line of vertical public administration from which actors participate in a particular policy process.

What? Action levels. Hill and Hupe see the policy process as governance consisting of three broad sets of activities that they call constitutive, directional and operational governance which involves the combination of creating settings, giving direction and getting things done. Each of these sets of activities that governing consists of can in principle be practiced by any actor and gives the framework a nested character (Hill & Hupe 2009:126). Respectively these three action levels refer to structure-oriented, content-oriented and process-oriented sets of activities which can be related to the “Health Policy Triangle”, a framework within policy analysis which incorporates the concepts of context, process and actors as well as content (e.g. Gill & Walt 1994:355).

On which scale? Action situations. The three sets of activities distinguished above as action levels have a specific form dependent on the locus observed. Hill and Hupés definition of locus is comparable to what can be called an “action situation. Irrespective of the kind of formal administrative layer looked at, a researcher may observe specific activities in action situations on a scale that can vary from action of and between individuals, via action of and between organizations.

How? Political-administrative craftsmanship. The how question does not regard means-ends relationships, instead this question within the MGF concerns what can be describe as the quality of human agency. Also in the same position and with similar tasks, actor A can do the job in a different way to actor B.

The connections between actors, acts and action spots within the MGF are of an empirical nature instead of a priori nature which means rather than assuming them on normative grounds, they are to be investigated empirically, which I aim to do (Hill & Hupe 2009:127).

There are alternative frameworks, all with a validity and functionality of their own. Public management and converging movements are observed in the “logic of governance” framework of Laurence Lynn and his colleagues (2000) and in broad outline it constitutes an effort to combine influences on government performance of several sorts and from several levels. Particularly elements from Elinor Ostroms Institutional Analysis Development (IAD) Framework inspired Hill and Hupe to develop the MGF, and to especially design it for governance research. The major differences between the IAD and the MGF is that the latter links the study of the policy process explicit with the concept of governance by the focus on action rather than only on institutions. Its multi-dimensional character makes it possible to specify research questions and identify contextual relations (e.g Schlager 2007:293, Hill & Hupe 2009:127f).

4.2 Street-Level Bureaucrats

Michael Lipsky's analysis of the behaviour of frontline staff in policy delivery agencies, whom he calls "street level bureaucrats", has had an important influence upon implementation studies (Hill & Hupe 2009:51). In his book "*Street-Level Bureaucrats –Dilemmas of the Individual in Public Services*", Lipsky examines the critical role of low-level workers in the policymaking and implementation process. He defines street-level bureaucrats as public service workers who interact directly with citizens in their jobs, and who have a significant responsibility in the execution of their work. Teachers, police officers, and intake workers in social security offices are some examples of street-level bureaucrats (Lipsky 1980:3).

According to Hill and Hupe, it has since Lipsky's book been recognized that any attempt to explain implementation must look within agencies at the factors that affect the behaviour of staff working at the "street-level" –in fact, a *sub-layer*, which the teachers will represent within this study (Hill & Hupe 2009:150f). As the FRESH framework recommends that responsibility and authority over the implementation of the policy should rest upon teachers, Lipsky's theory on "street level bureaucrats" will help to examine how they have implemented FRESH in schools. Lipsky argues that "*decisions of street-level bureaucrats, the routines they establish, and the device they invent to cope with uncertainties and work pressures, effectively becomes the public policies they carry out*" (Lipsky 1980:xii), which will help when examining not only how but also why teachers have implemented FRESH in a certain way. Lipsky focuses on how these workers behave under the conditions of their work context, conditions which can be characterized as follows:

- Resources are chronically inadequate relative to the tasks workers are asked to perform.
- The demand for services tends to increase to meet the supply.
- Goal expectations for the agencies in which they work tend to be ambiguous, vague or conflicting.
- Performance oriented toward goal achievement tends to be difficult if not impossible to measure.
- Clients are typically non-voluntary; partly as a result, clients for the most part do not serve as primary bureaucratic reference groups (Lipsky 1980: 27f).

5 Analysis

This chapter examines the implementation of FRESH in Lombok and the aspiration is for each section of the analysis to contribute with an understanding of the process. It commences with an analysis of the roles of the different actors within the implementing organizations through the MGF, followed by an analysis of how teachers have implemented FRESH in schools. The latter will firstly be examined through goal oriented implementation in where it is analysed whether a School Health Team has implemented activities assigned to them by the FRESH framework and secondly by analyzing how teachers have implemented FRESH using concepts from Lipsky's theory on street-level bureaucrats.

5.1 Roles of the Different Actors Within the Implementation Process

The multi dimensionality of the Multiple Governance Framework will be used in order to examine the roles of the implementing organizations within the implementation process.

5.1.1 Who?

The organizations in Lombok to whom a task within the implementation process have been mandated and whose actions have been researched are the following:

World Food Programme (WFP) is the United Nations agency on food aid and the world's largest humanitarian organization. It is seated in more than 80 countries, including Indonesia where the organization has four sub-offices and one of them is Mataram, Lombok. The interventions of WFP Mataram include School Feeding, Mother and Child Nutrition and Food For Work among others (www.wfp.org, WFP Factsheet).

Yayasan Keluarga Sehat Sejahtera Indonesia, Indonesian Family Health and Welfare Foundation (YKSSI). A non-governmental public welfare organization operating in Lombok with the aim to fill gaps within already existing health activities given by local foundations and the government, regarding public health programmes and field operating research. The aim is to improve public health, welfare of mothers and their families, and public knowledge on social issues including health. Activities include promotion and training within health education and to develop Education Communication (IEC) material (www.lp3es.or.id 1).

Yayasan Swadaya Membangun, Community Self-Reliance Development Agency (YSM), a non-governmental organization with the purpose to alleviate poverty and ignorance. YSM operates in Lombok only and fields of activities are within environment, water and sanitation and healthcare. Activities in those fields take the forms of education, training, community development and facilitation (www.lp3es.or.id 2).

Sub-district level of government: Lombok is divided into five governmental districts: north, south, east, west and central Lombok and each district is in turn divided into sub-districts. Local health stations called Puskesmas are under the sub-district level of government. Health officials working for the Puskesmas assist national, provincial, and district levels of government when implementing health programs in schools (Respondent 4).

5.1.2 Where?

Administrative layers refer to a specific kind of action locations: separate sub- or co-governments and the formal legitimate political-administrative institutions, including representative organs with certain territorial competencies and many policies encounter a variety of such layers (Hill & Hupe 2009:125, 16).

Information on administrative layers above Lombok is necessary to include in this section in order to fully understand how FRESH has been implemented and why the policy was taken to Lombok in the first place. As FRESH is a school health policy created at international level by large actors such as WHO, UNICEF, the World Bank and later followed by other international agencies, this layer can be seen as the first spot on a line of vertical public administration within the implementation process of FRESH. The Indonesian government representing the national level comes next, as one of the objectives of implementing FRESH in Lombok is to strengthen the Usaha Kesehatan Sekolah or School Health Unit (UKS), an already existing national government school health program aimed for all Indonesian schools but not well functioning (Respondent 2). FRESH as a strategy to support the UKS is coherent with the FRESH framework which states that FRESH should be integrated with already existing school health policies (www.freshschools.org). Dokter Kecil or the Little Doctor a school based child-to-child program under UKS is an example of an approach integrated within FRESH. Firstly teachers are trained to be responsible for the program and they in turn recruit and train students to become “Little Doctors” who conduct basic health checks of peers (www.dokterkecil.com).

Before implemented in Lombok, FRESH was run as a pilot project in Surabaya, Java in 2000 and included fifteen schools. It proved successful and was decided to be implemented in Lombok as there is a WFP sub office on the island and FRESH was only to be implemented in schools under the WFP School Feeding Programme (SF), as the fourth component of the FRESH framework includes nutrition services. Another reason why Lombok was chosen out of all locations with a WFP sub office was because water sources are relatively good on the island, an important factor for the water and sanitation projects within FRESH

(Respondent 1). Besides WFP, other representative organs with territorial competencies within the implementation process showed to be YKSSI and YSM, two NGOs working in the area of health and which whom WFP had previous experience to work with through joint monitoring regarding SF (Respondent 3).

The provincial, district and sub districts of government and schools are examples of other administrative layers within the implementation process, and the latter can be seen as the main location as it is here the policy actually meets its beneficiaries, the students (Respondent 4).

Previous sections have given an account for the actors involved and their positions within administrative layers, in addition to explanations of why they in particular happened to be implementing organizations. One explanation is that working relationships were already established and that all actors were already familiar with one another due to SF, in an addition to all organizations working within areas related to health.

5.1.3 Doing what?

The combination of creating settings, giving direction and getting things done is to a large extent already stated in the FRESH framework and not performed at local level. Although, a few activities within constitutive, directional and operational governance has been identified within the implementation process in Lombok.

Constitutive governance (creating settings) can be defined as “*decisions about decision rules*”, which include both fundamental decisions about the content of policy and the organizational arrangements for its delivery, for example, rules on who is to be entitled by health benefits and how those benefits are to be delivered (Hill & Hupe 2009:125). The content of the policy is already stated through the FRESH four core components, although at local level in Lombok it is integrated with elements from the UKS, such as the Little Doctor initiative. The FRESH framework also declares that students in elementary school are the beneficiaries, while rules about its delivery are found within the strategies of implementation carried out by the teachers. Recommendations on forming a School Health Team can be seen as organizational arrangements for the delivery of the policy, as such a team will make it easier for the members to shape and have influence on the policy (www.portal.unesco.org/education).

Directional governance (giving direction) involves the formulation of and decision-making about collectively desired outcomes and facilitating the conditions for the realization of these situations belongs to this part of governance (Hill & Hupe 2009:125f). The formulation of and the decision making about collectively desired outcomes is already stated within the FRESH framework as the policy aims to make schools healthier for children so they can maximize the benefits of education (www.freshschools.org). Facilitating conditions for making this happen can be identified as the supporting strategies within the FRESH framework, as it call for effective partnerships between teachers and health workers, the involvement, and support of parents and the community at large, and

the active participation of young people in the implementation (www.portal.unesco.org/education).

Operational governance (getting things done) concerns the actual managing of the realization process (Hill & Hupe 2009:125f). As an example of operational governance within the implementation process of FRESH in Lombok, the school committee made up by teachers and the Parent and Teacher Association were encouraged to meet and discuss the actual health conditions in the school and come up with an action plan of how to work together in order to improve them (Respondent 3). Additionally, the implementing organizations can be seen as managers of the realization process as they were in charge of the implementation at local level and were to support the teachers in their roles as the main implementers (Respondent 1).

The combination of creating settings, giving direction and getting things done seem to require a balance within activities performed at international and local level as it might affect how teachers perceived the policy. Teachers might either prefer a large amount of control and influence, or prefer clear guidelines which does not require much initiative of their own. By integrating FRESH with already existing policies, the initiative might not have been perceived as very demanding.

5.1.4 On which scale?

The three sets of activities distinguished above as action levels have a specific form dependent on the locus observed, which can be understood as “action situations” of and between individuals and organizations (Hill & Hupe 2009:126f).

Action situations of individuals within the implementation process of FRESH in Lombok involve activities carried out by the teachers and the students. Teachers’ main activity was to receive training on health topics in order to recruit and train students to become Little Doctors whom in turn conducted health checks among peers. The action situation of teachers will be further analyzed in the sections concerning goal oriented implementation and the theory on street-level bureaucrats.

Action situations of and between organizations within the implementation process involve activities of and between WFP, YKSSI, YSM and the sub-district level of government through the Puskesmas.

The action situation of WFP can be described as the one of a lead organization, as it was coordinating the implementation and provided resources to the other actors. All funding was channelled from WFP initially from FRESH donors with a total of 332,217,375 Rupiah, about 40 000 US Dollars (Respondent 1, WFP Logframe). The prominent role of WFP can be explained by them being the largest organization in the implementation process and by the fact that they in coordination with UNICEF participated in the FRESH pilot project in Surabaya. WFP invited YKSSI and YSM as implementing partners, as the organizations had previous experience of working together through joint monitoring of the School Feeding Programme. Out of 418 schools under SF, thirty was chosen to become

FRESH schools. The selection of schools is an example of an action situation between organizations as it was a procedure including WFP, YKSSI and YSM in where WFP made the final decision. The necessary criteria for the schools were good records of previous cooperation regarding SF and water sources (Respondent 1). As part of the fourth component within the FRESH framework, SF continued during the implementation process in coordination between WFP, YKSSI, YSM and the Puskesmas, another example of an action situation between organizations. Additionally, WFP, YKSSI, YSM and the district level of government through health staff from Puskesmas conducted socialization in where teachers and the school committee received information on FRESH and its objectives (Respondent 3). Thereafter, the same actors conducted training with teachers chosen to be “FRESH coordinators” at the schools, namely the sport teacher, as he or she would have initial knowledge on how to stay healthy.

YKSSI and YSM, performed similar activities within the implementation process such as socialization, training and monitoring as they were responsible of around fifteen schools in one district each, YKSSI in central Lombok and YSM in east Lombok (Respondent 5). Both YKSSI and YSM conducted Participatory Rural Appraisal (PRA), an approach to incorporate the knowledge and opinions of people in the planning and management of development projects and programmes. In the case of FRESH in Lombok, the method helped to map out existing health conditions among the students by letting them shows pictures of every day activities. Another action situation between WFP, YKSSI and YSM consisted of providing material to water and sanitation facilities (Respondent 3).

The provincial level of government only gave its approval for FRESH to be implemented in Lombok while the district level of government invited all sub districts in the beginning of the process with the aim to gather all the implementing actors. The district level joined but only to observe when WFP, YKSSI and YSM conducted socialization, training and monitoring while health staff from Puskesmas were the “*real implementers*” at governmental level as they assisted in these activities (Respondent 5).

It seems as if the different actors performed activities they were already familiar with, as they had continued with almost the same roles and responsibilities as within the SF. The provincial and district level of government had previously been involved in similar work settings and kept their role as a background actor, letting the organizations “on the ground” carry out the actual implementing activities.

5.1.5 How?

The how question does not regard means-ends relationships, instead this question within the MGF concerns what can be described as the quality of human agency, meaning that, in the same position and with similar tasks, actor A can do the job in a different way to actor B (Hill & Hupe 2009:127). Within the implementation process, such actors have been identified as the two NGOs involved in the process: YKSSI and YSM, together with health staff from Puskesmas. YKSSI and

YSM had the same responsibilities within the implementation process, but in different districts. Their areas of expertise might have had influence on how they performed their activities in addition to their previous relations to the schools through joint monitoring of SF. Regarding the action scale of health staff from Puskesmas, partner and government departments was to provide sufficient and qualified human resources during the implementation process (WFP FRESH Logframe). Depending on how sufficient and qualified the human resources actually were could have influenced whether one actor at a Puskesmas performed activities differently to another actor within the same or other Puskesmas. The quality of human agency in the Puskesmas could in turn have influenced the quality of the training of teachers.

The attitude, motivation and willingness among the different actors from implementing organisations might represent a crucial factor in why the policy was implemented in a certain way, as their approach might have had influence on the teachers. As the improvement of health is a main purpose in the activities of WFP, YKSSI, YSM and the Puskesmas, one can assume that the implementing organizations supported the FRESH initiative, as joined forces towards the same goal might have been perceived as facilitating.

5.2 How Teachers Have Implemented FRESH

This section will analyse how teachers have implemented FRESH. Firstly by conducting goal oriented implementation in where it is analysed whether a School Health Team has implemented activities assigned to them by the FRESH framework and secondly by using concepts from the theory on street-level bureaucrats.

5.2.1 Goal Oriented Implementation

The FRESH framework recommends that that schools form a School Health Team (SHT) and the idea is that the team takes the lead regarding specific implementing activities (www.freshschools.org). By using a goal oriented implementation approach, it will here be examined whether these activities have been implemented. To begin with, two out of five schools had taken up on the recommendation to form a SHT at all (SDN 1, 5), while the other schools had chosen to run FRESH through the already existing school committee or the Parent Teacher Association (PTA). An explanation can be that the schools preferred to work within already existing structures.

Providing leadership in developing a shared vision and an action plan that school officials can accept and support. All schools were supposed to make an action plan under the guidance of WFP, while it was the role of WFP, the NGOs, sub district level of government and the schools to implement the plan (Respondent

5). Four out of five schools had developed an action plan and shared vision (SDN1, 2, 4, 5), while SDN referred to “*a lack of structure*” as an explanation to why they had not. The action plan concerned rules for the Little Doctors, such as guidelines for health checks, responsibilities for managing water and sanitation facilities and keeping the school clean (SDN 5). As an example of a shared vision, teachers and students from two schools had made posters of existing conditions of the school and others with visions for the future. The posters showed areas designated for water and sanitation facilities and of “*apotek hidup*” or “*living pharmacy*”, a small garden of medicine plants which some schools had conducted with the help of the NGOs (SDN 2, 4). The action plan and posters with now and then visions was useful tools for the monitoring actors as it facilitated an understanding of the aims of the school (Respondent 3).

Working with school officials to ensure that a School Health Team leader is designated to oversee the activities in carrying out the action plan and that the responsibilities for implementing activities are clearly defined. All schools had designated a leader to oversee activities, although not namely a “*School health Team Leader*”. Instead, he or she was designated to be a “*FRESH coordinator*” at the school and was namely a sport teacher after guidelines from WFP. All schools but SDN 3 had clearly defined responsibilities for the FRESH coordinator, who was designated to recruit and train a number of students to become Little Doctors. The same schools told of defined roles among students as they had schedules of what to do and when regarding health checks.

Keeping good records and descriptions of what happens. Four out of five schools had kept records and descriptions during the process, SDN 3 mentioning a lack of structure and “*running things by doing*” instead of having a structure within the implementation process. As an example of keeping records, the Little Doctors had a book each in which they kept daily notes of the health conditions of their peers.

Working with parents to identify needs, solicit ideas and encourage involvement. All schools told of having worked together with parents during the implementation process, three out of five schools mentioning working with the PTA and the overall experience of cooperation was good (SDN 2 ,4, 5). SDN 4 said parents had been involved in socialization, as they had been invited to the school to receive information about FRESH. SDN 5 thought of the parents as supportive because they had reinforced their children about personal hygiene. In SDN 2 parents had on their own initiative contributed with material to an entrance made out of bamboo covered with plants, which initially was an idea from the school in an attempt to make the school a greener place. The same school had also reserved patches along the school wall in where they grew greens and vegetables for the community.

An evident coherence was found between schools with a view of a successful implementation and an evident cooperative with parents. The involvement of parents seems to have reinforced messages to students regarding health promotion, as they not only received support in school but also at home. One

explanation could be that parents to students in some schools had not received enough information on FRESH and were therefore not so motivated and did not know how to support their children.

Delineating roles and expectations of team members as well as frequency and times for meetings. The definition of roles and expectations among SHT members were not really defined, but instead roles of teachers and students. As earlier mentioned, all schools but SDN 3 had clearly defined responsibilities for the FRESH coordinator who was supposed to recruit and train Little Doctors. In SDN 2 the FRESH coordinator was expected to take the student to Puskesmas in case of a serious accident. None of the schools told of a frequency of meetings, although they did take place. Here it can be discussed if a frequency of meetings could have enhanced the possibilities of a more successful implementation in some schools as meetings could have served as a platform for discussions and thoughts on the implementation process among teachers.

Working with the Community Advisory Committee. None of the schools mentioned a Community Advisory Committee, instead the Parent Teacher Association had taken the role of such a committee in the schools, in addition to the community at large. One example of community involvement within the process was through the funding of water and sanitation facilities in where 70% of the funding was supposed to be a contribution from WFP and 30 % from the school through the community, an agreement which was well functioning throughout the process (Respondent 1). One reason could be that the improvement of such facilities had been an aspiration among many schools before becoming a FRESH school and the generous deal finally made it possible.

Leading or coordinating plans to provide information to school staff and community members and to arrange for training. Two out of five schools had provided information to school staff (SDN 4, 5) while all schools had arranged training for the Little Doctors. The number of teachers involved in the implementation process depended on the school, as some schools had one teacher running the program while in SDN 2 and 5, all teachers including the headmaster were involved. None of the schools had informed the community, instead it seemed as if the schools emphasized the role of parents and perceived it as the students got trained on health issues and later brought the knowledge home.

Establishing links with district education personnel, local health officials and provincial or national network or ministry-level staff. All schools had established links with district education personnel, through the socialization and training given by health staff from Puskesmas in coordination with WFP, YKSSI, and YSM. The FRESH coordinator at SDN 2 said he had received training at the Puskesmas but also at the nearest hospital at district level. SDN 1 told of training with WFP in addition to teachers from the Surabaya FRESH pilot project, which can be seen as establishing links with a national network. SDN 3 and 4 mentioned that teachers but also the school committee and the PTA had received training

from Puskesmas. SDN 3 said they had preferred more frequent visits from Puskesmas, and gave this as a reason why the implementation at their school had not worked so well. They made an impression of Puskesmas being responsible for the FRESH programme in the school and not the school itself. On the contrary, all the other schools told of a well functioning relationship which shows that commitment and defined roles and responsibilities played a crucial part in the process.

5.3 Teachers as Street-Level Bureaucrats

Concepts from Lipsky's theory on "street-level bureaucrats" will continue to examine how teachers have implemented FRESH, contributing with an understanding of the teachers working conditions. Lipsky argues that the conditions work in which street-level bureaucrats are surrounded makes them behave in a way that effectively becomes the policies they carry out (Lipsky 1980:xii), conditions elaborated further as resources, demand for services, goal expectations, performance measures and clients.

5.3.1 Resources

Resources are chronically inadequate relative to the tasks workers are asked to perform. According to Lipsky, most street-level bureaucrats acknowledge that their organization do not have sufficient resources or at least are hampered by resources (Ibid 1980:33). This statement did not cohere with the schools in the study as all of them told of adequate resources to the tasks they were asked to perform. To be constrained by costs of obtaining information and unavailability of information belong to the concept of resources (Ibid 1980:29), a statement which proved not to be the true among teachers as they all had received information about FRESH and guidelines about its implementation. Street-level bureaucrats usually have very large caseloads relative to their responsibilities. For teachers, overcrowded classrooms with eager supplies mean that they are unable to give the kind of personal attention good teaching requires (Ibid 1980:29). Although this might be the case in every day situations for teachers in Lombok schools, the structure of Little Doctors seem to have solved this problem as it only involved the teachers personal attention to a group of students who in turn taught their peers. Street-level bureaucrats may also lack personal resources in conducting their work and they may be undertrained or inexperienced (Ibid 1980:31). The teachers might have been undertrained or inexperienced beforehand, but was given training during the implementation process. Although, it cannot be a given that the designated FRESH coordinator was the best suitable or most motivated among the teachers, just because he or she was a sports teacher.

5.3.2 Demand for services

The demand for services tends to increase to meet the supply. To comprehend the relationship between resources and practice, one must understand the meaning of demands in public service and a distinct characteristic of the work setting of street-level bureaucrats is that the demand for services tends to increase to meet the supply (Ibid 1980:33f). This showed not to be the case among the FRESH schools in the study as all told of having had enough time for the initiative and did not think of the implementation of FRESH as demanding. Although, the demand for services did increase as teachers formed an action plan, informed parents, participated in training and eventually trained Little Doctors, nevertheless the teachers did not perceive these increasing activities as time consuming. One explanation can be that the FRESH policy was integrated with the UKS, meaning that many elements from the existing health programme such as the Little Doctor, was an already familiar initiative among the teachers. Another reason could be that teachers perceived the policy as important and genuinely worked for its aims instead of perceiving it as demanding, in other words showed signs of commitment.

5.3.3 Goal Expectations

Goal expectations for the agencies in which they work tend to be ambiguous, vague or conflicting. Street-level bureaucrats usually work in jobs with conflicting and ambiguous goals. As an example, Lipsky asks if the role of public education is to communicate social values, teach basic skills, or meet the needs of employers for a trained work force? (Lipsky 1980:40). These questions can be related to the schools in the study as they in addition to existing goal expectations also committed themselves to make the school healthier for children, or as the FRESH coordinator in SDN 2 put it “*Make the school more green, clean and healthy*”. FRESH did not seem to be an ambiguous, vague or conflicting goal expectation for the schools and one explanation could be that UKS had already paved the way for the concept of basic health skills being part of the curriculum, while many of the teachers also showed knowledge on the correlation between students’ health and their performance in school (SDN 1, 4, 5).

5.3.4 Performance Measures

Performance oriented toward goal achievement tends to be difficult if not impossible to measure. Job performance in street-level bureaucracies is difficult to measure, meaning that many street level bureaucracies are not self-corrective and the definition of adequate performance is highly politicised (Lipsky 1980:48). Adequate performance can be seen as included within the typical goal oriented implementation given an account for earlier, in where members of the SHT were supposed to take the lead within implementing activities. Supervisors and agency

directors can discipline workers, but not to the point of closely guiding workers activities toward agency preferences unless they can monitor performance and determine who is or is not measuring up (Ibid 1980:53). Supervisors can in this case be related to monitoring staff from WFP and the NGOs, who guided the teachers through socialization and training. Regarding “disciplining workers”, a representative from WFP told of different ways on how to work with the schools, explaining that this relationship could be done in either a “*friendly or a bossy way*” in where a friendly way was to prefer as it facilitated an already quite challenging and difficult process. According to the same respondent, the implementation of FRESH depended highly on the commitment of the head master and teachers as teamwork was seen as a necessary component within the process (Respondent 1). Street-level bureaucrats may feel under scrutiny by authorities or others whose negative evaluations may be harmful (Lipsky 1980:32). As teachers were under supervision from the NGOs and WFP, they might have found themselves under scrutiny by mentioned authorities, although all schools mentioned good experiences of working with the implementing organizations. By being a well functioning school under SF, the FRESH schools had already been measured by performance, as that was one criteria of becoming a FRESH school in the first place.

5.3.5 Clients

Clients are typically non-voluntary; partly as a result, clients for the most part do not serve as primary bureaucratic reference groups. Clients within street-level bureaucracies are non-voluntary as such bureaucracies often supply essential services which citizens cannot obtain elsewhere (Lipsky 1980:54). Students are the clients within this study, as they are beneficiaries of the essential service of public education and in addition, the FRESH school health policy. The problem with clients according to Lipsky is the interaction between those who assign status and those who are assigned, the non-voluntary clients. Even if the students did not have a say whether FRESH was about to be implemented in the school or not, their non-voluntarily position was not a problem within the process as all teachers told of motivated students who were easy to cooperate with. Students were often proud to be recruited as Little Doctors and had the possibility to choose whether they wanted that position or not (SDN 4). Street-level bureaucrats are expected to be advocates, that is, to use their knowledge, skill and position to secure the best treatment for clients consistent with the constraints of services (Lipsky 1980:72), which is in line with the position of FRESH coordinators at the school. By integrating the Little Doctor initiative under UKS within the implementation of FRESH, the students became participatory actors and not only beneficiaries.

6 Conclusion

The purpose of this thesis is to examine how the FRESH school health policy have been implemented in Lombok, Indonesia but also seek to understand why the policy has been implemented in the way it has. The multi-dimensional and nested character of the MGF proved to be helpful in mapping out the roles of the different actors within the implementation process, especially through the dimension of “action situations”. WFP showed to be the leading organization, coordinating the work and providing resources to the other actors, a role explained by the size of the organization and its previous participation in the FRESH pilot project in Surabaya. The two local NGOs involved, YKSSI and YSM, had similar roles within the process as they were responsible of fifteen schools in one district each. In coordination with WFP and the sub district through Puskesmas they conducted socialization, training and monitoring and were chosen as partners because of previous working relationships with WFP under School Feeding. Although helpful, some dimensions of the MGF required an account for stages above local level and its nested character were at times slightly confusing as some dimensions were more difficult than others to apply on the actors involved in the implementation process.

A goal oriented implementation approach was used in order to examine how teachers had implemented FRESH, coming to the conclusion that a majority of the schools had taken the lead regarding specific implementing activities. Most schools did not form a SHT to perform the activities but used already existing structures such as the school committee or the Parent and Teacher Association.

Lipsky’s account for working conditions among “street-level bureaucrats” showed that teachers had enough resources to implement FRESH, did not find the initiative demanding, goal expectations of the school did not collide with health promotion, typical goal oriented implementation could go under performance measures and that the students were easy “clients” to cooperate with. Although managing to capture working conditions for teachers in general, it did not prove helpful in explaining teachers working conditions regarding the implementation of FRESH. One explanation could be that UKS was an already integrated part of the teachers working conditions and the teachers did therefore not see the initiative as very demanding or stressful.

This case study highlights many opportunities for further research. One topic would be to research further into how to motivate teachers and other actors responsible for the implementation of health policies and programs in schools, basically –how to make them *committed* to such a process, as commitment showed to be a crucial part of why teachers implemented FRESH in a certain ways. Defined roles were also an important reason why the implementation took a certain form, relating to both implementing organisations and teachers. It would

also be interesting to follow up the initiative years from now, in order to uncover the outcomes of the FRESH health policy. Because of the already existing national health programme, UKS, an important part of FRESH in Lombok came to include Little Doctors in where the students had a prominent role within the implementation process. Despite implementing organizations and teachers, the Little Doctors showed to be not only beneficiaries but also taking the role as implementers and according to the study among the most committed to go green, clean and hopefully – to stay healthy.

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7.1 List of Respondents

Respondents from implementing organizations:

Interview 1:

Mr. Sumarno Marno, Project Coordinator, WFP, 2010-12-01

Interview 2:

Mrs. Latifah, Director, YKSSI, 2010-11-22

Interview 3:

Mr. Ahmad Fadlan, Project Coordinator, YKSSI, 2010-12-10

Interview 4:

Mr. Nurudin, Nurse, Puskesmas Sengkol, 2010-12-11

Interview 5:

Mr. Rizal Ahmadi, Coordinator, YSM, 2010-12-21

Respondents from schools (FRESH coordinators):

SDN 1:

Mr. Abubakar Samium, SDN 3 Sengkol (Sengkol Elementary School No 3) 2010-12-01

SDN 2:

Mr. Nasarudin, SDN 2 Monyel, (Monyel Elementary School no 2) 2010-12-01

SDN 3:

Mr. Wiryasanjaya, SDN 3 Tonger, (Tonger Elementary School No 3) 2010-12-01

SDN 4:

Mr. Demung, SDN 1 Teruwai (Teruwai Elementary School No 1) 2010-12-17

SDN 5:

Mrs. Mainun, SDN Tansang-Ansang, (Tansang-Ansang Elementary School) 2010-12-17