

Republic of Zambia



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MINISTRY OF EDUCATION

**Basic Education Sub-Sector Investment
Programme (BESSIP)**

School Health and Nutrition Component

**Annual Work
Plan**

January to December 2001

6.0 SCHOOL HEALTH AND NUTRITION COMPONENT

SITUATION ANALYSIS:

The main activities carried out in the year 2000 were preparatory activities. Most of these activities were started and some are completed while others are not. The tasks for the year 2001 therefore, will be to complete those preparatory activities and to implement the health and nutrition interventions in the pilot. The SHN pilot will be implemented in Eastern Province starting with Chadiza, Chama and Chipata. There will be 40 schools to start with, 20 will be intervention schools and 20 will be none intervention. The SHN interventions will be expanded for each subsequent year to other districts and provinces depending on the results of the pilot. It is therefore, important to note that the objectives and activities for the year 2001 will be from short to long term and others will be implemented in the pilot while other activities will go national wide.

One of the preparatory activities was to finalize the SHN policy. The draft policy was circulated to different stake holders and comments were received for incorporation into a second draft. The SHN Situation Analysis tender was awarded to MEDOFF Systems and this was disseminated at a symposium. The cognitive assessment instrument was a continuous activity of which preparations were undertaken and items were developed. The completion of the work will be done in the pilot.

Basic school and teacher education curriculum was reviewed in collaboration with CDC and other stakeholders from MoH and NFNC. The health and nutrition issues were integrated according to themes as indicated in the curriculum framework which has recently been developed. The training of teachers will be commenced this year and roll over in the next year. Teaching and learning materials were also reviewed.

School Sanitation and Hygiene Education:

This activity was implemented in collaboration with UNICEF. A global workshop was held in Netherlands in which Zambia was included as one of the six pilot countries. As a follow up to the global workshop, a national workshop was held in Lusaka in which the piloting Districts from Eastern and Southern Provinces developed their annual work plans with detailed budgets for the year 2000.

Nutrition Education in Primary Schools:

Nutrition Education in Primary Schools is being piloted and implemented in Luapula Province in three districts, namely, Mwense, Nchelenge and Chiengi. A situation analysis was conducted in Luapula province a way of documenting information to use for piloting the nutrition interventions. A training workshop in Participatory Research Appraisal (PRA) and Rural Research Appraisal (RRA) was conducted for the Provincial SHN Committee.

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OVERALL OBJECTIVE:

The overall education objective for the SHN Component is to improve learning and equity among children attending basic education through integrated health and nutrition interventions in collaboration with community and inter-sectoral partners.

Specific objectives are:

- Improve the cognitive functioning of children and their overall education performance.
- Provide health and nutrition education, including reproductive health, HIV/AIDS, psycho-social life skills, drugs and alcohol abuse, guidance and counseling through pre and in-service training of teachers.
- Impart basic knowledge on health and nutrition so that teachers can effect health promoting behaviour among pupils and the community.
- Integrate HIV/AIDS strategies into school health and nutrition interventions.
- Establish and promote the physical, emotional, social and mental well being of every school child and teacher.
- Provide a healthy and conducive school environment.
- Strengthen community-based health activities and promote youth friendly health services.
- Strengthen community-based health and nutrition activities through child-to-child methodology.
- Monitor the health and nutrition status of school children.
- Facilitate linkages among partners for pupils to have access to safe water and sanitation (new objective).
- Demonstrate the impact of deworming and micro nutrient supplementation on pupil performance (new objective)

PRIORITIES:

The following are the priority interventions:

- (a) Complete the preparatory activities, which are the foundation for initiating health and nutrition interventions.
 - Adopt SHN policy
 - Complete cognitive assessment instrument
- (b) Test the health and nutrition integrated interventions
 - Deworming, micronutrient supplementation in form of capsules and food supplementation through the use of production unit gardens
 - Physical examination (screening)
 - Health and nutrition education
 - Integrate HIV/AIDS strategies in health and nutrition interventions
 - Increase community participation in school health and nutrition activities
 - Pilot the collection of health and nutrition information to feed into the main Ministry of Education Management Information System
- (c) Facilitate linkages among partners for pupils to have access to safe water

supply and sanitation

- (d) Develop and implement IEC strategic plan.
- (e) Provide in-service training to teachers in reproductive health, HIV/AIDS, drugs and drug abuse, alcohol abuse, psychosocial life skills, guidance and counseling.
- (f) Integrate health and nutrition issues into basic school and teacher education curriculum.

6.4 PROGRESS INDICATOR MATRIX

Narrative Summary	Performance Indicators	Targets (2001)	Source of Verification	Baseline	Status 1999	Status 2000	Status
<p>1. Complete preparatory activities which are the foundation for initiating the health and nutrition interventions</p> <p>1.1 Adopt the SHN policy</p> <p>1.2 Complete the cognitive assessment</p>	<p>1.1 SHN policy document</p> <p>1.2 Cognitive Assessment Instrument</p>	<p>1.1 SHN policy adopted</p> <p>1.2 Cognitive Assessment Instrument validated</p>	<ul style="list-style-type: none"> • SHN policy document • Cabinet memo • Cognitive Assessment Instrument validation report • Cognitive Assessment Instrument 	<ul style="list-style-type: none"> • No SHN policy as of 1998 • No cognitive assessment instrument as of 1998 	<ul style="list-style-type: none"> • SHN draft policy was developed • Draft plan for the cognitive assessment instrument 	<ul style="list-style-type: none"> • Circulated the draft policy to different stakeholders for comments and also presented at a symposium • Draft items developed and validation commenced 	

2. Test the health and nutrition integrated interventions	2. 20 Basic Schools piloting health and nutrition integrated interventions	2. Health promoting schools established	<ul style="list-style-type: none"> • Monitoring and evaluation reports and field visits • Inspection reports • Teachers' health record cards • School food production unit gardens • Field visits reports 	<ul style="list-style-type: none"> • To be collected by end of 2000 • To be collected by end of 2000 	<ul style="list-style-type: none"> • Pilot did not start due to lack of information but the pilot design was produced • A food production unit feeding scheme was introduced in 10 pilot schools in Serenje District in Central Province 	<ul style="list-style-type: none"> • Preparatory activities completed • A food production unit feeding scheme in 10 pilot schools in Serenje District in Central Province • Eastern Province DEOs conducted a study tour to learn lessons on feeding scheme. Plans under way to start feeding schemes
2.1 Deworming, micro-nutrient supplementation in form of capsules and food supplementation through the use of production unit gardens	<p>(i) All school children in 20 intervention Basic Schools receiving deworming drugs and micro-nutrient supplementation in form of capsules (Vitamin A and iron)</p> <p>(ii) 40 pilot schools with food production unit gardens and annual plans</p>	<p>(i) All children in 20 intervention schools receiving deworming drugs, micronutrient supplements and immunizations</p> <p>(ii) 40 piloting basic schools with school food production unit gardens and annual plans</p>	<ul style="list-style-type: none"> • Health workers reports • Teachers' health cards • Inspection reports 	<ul style="list-style-type: none"> • Information from the piloting districts in Luapula Province to be collected by the end of 2000 		
2.2 Physical examination (screening)	<p>(i) Health specialists visiting 20 intervention Basic Schools at least 3 times in a year to conduct physical examination (screening) to all pupils</p> <p>(ii) Class teachers checking personal cleanliness of pupils before starting lessons</p>	<p>(i) All pupils in the 20 intervention schools are physically examined by health specialists at least 3 times in a year</p>	<ul style="list-style-type: none"> • Inspection reports • Monitoring and evaluation reports and field visits 			
2.3 Health and nutrition education	<p>(i) 80 teachers from pilot schools trained in the administration of the health and nutrition integrated interventions including the cognitive assessment instrument</p>	<p>(i) At least 2 teachers from a piloting school trained in health and nutrition issues</p>				

	(ii) Teachers receiving training in nutrition education including participatory methodologies from 3 Districts in Luapula Province	(ii) Teachers who are trained are effectively utilizing the knowledge gained for positive behaviour change of pupils	<ul style="list-style-type: none"> • Consultant and national coordinators reports • Teachers reports 	<ul style="list-style-type: none"> • To be collected 		
2.4 Integrate HIV/AIDS strategies in health and nutrition interventions	(i) Pilot school with HIV/AIDS plans for integration in SHN activities	(i) Pupils and teachers using various strategies to disseminate information on HIV/AIDS to both in school and out of school children	<ul style="list-style-type: none"> • HIV/AIDS plans 	None		
2.5 Increase community participation in school health and nutrition activities	(i) Pilot school communities with action plans in SHN activities	(i) 40 communities have action plans for supporting SHN (ii) Sensitization meetings conducted	<ul style="list-style-type: none"> • Minutes and reports from community and school meetings • Evaluation reports and filed visits • IEC materials • School Focal Point reports 		<ul style="list-style-type: none"> • MOU between MOE, Smithkline Beecham and World Bank on communication strategies signed 	<ul style="list-style-type: none"> • IEC Specialist contracted • National and district sensitization workshops • Conducted field visits to Eastern province with partners
2.5 Pilot test the collection of health and nutrition information to feed into the main Ministry of Education Management Information System.	(i) Updated cards with health and nutrition information	(i) All teachers in piloting schools recording health and nutrition information on record cards properly (ii) Teachers from the 20 intervention schools using health and nutrition information from the cards for decision making and referrals	<ul style="list-style-type: none"> • Health and nutrition cards with reliable information • Inspection reports • Monitoring and evaluation reports 		<ul style="list-style-type: none"> • None 	<ul style="list-style-type: none"> • Preparations started on health record cards and cognitive assessment instrument

<p>3. Facilitate linkages among partners for pupils to have access to safe water supply and sanitation</p>	<p>(i) 40 piloting schools meeting minimum requirements for safe water supply and sanitation (ii) Hand washing facilities in 40 pilot schools</p>	<p>(i) Production and distribution of hygiene education materials for safe use and maintenance of sanitary facilities (ii) 40 pilot schools have hand washing facilities (iii) Availability and proper use and maintenance of water and sanitation facilities in piloting schools and communities.</p>	<ul style="list-style-type: none"> • Hygiene education materials in schools • Reports from field visits 	<ul style="list-style-type: none"> • A few materials available in schools need updating 	<ul style="list-style-type: none"> • Toilets in 10 schools in Chipata were constructed under WASHE project 	<ul style="list-style-type: none"> • District action plans developed • Curriculum and materials review workshop recommended adaptation of some materials with modifications and development of others 	
<p>4. Develop and implement an IEC strategic plan</p>	<p>(i) Communications strategic document (ii) IEC research document</p>	<p>(i) Completed IEC plan and implemented</p>	<ul style="list-style-type: none"> • IEC strategic document 	<ul style="list-style-type: none"> • Not available 	<p>MOU signed between MOE and Smithkline Beecham and World Bank on communication strategies</p>	<ul style="list-style-type: none"> • IEC specialist contracted • Video conferencing training on communication strategies 	
<p>5. Provide in-service training to teachers in reproductive health, HIV/AIDS, drugs and drug abuse, psychosocial life skills, guidance and counseling</p>	<p>(i) Teachers in the pilot schools who have received in-service training in health and nutrition (ii) teachers in pilot schools who are using knowledge and skills gained to disseminate information to school children for positive behaviour change (iii) Children in piloting schools demonstrating positive health behaviour change</p>	<p>(i) At least 2 teachers from piloting schools are provided with in-service training in pedagogical skills as they relate to reproductive health, HIV/AIDS, drugs and drug abuse, psychosocial life skills, guidance and counseling</p>	<ul style="list-style-type: none"> • Inspection reports • Monitoring and evaluation reports • Number of teachers trained from TED records • Teachers records 			<p>40 teachers from the intervention pilot schools trained</p>	

<p>6. Integrate health and nutrition issues into basic school and teacher education curriculum</p>	<p>(i) An integrated basic school and college curriculum with health and nutrition issues including HIV/AIDS for Positive behaviour (ii) Number of health and nutrition objectives in the national curriculum framework and syllabuses</p>	<p>(i) Establish a behaviour change monitoring instrument (ii) Health and nutrition issues including HIV/AIDS in school and college curriculum revised, approved and applied (iii) Trained teachers utilize the integrated curriculum for positive behaviour change</p>	<ul style="list-style-type: none"> • Curriculum framework Document • Inspection reports • Monitoring and evaluation reports • Teacher reports • Case studies • Monitoring instrument for behaviour change 	<ul style="list-style-type: none"> • Existing syllabuses but with gaps 	<p>Preparatory work for review of the curriculum by CDC</p>	<ul style="list-style-type: none"> • Curriculum frame work revised and completed by CDC • Revised syllabuses in health and nutrition according to themes • Recommendations were made on adoption of some teaching and learning materials and development of others
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CROSS-CUTTING LINKS:

The SHN Component will link with the following components:

Infrastructure:

The link with infrastructure will be established to ensure that the hard ware provided by infrastructure is complemented by the soft ware which will be provided by SHN component. SHN Component will provide health education to enhance conducive learning environment.

Teacher Development, Deployment and Compensation:

Teachers will be provided with pre and in-service training in health and nutrition including pedagogical skills. This will be done in collaboration with the TED.

Curriculum Development:

The SHN team will work in collaboration with CDC to review and integrate health and nutrition topics in the basic school and teacher education curriculum.

Equity and Gender:

The health and nutrition of girls and other vulnerable groups of children will be addressed in collaboration with Equity and Gender Component.

Education Materials and Overall Procurement:

Collaboration with this component is important in that all SHN procurements of materials and services will have be done through this component.

Capacity Building:

There is need to strengthen the capacity of the SHN Component in terms of personnel and equipment through collaboration with capacity Building Component.

COMPONENT BUDGET SUMMARY:

ACTIVITY	US \$
Policy, Planning and Preparation for SHN Programme	9,000.00
SHN Management Information System	36,000.00
Community mobilization	24,500.00
Initiate SHN Pilot	403,586.00
Design and develop IEC and instructional materials	294,000.00
In-service training of teachers in health and nutrition	25,000.00
Revitalize Child-to-Child activities	86,000.00
Revitalize school food production units	10,000.00
HIV/AIDS	65,000.00
School Sanitation and Hygiene Education	500,000.00
GRAND TOTAL	1,428,086.00

