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A Strategy for the Development of School Health and Nutrition in Ethiopia

Foreword

"*In recent years, there has been an increased awareness that poor health and nutrition may affect children's ability to learn. It has also been recognized that health and nutrition problems are associated with school attendance and concentration. Despite these facts, up until recently, the health and nutrition needs of school-age children have been largely ignored. The focus has instead been on pre-school children because they are at greater risk of mortality. However, more children are now attending school than ever before and therefore concerns shift away from mere survival towards improving the quality of life. Interventions aimed at schoolchildren are being increasingly viewed as vital to improving the health and nutrition status of the population as a whole.*

The Ministry of Education is responsible for gearing the younger generation towards better working potential and productivity, arming students with the necessary knowledge including health and nutrition. To this end, the Ministry has intended to develop a National School Health and Nutrition Strategy."

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7th July, 2008

Introduction

This document proposes a national strategy for school health and nutrition in Ethiopia. It is based on an extensive evidence collected during a nationwide situation analysis of school children's health, nutrition and education conducted from July-September, 2008 through a process of visits to all of Ethiopia's regions, literature review and conversations with a wide range of different stakeholders (See "Situation Analysis on School Health and Nutrition in Ethiopia" 2008). Previous drafts of the strategy were discussed and refined at regional level consultative workshops that took place around the country in November and December, 2008 and at a national consultation held in Addis Ababa in February, 2009.

Background

Good health and nutrition are essential for learning and cognitive ability. Ensuring good health and nutrition when children are of school age can boost attendance and educational achievement. School children are often thought of as naturally healthy, but studies in Ethiopia have shown that many schoolchildren are stunted in height, anemic and iodine deficient, and in many areas are affected by health issues such as worms, diarrhoeal diseases, trachoma and other conditions. These highly prevalent conditions are all associated with impaired cognitive ability.

In the light of this evidence, the Government of Ethiopia has identified poor health and nutrition as major constraints on the quality of learning and educational achievement of its children. In response to this, the Federal Ministry of Education has decided to include SHN as one of the thematic issues included in its annual review meeting. As a result, as part of its drive towards Education for All, the 2008 Annual Review Meeting recommended that a national SHN strategy should be established.

The SHN strategy proposed seeks to seeks to support and augment other activities occurring in Ethiopia that aim to improve educational quality such as the General Education Quality Improvement Program (GEQIP) and School Improvement Planning (SIPs). The strategy aims to help ensure that children are healthy and better nourished and able to take full advantage of what is often their only opportunity for formal education. By doing this, SHN promotes learning, and simultaneously reduces repetition and absenteeism, and SHN can be amongst the most cost-effective means of improving educational quality (see Table 1).

Table 1 Comparing returns to education of different interventions[1]

Intervention	Years added to schooling	Cost per annum (US$)
SHN programmes	1.2 – 2.5	<4
Textbooks	1.1	60
Conditional Cash transfer – Progresa (Mexico)	0.66	136
Conditional Cash transfer - Nicaragua	0.45	77
School feeding	0.4 – 1.2	22 - 151

Ethiopia's efforts to achieve universal access to basic education mean that many more children now have the opportunity to go to school. As a result, more children can be reached by the school system than ever before. From the perspective of the health sector, a SHN strategy would enable the health and nutrition of a significant proportion of Ethiopia's population to be improved and moreover, could engender in that population healthy attitudes, knowledge and behaviors that would benefit it throughout its life. SHN interventions are also amongst the most cost-effective of public health interventions that exist. The cost per Disability Adjusted Life Year of school health interventions is at least as, if not more cost-effective as many other public health "best buys" such as tetanus toxoid vaccination or interventions to prevent diarrhoeal disease[2].

[1] World Bank presentation June 2007
[2] See Disease Control Priorities Project: http://www.dcp2.org/pubs/DCP/2/Table/2.B2

As well as promoting educational quality, SHN promotes equity, as children who begin school with the worst health and nutrition status have the most to gain from SHN interventions. They also have the most to gain educationally, since they show the greatest improvement in cognition as a result of health and nutrition interventions. SHN thus particularly benefits the poor and the disadvantaged, many of whom are increasingly accessible through schools as a result of Ethiopia's universal education strategies.

School-based methods of promoting healthy behaviors are amongst the most successful ways of tackling some major problems of adolescence: violence, substance abuse, teenage pregnancy, and sexually transmitted diseases, including HIV/AIDS. Risk behavior in adolescence can have a major impact on education: in some countries more than a third of adolescent girls leave school prematurely, never to return, because of unplanned pregnancy. Achieving positive behavior change can promote the educational achievement of youth, and contribute to social capital.

Conceptual Framework of the Strategy

The conceptual framework that has been used to guide the development of this strategy is the FRESH (Focusing Resources on Effective School Health) Framework. The aim of FRESH is to enable the effective coordination and organization of SHN responses used in many countries around the world. FRESH was jointly launched at the Dakar Education for All Forum in 2000 by UNESCO, UNICEF, WHO and the World Bank. The framework now has more than 20 partner agencies and organizations and encompasses the fundamental principles and best practice of approaches such as the "Child-Friendly Schools" of UNICEF, "Health Promoting Schools" of WHO, the "International School Health Initiative" of the World Bank and other organizations.

A teacher led approach

Historically, many school health and nutrition programs around the world have been led by the health sector, often making use of school nurses and/or mobile school health teams. Such approaches can continue to be useful in urban areas or in very large schools. However, in countries such as Ethiopia, where rural school enrolments have increased rapidly and where health sector resources are limited, health sector led approaches have increasingly been found to be unsustainable and lacking feasibility – health sectors simply do not have the human or financial resources to enable sector staff regularly to visit schools. In contrast, education sector led approaches, where teachers take responsibility for the delivery of simple and safe health and nutrition interventions under the supervision of local health workers have been found to be much more achievable and able to attain wide spread benefits at scale across countries. In most countries there are many more teachers than health workers and many more school than clinics or hospitals; if teachers can be enabled to deliver health and nutrition interventions that are simple, safe and low-cost, their cumulative impact quickly becomes considerable.

The FRESH Pillars

FRESH suggests that there is a core group of cost-effective and complementary activities which can form the basis for intensified and joint action to improve the health and nutritional status of children in schools:

The framework has four "pillars":

- health and nutrition related school policies

Health and nutrition policies for schools help promote the overall health, hygiene and nutrition of children. Further, policies can be used to ensure a safe and secure physical environment and a positive psycho-social environment, and can address issues such as abuse of students, sexual harassment, school violence, and bullying. Policies regarding the health-related practices of teachers and students can reinforce health education: teachers can act as positive role models for their students, for example, by not smoking in school. The process of developing and agreeing upon policies draws attention to these issues. Policies are best developed by involving many levels, including the national level, and teachers, children, and parents at the school level.

- Safe and sanitary school environments

The school environment may damage the health and nutritional status of schoolchildren, particularly if it increases their exposure to hazards such as infectious disease carried by the water supply. Hygiene education is meaningless without the provision of clean water and adequate sanitation facilities. By providing clean water and sanitation facilities, schools can reinforce the health and hygiene messages, and act as an example to both students and the wider community. This in turn can lead to a demand for similar facilities from the community. Sound construction policies help ensure that facilities address issues such as gender access and privacy. Separate facilities for girls, particularly adolescent girls, are an important contributing factor to reducing dropout at menses and even before. Sound maintenance policies will help ensure the continuing safe use of these facilities.

- skills based health and nutrition education

This approach to health, hygiene and nutrition education focuses upon the development of knowledge, attitudes, values, and life skills needed to make and act on the most appropriate and positive health-related decisions with respect to issues such as HIV/AIDS, early pregnancy, injuries, violence and tobacco and substance use. Health in this context extends beyond physical health to include psycho-social and environmental health issues. Unhealthy social and behavioral factors not only influence lifestyles, health and nutrition, but also hinder education opportunities for a growing number of school-age children and adolescents. The development of attitudes related to gender equity and respect between girls and boys, and the development of specific skills, such as dealing with peer pressure, are central to effective skills based health education and positive psycho-social environments. When individuals have such skills they are more likely to adopt and sustain a healthy lifestyle during schooling and for the rest of their lives.

- schools based health and nutrition services

Schools can effectively deliver some health and nutritional services provided that these are simple, safe and familiar, and address problems that are prevalent and recognized as important within the community. If these criteria are met then the community sees the teacher and school more positively, and teachers perceive themselves as playing important roles. In many countries, under the supervision of local health workers, appropriately trained teachers deliver some services directly, for example by providing children with infrequent (six-monthly or annual) oral treatment for micronutrient deficiencies and worm infections. With respect to nutrition, school meals and other nutritional interventions such as weekly iron supplementation are other services that schools can provide with the support of local communities.

FRESH's Supporting Strategies

The implementation of the four FRESH pillars occurs best when accompanied by three supporting strategies:

- Effective partnerships between different sectors with a responsibility for health and nutrition in schools

The success of SHN demands an effective partnership between Ministries of Education, Health, Water resources and Agriculture and between their staff including teachers, health workers, water and agricultural extension workers. The health sector retains the responsibility for the health of children, but the education sector is responsible for implementing, and often funding, SHN activities. Water and agriculture have important inputs to make as well. These sectors need to identify responsibilities and present a coordinated action to improve health and learning outcomes from children.

- Effective community partnerships

Promoting a positive interaction between the school and the community is fundamental to the success and sustainability of any school improvement process. Community partnerships engender a sense of collaboration, commitment and communal ownership. Such partnerships also build public awareness and strengthen demand. Within the SHN component of such improvement processes, parental support and cooperation allows education about health to be shared and reinforced at home. The involvement of the broader community (the private sector, community organizations and women's groups) can enhance and reinforce SHN promotion and resources. These partnerships, which should work together to make schools more child-friendly, can jointly identify health issues that need to be addressed through the school and then help design and manage activities to address such issues.

- Pupil awareness and participation

Children must be important participants in all aspects of SHN, and not simply the beneficiaries. Children who participate in SHN learn about health by doing. This is

an effective way to help young people acquire the knowledge, attitudes, values and skills needed to adopt healthy lifestyles and to support health and Education for All.

An integrated approach

Essential to FRESH is the understanding that the impact of different SHN interventions is maximized when they are delivered in an integrated fashion. For example, the impact of provision of sanitation facilities is increased when accompanied by skills-based hygiene education about their proper use. To this end, this strategy seeks constantly to identify how different interventions can occur in a coordinated manner in Ethiopia, and for ways in which opportunities for coordination and cooperation can be realised.

Policies Supporting the Strategy

The strategy proposed is supported by a number of existing policies of Ethiopia's education, health and water sectors. Principal amongst these are:

Ethiopia's Education and Training Policy (1993) which has the objective of "developing the physical and mental potential and the problem solving capacity of individuals by expanding education and in particular by providing basic education".

Ethiopia's Health Policy (1993) supports the participation of the health sector in SHN programmes and makes particular mention of the role of schools in the promotion of IEC activities.

The Memorandum of Understanding between the Ministries of Water Resources, Education and Health on WASH commits the three ministries to work together to improve access to clean water and sanitation in Ethiopia's schools.

The implementation of SHN interventions is specifically required within MoE's "*Education Sector Policy on HIV&AIDS"* (2008). With respect to care and support of learners in general, the goal of the policy is " To mitigate the impact of HIV&AIDS by establishing a learning-teaching environment that is child-friendly, safe, healthy, supportive, and protective to the learners with regard to HIV infection, enabling children and youth to attend and complete schooling". In pursuit of this goal, the policy states that "All education and training institutions and organizations will put in place precautions that protect learners from HIV infection by addressing the health, nutrition, water and sanitation concerns that aggravate the susceptibility and vulnerability of learners to HIV&AIDS."

In line with the policy, the Education Sector Strategy on HIV&AIDS (2008) lists SHN interventions as one of the strategies needed to protect students from HIV&AIDS. Activities towards this end as listed in the strategic document include the following:

1. In liaison with the Ministry of Health (MoH), conduct regular assessments of the health and nutrition conditions of learners.

2. In liaison with the MoH, and other partners provide health, nutrition and psychological services in schools, such as: Malaria treatment and control; Deworming; Vitamin A supplementation; and Nutrition education.
3. Supplementation of other essential nutrients as relevant.
4. In partnership with the relevant United Nations (UN) agencies to provide feeding programmes whenever required.
5. In partnership with the local health facilities, facilitate learners with access to Reproductive Health Education and services.
6. Provide toilets/latrines to the required numbers for boys and girls in all learning institutions.
7. Provide adequate hand washing facilities in the learning institutions.
8. Regularly monitor, assess and identify students with psychosocial problems requiring intervention beyond the education sector.
9. Liaise with other relevant institutions, groups, and departments, to provide greater access to services by learners.
10. Refer needy cases to the Children's Department, police and other relevant government authorities for further action.
11. Take action against teachers and other staff involved in sexual abuse of students.

Mention of the role of education is also made in a number of other policies and strategies of the Ministry of Health including the National Nutrition Strategy (which calls for nutrition education to be integrated into the formal curriculum) and the National Adolescent and Youth Reproductive Strategy.

Support for FRESH

Thus with respect to the four FRESH pillars, it can be seen that policy support exists as follows:

Health and nutrition related school policy: supported by MoE policy that seeks to make schools a supportive and conducive environment for learning.

Safe and sanitary environments: supported by the WASH MoU that lays out the respective policies of the water, health and education sectors with respect to water and sanitation in schools.

Skills based health education: supported by MoE policy that seeks to develop children's physical and mental wellbeing and by a number of MoH and MoE policies that envisage a specific role for education in improving children's health and nutrition (such as with respect to reproductive health and HIV&AIDS).

School based delivery of health and nutrition services: is supported by MoE policy that seeks to develop children's physical and mental wellbeing and by MoH policy that supports the sector's involvement in SHN programmes.

Policy Gaps

With respect to the four FRESH pillars mentioned above, the main policy gap that exists concerns the latter "school based delivery of health and nutrition services". It is

not yet agreed how delivery of health care services through schools should occur. As has been mentioned, the approach advocated here is that appropriately trained teachers are permitted to deliver safe, simple health interventions to the children in their care under the supervision of local health workers. Considerable evidence exists to show that such an approach is both safe and highly cost effective. It is suggested that there is a need for a Memorandum of Understanding between the Education and Health Sectors, clearly laying out the roles and responsibilities of each with respect to this issue.

The Strategic Vision

The vision of this strategy is that by 2015, all school children and in Ethiopia will benefit from a comprehensive range of SHN interventions. The focus of the strategy will be on children in formal and non formal primary education. The approach proposed could also be implemented at pre-school, secondary and even tertiary levels.

It is envisaged that by 2015 every primary school child in Ethiopia will have access to:

- A safe and sanitary school environment that includes clean water and clean, well maintained, gender segregated sanitation facilities
- Health and nutrition services that can be readily delivered through schools and which target the health and nutrition conditions prevalent in a child's locality
- Clear policies which define how health is to be addressed in their school
- Skills based health and nutrition education delivered by a trained teacher

The Strategy

In order to achieve the goal identified, the strategy contains the following elements:

- Establishment of an institutional framework for coordination and resourcing of SHN at all administrative levels in Ethiopia
- Country-wide capacity building in SHN
- SHN Planning and Implementation Mechanism
- Monitoring and Evaluation of SHN

In this section, the rationale and scope of each of these elements is described. A more detailed description of each, and the roles and responsibilities of different stakeholders identified for their function is given in Appendix A.

Establishment of an institutional framework for coordination and resourcing of SHN at all administrative levels in Ethiopia

A major finding of the Situation Analysis on School Health and Nutrition in Ethiopia was that coordination of SHN activities is limited at all administrative levels (from Federal to Community levels). Given that SHN is dependent on the concerted action of a number of sectors (including education, health, water, agriculture, women's affairs and perhaps others), the lack of coordination identified is of particular concern if SHN is to occur throughout the country.

Effective coordination between government, development partners and other stakeholders will also be required if resources for the implementation of SHN at scale across Ethiopia are to be identified and made available. Even though SHN interventions are amongst the most cost effective interventions that can be applied to improve children's education and health, the scale of capacity building and implementation proposed by this strategy mean that its activities cannot be expected to be resourced by any single entity. Rather, the strategy proposes that resources be identified from many different sources including government, development partners, the community and other stakeholders.

The strategy proposes that an institutional framework be established that will enable coordination of SHN be established at all administrative levels:

- Federal
- Regional
- Woreda
- Kebele
- School

Coordination will bring together:

- Members of government sectors (education, health, water, agriculture, women's affairs and perhaps others)
- Development partners
- Communities (including members of NGOs, CBOs and FBOs)
- Parents and students

The role of coordination will be to:

- Ensure SHN coordination between different sectors and stakeholders at each level
- To enable effective coordination between different administrative levels
- To enable resource identification and allocation at the different levels.

It is envisaged that education will take the lead on coordination and implementation of SHN activities and planning, supported as necessary by other sectors and stakeholders.

It is proposed that at each level, a two-fold coordination structure will be established

(1) A **steering committee** comprised of key decision makers. For example, at the woreda level, this would be expected to be comprised of the head of the woreda administration, the heads of the woreda offices for education, health, water, agriculture etc.
(2) A **technical committee** charged with day to day coordination of SHN activities. Rather than creating any new structures to undertake this work, it is proposed that at each administrative level, existing structures should be identified that could take on this task. For example, at the woreda level, the

task of being the woreda SHN technical committee could be taken on by woreda advisory committees, existing CHILD committees or other structures.

Country-wide capacity building in SHN

The situation analysis on school health and nutrition revealed that understandings of what constitutes SHN vary widely around the country. For some, it means school feeding, for others deworming and for others visits by staff of local health facilities to schools. The FRESH concept of a comprehensive approach to school health and nutrition is little known around the country.

Further, with the exception of activities related to WASH, neither education, health or other sectors such as agriculture or women's affairs are currently much involved in SHN in Ethiopia. Delivery of health interventions has not, traditionally, been an activity of the education sector. Until now, with respect to child health, the health sector has (quite properly) addressed its efforts towards the health of children under 5 and pregnant women.

As was discussed in the background section above, understanding is now changing as the education sector understands more of the contribution that comprehensive SHN can make to educational quality and the health sector understands the impact that SHN can have on the nation's health when almost all children in Ethiopia now attend school.

In order to consolidate and extend this new understanding, the strategy proposes that extensive capacity building of staff charged with the coordination of SHN should occur at all administrative levels. It is proposed that the extensive programme of capacity building described will be necessary if the "paradigm shift" in understanding of SHN required for the effective function of activities at all levels is to occur. The aim of capacity building would be:

- To equip coordination staff with a strong appreciation of SHN that would enable them to plan and implement activities.
- To motivate coordination staff and to enable them effectively to sensitize other stakeholders at their level about SHN
- To enable coordination staff to act as trainers of those in the administrative level below them (a cascade model of capacity building is envisaged moving from federal and regional level through woredas to kebele and school level).
- To enable coordination at each administrative level to collect data that will enable activities to be monitored, evaluated and strengthened.

SHN Planning and Implementation Mechanism

An important finding of the situation analysis was a clear desire among stakeholders to see a strong "bottom up" emphasis to planning of SHN activities that would empower local communities and schools to prioritise and make decisions about what activities should be implemented and how. It was considered that such an approach is essential to enabling schools and communities to feel ownership of SHN and to the strategy's long term sustainability.

At the same time, it was recognised that given that comprehensive SHN is a comparatively "new" concept in Ethiopia, there would be a strong need to ensure that schools and communities are able to access good technical advice that would enable them to make good decisions. It is considered that provision of such good technical advice comes through a "top down" approach furnished through the cascade capacity building of SHN to different levels included in the strategy's provision for capacity building (see above).

It is proposed that the "bottom up" and "top down" approaches should meet as follows:

- Woreda SHN teams would be responsible for compiling a "menu" of health and nutrition conditions in their locality amenable to being addressed through SHN interventions. (See Appendix B for sample menu).
- Woreda teams would be responsible for identifying local resources to support SHN interventions in schools. Such resources might come from woreda budgets, from development partners or from other stakeholders.
- School SHN teams would discuss the menu with members of their local community and prioritise activities to be included in the schools SHN plan.
- The SHN plan would be included in the school's annual plan and submitted to the woreda for approval and resourcing in line with standard procedures.
- The woreda would return the plan to the school, indicating its approval/amendments and also resources available to the school to implement the plan. (Resources might come from the School Improvement Programme, the School Grants Programme or from other sources such as NGOs and other development partners).
- Schools would then approach their communities in order to identify any additional resources needed for the plan's execution.
- SHN interventions (development of school health related policies, delivery of school based health and nutrition services, delivery of skills based health and nutrition education, development of safe and sanitary environments) would then be implemented by the school and its local community.

Special provision for Skills Based Health and Nutrition Education

Skills based health education is as amenable to being supported by the planning approach described above as any of the other FRESH pillars (a community could identify the need of its school children to receive such education and could include activities to enable that in their school plan. Support to help communities might come from the woreda or from local NGOs). At the same time, as an activity of the ministry of education, skills based health and nutrition education will occur within the context of the curriculum, MoE staff development and the ministry's direction of how education in its schools should occur. The delivery of life skills education will therefore occur in line with a range of decisions and plans made from the "top down".

The situation analysis on school health and nutrition in Ethiopia found that while there is provision for skills based health and nutrition education within the curriculum and understanding of the approach at the federal level, translation to actual teaching in the classroom is almost negligible. In order better to support skills based health and nutrition education, it is proposed that in addition to using the "bottom up" approach

to planning described above, a "top down" approach should be used to improve the quantity and quality of skills based health and nutrition occurring in the country. This approach would see:

- Skills based health and nutrition education materials included in new textbooks and supplementary readers designed to accompany the new curriculum.
- Expert capacity building of a team of master trainers in skills based health and nutrition at federal and regional levels. Such trainers would be drawn from the teacher training colleges and from federal and regional MoE and MoH staff.
- Master trainers work with the Federal Teacher Development Department to agree the positioning, design, content and methodology of skills based health and nutrition education within the pre-service curriculum of teacher training colleges and within in-service training activities. .
- Master trainers work with members of regional teacher training colleges to validate skills based health and nutrition education delivery in teacher training courses.
- Master trainers train members of regional teacher training colleges to deliver skills based health and nutrition education teacher training.
- Teacher training colleges teach skills based health and nutrition education during pre-service and in-service training of teachers.

Monitoring and Evaluation of SHN

The strategy will use a simple monitoring and evaluation approach whose primary aim will be to enable planners at each level to collect data that will assist them in the ongoing planning and implementation of SHN activities. A secondary use of the approach will be to enable upwards collation of data at woreda, regional and federal level in order to track the progress and impact of activities. Such data collected "upwards" will be shared "downwards" through regular communication about the progress of SHN activities at national, regional and woreda levels. Monitoring and evaluation will occur as follows:

- Schools will be equipped with a simple "baseline" data collection tool that will provide a "starting point" against which to track the progress of their SHN activities (see Appendix C).
- Schools will be equipped with a simple monitoring tool to record their SHN progress, strengthening their ability to plan and implement further SHN activities (see Appendix D).
- Data collected using the monitoring tool will be used to report to the woreda on their SHN progress using existing reporting mechanisms.
- School data will be collated by the woreda, enabling the woreda to monitor its SHN progress and strengthening its ability to plan and implement further SHN activities.
- In turn, such data will be sent to the regional and federal level, enabling these to monitor their SHN progress and strengthening their ability to plan and implement further SHN activities.
- At each monitoring stage, data is reported back to those who have collected it to inform them of the progress of SHN at woreda, regional and federal levels.

- Three and five years after the onset of activities, the use of the "baseline" data collection tool is repeated, allowing the evaluation of activities to occur.

From the national perspective, it is suggested that the monitoring and evaluation system described above could be extended in two ways:

- The SHN survey undertaken by Save the Children U.S. (which included parasitological, anthropometric and other data) should be regarded as the national SHN "baseline" survey. In the future, it should be repeated allowing the impact of activities to be evaluated.
- The situation analysis found that while the current EMIS collects a nmber of data relevant to SHN, data collected is often not very informative. (e.g. EMIS asks how many latrines a school has but not how many are clean, well maintained, in use and gender segregated). The Federal SHN team should work with statistical unit to amend EMIS questions on SHN to collect more informative information.

Appendix A Detailed Description of the Strategy

Strategic Goal: To improve the educational achievement and health and nutrition of school aged children in Ethiopia

Outcomes: (1) Improved participation of boys and girls in education
(2) Reduction in health and nutrition conditions that adversely affect children's ability to participate in education.

Outputs: (1) Improved practice of healthy behaviours and access to healthcare interventions through (a) Improved awareness of health issues and of how and why good health should be maintained (b) Improved access to health infrastructure and health and nutrition services (c) Clear direction about how good health should be maintained at school
(2) Improved access to infrastructure that encourages girls' education

Activities

1. Establishment of an institutional framework for coordination and resourcing of SHN at all administrative levels in Ethiopia

At Federal Level

1.1 Agreement of MoU produced at Federal Level between Ministries of Education and Health concerning school based delivery of health and nutrition services. (see policy gaps above)

1.2 Formation of Federal SHN steering committee

Comprised of: senior members of education, health, water, agriculture and women's affairs sectors plus relevant development partners

Responsibilities:

- Oversees intersectoral coordination of SHN at Federal level

1.3 Formation of Federal SHN Unit within MoE (this would operate as the Federal Technical Committee)

Comprised of: SHN focal point, MoE Education HIV focal point, MoE WASH focal point

Responsibilities:

- Coordinates intersectoral collaboration on SHN.
- Coordinates implementation of national strategy.
- Identifies challenges to and enables cooperation and management of intersectoral linkages among stakeholders.

- Coordinates inclusion of SHN within SIP, Directive for Educational Management, Organization, Public Participation and Finance (Blue Book), and school grants programmes.
- Sets necessary national guidelines for SHN.
- Coordinates MoE's SHN activities and priorities with development partners at the national level.
- Conducts capacity building of SHN teams at regional and woreda level in FRESH approach and SHN planning and implementation.
- Coordinates national monitoring of SHN activities and impact.

At Regional Level

1.4 Formation of Regional SHN steering committee

Comprised of: senior members of regional education, health, water, agriculture and women's affairs sectors plus relevant development partners

Responsibilities:

- Oversees intersectoral coordination of SHN at regional level

1.5 Regional SHN technical committee formed

Comprised of: Regional MoE WASH focal point plus SHN focal points from regional bureaux of health, water, agriculture and women's affairs. Convened and led by MoE focal point.

Responsibilities:

- Coordinates intersectoral collaboration on SHN.
- Identifies challenges to and enables cooperation and management of intersectoral linkages among stakeholders.
- Develops and implements regional strategy in line with national SHN strategy and guidelines
- Coordinates inclusion of SHN within SIP and school grants programmes
- Coordinates SHN activities and priorities with development partners at regional level
- Conducts capacity building of SHN teams at woreda level in FRESH approach and SHN planning and implementation.
- Coordinates regional monitoring of SHN activities and impact.

At Woreda level

1.6 Woreda SHN steering committee formed

Comprised of: senior members of woreda education, health, water, agriculture and women's affairs sectors plus relevant development partners

Responsibilities:

- Oversees intersectoral coordination of SHN at woreda level

1.7 Woreda SHN technical committee formed

Comprised of: Woreda MoE WASH focal point plus SHN focal points from woreda offices of health, water, agriculture and women's affairs. Convened and led by MoE focal point.

Responsibilities:

- Coordinates intersectoral collaboration on SHN
- Identifies challenges to and enables cooperation and management of intersectoral linkages among stakeholders.
- Develops and implements woreda strategy in line with regional and national SHN strategy and guidelines
- Develops woreda "menu" of SHN concerns and activities for use by schools and communities
- Coordinates inclusion of SHN within SIP and school grants programmes
- Coordinates MoE's SHN activities and priorities with development partners at woreda level
- Conducts capacity building of SHN teams at school and community level in FRESH approach and SHN planning and implementation.
- Coordinates woreda monitoring of SHN activities and imapct
- Coordinates with woreda cabinet to identify resource allocation for SHN

At Kebele Level

1.8 SHN steering undertaken by Kebele Education and Training Board

Responsibilities:

- Receives and collates SHN plans as part of school plans
- Refers plans to woreda for approval
- Enables schools' collaboration with other sectors
- Encourages community support of SHN plans

At School Level

1.9 SHN team formed

Comprised of: School principal, School health focal point teacher, PTA chairperson and members, Community health extension worker(s), Community agricultural extension worker(s), Community water extension worker(s), Community Women's affairs worker(s)

Responsibilities:

- Identifies school SHN priorities from woreda "menu" of SHN concerns and activities
- Develops school SHN plan for inclusion in school plan
- Implements SHN plan on authorisation and support from woreda
- Raises additional funds from community as required to support plan
- Undertakes monitoring of SHN implementation

2. Country-wide capacity building in SHN

At Federal and Regional Levels

2.1 Internationally facilitated expert capacity building in FRESH approach, planning, implementation and monitoring for Federal SHN unit and Regional SHN teams.
2.2 Federal SHN unit and Regional SHN teams plan for capacity building of woredas
2.3 Federal SHN unit and Regional SHN teams sensitise steering committee members and key stakeholders at their level about SHN

At Woreda level
2.4 Members of the Federal SHN unit and Regional SHN teams train woreda SHN teams in FRESH approach, planning, implementation and monitoring.
2.5 Woreda SHN teams plan for capacity building of kebele education and training boards and school SHN teams. .
2.6 Woreda Regional SHN teams sensitise steering committee members and key stakeholders at their level about SHN

At kebele and school level
2.4 Members of the woreda SHN teams train members of kebele training and education boards and school SHN teams in FRESH approach, planning, implementation and monitoring
2.5 Kebele training and education boards and school SHN teams sensitise schools, communities and students about SHN

3. SHN Planning and Implementation Mechanism
3.1 Woredas identify most prevalent health conditions and issues in their locality amenable to being addressed through SHN. (to occur during capacity building 2. above)
3.2 In line with federal government standards, woredas produce technical guidelines and menu of possible SHN activities for the implementation of all aspects of FRESH that respond to local health priorities at the school level (to occur during capacity building 2. above)
3.3 Technical guidelines and menu of possible SHN activities shared with kebele education and training boards and school SHN teams. (to occur during capacity building 2. above)
3.4 School SHN teams work with local communities to prioritise health conditions and FRESH interventions from woreda menu of most concern to them
3.5 SHN teams consult with schools and communities to prioritise health issues and FRESH interventions from menu and guidelines provided by woreda.
3.6 SHN team produces school SHN plan to address priority issues identified in line with woreda technical guidelines.

3.7 Schools include SHN plans within school plans and submit them to kebele, woreda education offices to invite their approval and support in line with existing mechanisms.
3.8 Woreda approves/amends school plans (that include SHN plans) and indicates support to be given by woreda.
3.9 School generates additional community support needed to complement woreda support
3.10 FRESH interventions implemented in schools

3a Special provision for Participatory, Skills Based Health Education
The above approach emphasises the role of schools and communities in planning and implementation of services. This is likely to work well for water and sanitation, school based delivery and health services and development of local school health related policies. It is likely to work less well for life skills based health education since what is taught in schools is mostly decided from the "top down". There is therefore a need to consider a "top down" method of enabling life skills based health education in schools.

3a.1 Federal SHN team to identify expert team of master trainers in life skills health education at federal and regional levels to be trained on expert internationally facilitated capacity building course.
3a.2 Master life skills trainers work with MoE Teacher Development Department to agree life skills health education content, methodology and positioning within pre-service curriculum of teacher training colleges.
3a.3 Master trainers work with members of regional teacher training colleges to validate life skills health education delivery in teacher training
3a.4 Master trainers train members of regional teacher training colleges to deliver life skills health education teacher training.
3a.5 Teacher training colleges teach life skills health education during pre-service and in-service training courses.

4. Monitoring and Evaluation
4.1 Simple baseline and monitoring data collection tools developed to enable schools to monitor their SHN progress. (Capacity building in use of tool to be delivered as part of 2 above).
4.2 Schools use monitoring data to report to community on progress of SHN in line with existing reporting mechnisms.
4.3 School data returned to woreda to enable woreda to monitor its SHN progress. (Capacity building in use of data to be delivered as part of 2 above)
4.4 Woreda uses monitoring data to report to schools and wider community on progress of SHN
4.5 Woreda data returned to region to enable region to monitor its SHN progress. (Capacity building in use of data to be delivered as part of 2 above)
4.6 Region uses monitoring data to report to woredas and wider community on progress of SHN
4.7 Regional data returned to federal SHN team to enable federal SHN team to monitor progress (Capacity building in use of data to be delivered as part of 2 above)
4.8 Federal SHN uses monitoring data to report to country on progress of SHN
4.9 SHN team works with statistical unit to amend EMIS questions on SHN to collect more informative information.

4.10 National survey of SHN is carried out periodically to enable evaluation of activities to occur. (Save the Children US Survey is capable of acting as baseline).

Appendix B Sample Woreda "Menu" for School Level SHN Planning and Implementation

Note: This is an example only. The list given is purely to give an idea of the kind of issues that could be included. Any such menu produced by a woreda would be more extensive and would reflect SHN issues and responses identified and prioritized by the Woreda SHN team.

To:

SHN Team
XXXX School,
YYYY Woreda,
Ethiopia.

Good health and nutrition is essential for a good education. The woreda SHN team has identified a number of health and nutrition concerns that have an adverse effect upon the education of children attending schools in different parts of our woreda (see list below). These concerns can readily be addressed through in schools through different health and nutrition interventions carried out in schools. We have identified a list of these and give them below with details of their cost and the types of support that the woreda and other donors can give towards their implementation.

As part of your school's annual planning activities, we would invite you to consult with parents and members of your local community to identify which of the health concerns are of particular importance in your locality and which interventions to address them you might want to see in your school. We encourage you to review how any activities might be supported through the school improvement programme (SIP), the school grants programme or through support from other donors such as local NGOs. We encourage you too, to discuss with the community what support would be willing to offer to enable activities to take place.

Once you have decided which health and nutrition conditions are of most concern to you, and which interventions you would like to implement to address them, please put this information into a school SHN plan. The SHN plan should be included in your school's overall work plan which should be submitted through the usual channels to your Kebele Education and Training Board. The Board will then submit the plans to the Woreda Education Bureau for Approval and Support. Once this has been given, funds and other support resources will be directed to you, to implement the activities you have identified in your SHN plan.

Sample Woreda YYYY SHN Menu			
Health Concern	***Interventions Required***	***Support Available from Woreda/others***	***Support required from school and commnity***
Infection with worms	Annual deworming at school	Free deworming tablets. Hygiene education capacity building for teachers.	Community sensitisation about deworming. Teachers' commitment to delivery drugs.
Vitamin A deficiency	Annual vitamin A supplements at school, better nutrition and nutrition education	Vitamin A supplements. Nutrition education capacity building for teachers. Support for school gardens (seeds + some tools).	Community sensitisation about vitamin A supplements. Teachers' commitment to deliver drugs. Support for school gardens
Anaemia	Weekly iron supplementation at school, better nutrition and nutrition education	Iron supplements. Nutrition education capacity building for teachers. Support for school gardens (seeds + some tools).	Community sensitisation about iron supplements. Teachers' commitment to deliver drugs. Support for school gardens
Diarrhoeal diseases	Clean water and sanitation in schools	Building materials for latrines and clean water supplies. Capacity building in maintenance and management of facilities.	Labour for the construction of facilities. Establishment and implementation of maintenance and management plan for facilites.
Short term hunger	School meals	Provision of rations for school feeding programme. Equipment, fertiliser and seed for school gardening	Provision of rations for school feeding. Commitment to food preparation. Provision of land for school farming.
Trachoma	Antibiotic distribution at school, daily face washing at schools	Antibiotics. Capacity building in hygiene education.	Provision of soap and water for daily face washing.
Smoking amongst students	School ban on smoking. Skills based health education about smoking	IEC materials. Capacity building in skills based health education.	School policy on no smoking in schools.

Appendix C School Baseline Survey

This survey would include:

1. Simple questionnaire about students' knowledge, attitudes, practices and beliefs about health and nutrition.
2. Simple recall survey of students' health during the last two weeks.
3. Simple audit of schools' water and sanitation facilities.
4. Simple data about boys and girls absenteeism from school.

Appendix D School SHN Monitoring Tool

School Health Related Policy

1. Does your school have a health policy that has been disseminated this year to students, parents and members of the community?

Skills Based Health and Nutrition Education

2. How many of your teachers have been trained in skills based health and nutrition education?
3. How many of the students in your school have received skills based education about HIV from a trained teacher in the last year?
4. How many of the students in your school have received skills based education about hygiene from a trained teacher in the last year?

Safe and Sanitary Environment

5. How many clean, well maintained latrines are there available just for girls in your school?
6. How many clean, well maintained latrines are there available just for boys in your school?
7. How many clean, well maintained latrines are there available just for teachers in your school?
8. Do students in your school have access to clean drinking water at all times?
9. Do students in your school have access to hand washing facilities at all times?

School based delivery of health and nutrition services?

10. How many students have received school feeding at your school this year?
11. How many students have received health services such as deworming at your school this year?

Service:	_____	No children:_____
Service:	_____	No children:_____
Service:	_____	No children:_____
Service:	_____	No children:_____