

**REPUBLIC OF RWANDA**



**MINISTRY OF EDUCATION**

**NATIONAL SCHOOL HEALTH STRATEGIC PLAN**

**2013/14 – 2017/18**

**Kigali 2014**

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## **FOREWORD**

The Government of Rwanda is committed to achieving Education For All (EFA) and improved health status of the population. These are two key targets in the millennium development goals. The Constitution of Rwanda (2003) stipulates that every child has the right to basic health care and basic education. Improved health for children implies safer and healthier lives for a better world. This national SH strategic plan aims at improving the health of all children in school.

The school environment is one of the key settings for promoting children's environmental health and safety as reflected in the national health sector strategic plan as well as in the Rwanda education sector strategic plan 2013/14-2017/18. This national SH strategic plan aims at identifying and mainstreaming key health interventions for improved school health and education. The strategy comprises eight thematic areas:

1. Health promotion and disease prevention and control;
2. HIV, AIDS and other STIs;
3. Sexual Reproductive Health and Rights;
4. Gender and GBV issues;
5. Environmental health;
6. School nutrition;
7. Physical education and sports;
8. Mental health and related needs.

The strategy outlines critical issues on health and education linkages that are important towards the improvement of children's health while in school. The school environment must create an enabling atmosphere for social, cultural and emotional wellbeing that promotes a healthy child-friendly school. This five-year strategic plan will ensure that positive changes in school environment are supported, reinforced and sustained through skills based health education and school health services. It is envisaged that effective and efficient healthy school environment shall ensure access, retention, quality and equity in education.

**Dr Vincent BIRUTA**  
**Minister of Education**

## ACRONYMS

<b>AIDS :</b>	Acquired Immune –Deficiency Syndrome
<b>CSOs:</b>	Civil Society Organizations
<b>ECD:</b>	Early Childhood Development
<b>EDPRS:</b>	Economic Development and Poverty Reduction strategy
<b>EFA:</b>	Education For All
<b>EMIS:</b>	Education Management Information System
<b>ESSP:</b>	Education Sector Strategic Plan
<b>FAO:</b>	Food and Agriculture Organization
<b>FGD:</b>	Focused Group Discussion
<b>FRESH:</b>	Focusing Resources on Effective School Health
<b>GBV:</b>	Gender Based Violence
<b>GoR:</b>	Government of Rwanda
<b>HGSFP:</b>	Home-Grown School Feeding Programme
<b>HIV:</b>	Human Immune-Deficiency Virus
<b>HPV:</b>	Human Papilloma Virus
<b>IE:</b>	International Education
<b>MDG:</b>	Millennium Development Goals
<b>M&amp;E:</b>	Monitoring & Evaluation
<b>MoE:</b>	Ministry of Education
<b>MoH:</b>	Ministry of Health
<b>MINALOC:</b>	Ministry of Local Government
<b>MINECOFIN:</b>	Ministry of Finance and Economic Planning
<b>MINEDUC:</b>	Ministry of Education
<b>MINESPOC:</b>	Ministry of Sport and culture
<b>MINIJUST:</b>	Ministry of Justice
<b>MININFRA:</b>	Ministry of Infrastructure
<b>MINISANTE:</b>	Ministry of Health
<b>NGOs:</b>	Non-Government Organizations
<b>OVC:</b>	Orphans and Vulnerable Children
<b>PE:</b>	Physical Education
<b>PTA:</b>	Parents Teachers Association
<b>REB:</b>	Rwanda Education Board
<b>REMA:</b>	Rwanda Environment Management Authority
<b>RTP:</b>	Rights to Play
<b>SBGBV:</b>	School Based Gender based Violence
<b>SH:</b>	School Health
<b>SRH&amp;R:</b>	Sexual Reproductive Health &Right

<b>STI:</b>	Sexually Transmitted Infections
<b>SWOT:</b>	Strengths, Weaknesses, Opportunities, and Threats
<b>TWG:</b>	Technical Working Group
<b>UN:</b>	United Nations
<b>UNCRC:</b>	United Nations Convention on Rights of the Child
<b>UNFPA:</b>	United Nations Populations Fund
<b>UNICEF:</b>	United Nations Children’s Fund
<b>USAID:</b>	United States Agency for International Development
<b>VSO:</b>	Voluntary Services Overseas
<b>WB:</b>	World Bank
<b>WFP:</b>	World Food Programme
<b>WHO:</b>	World Health Organization

# 1. BACKGROUND AND OVERVIEW

## 1.1. INTRODUCTION

Rwanda's Vision 2020 and its EDPRS II aim at developing a knowledge-based and technology-led economy. In this context, Rwanda has planned to achieve Education For All (EFA) and has embarked on reforms to improve every aspect of the quality of education. It is therefore prudent that young people in Rwanda receive resources and opportunities (information, skills, and education) required for them to reach their full potential as skilled, creative and resilient people and also to make informed decisions.

Children's health is improving albeit slowly, as children receive essential life enhancing services such as vitamin A supplementation, de-worming, immunization, prevention of mother to child transmission of HIV, treatment and care of HIV infected children, and more and more children are surviving to school age and enrolling in schools<sup>1</sup>. It is therefore very important to build upon these gains from early childhood onwards and create health promoting school environments where healthy children will achieve better performance and become active members in promoting health for themselves, their families and communities and the country as a whole. More so:

A health promoting school will strive to provide a safe and protective environment, psychosocial care and support, and opportunities for physical education and recreation;

A health promoting school will provide skills-based health education with a focus on promoting well-being, preventing health problems, promoting activities appropriate to children's intellectual and emotional abilities and helping children to make healthy choices and adopt healthy behaviors throughout their lives;

A health promoting school engages health and education officials, teachers, parents and community leaders in efforts to promote health with families and communities involved in the school with a special focus on a school/community plan on school health;

A health promoting school is one where girls and boys learn in a quality learning environment, ensuring that there are sufficient water and adequate sanitation facilities for both girls and boys, without losing sight of children with disabilities;

A health promoting school is a school where students have access to age-appropriate, reliable information on relationships and sexuality and where youth is supported to access prevention and treatment services for HIV including sexual and reproductive health commodities to prevent them from diseases, teenage pregnancies and to give them the opportunity to develop their lives to their full potential;

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<sup>1</sup> For instance, primary student's enrollment increased from 2,190,270 up to 2,394,674, and secondary students from 288,036 up to 534,712, between 2008 and 2012 (Education Statistical Yearbook 2012).

A health promoting school is one where girls and boys are provided with age appropriate knowledge and skills to prevent communicable disease such as for millions of young people around the world - the biological onset of adolescence – brings not only changes to their bodies but also new vulnerabilities to human rights abuses, particularly in the arenas of sexuality, marriage and child bearing. Millions of girls are coerced into unwanted sex or marriage which predisposes them to high risks of unwanted pregnancies, unsafe abortions, sexually transmitted infections (STIs) and HIV, and complications which result from childbirth.

School health improves health knowledge, attitudes and skills, health behaviors and health outcomes, and improves educational and social outcomes. The well-being of the learners is essential to quality education. For children to develop their full potential through full participation in educational activities and acquire knowledge and skills to become productive citizens who will lead their country to wealth and prosperity, it is important to ensure that all children enjoy a healthy, safe and protected childhood.

## **1.2. CONTEXT**

School health lies within the scope of sector policies and international, regional and national strategies. It is aligned and contributes to the achievement of goals of various international commitments and also national laws, policies and sector strategies of Rwanda.

### **1.2.1. International**

SH is critical for the achievement of the MDGs, by meeting key targets related to seven out the eight Millennium Development Goals, by helping to eradicate poverty and hunger, achieving universal primary education, promoting gender equality, decreasing under five mortality rate, prevention of HIV and AIDS, and malaria, improving water and sanitation. It also contributes to achieving Education For All (EFA) objectives, by ensuring that by 2015, all children including girls and most vulnerable and disadvantaged children have access to free and compulsory quality primary education and follow it up to the end, Rwanda is committed to fight all socio-cultural factors hindering children learning process, such as illnesses (HIV and AIDS, malnutrition, neglected tropical diseases, etc). Finally, this SH also reinforces the commitments of Rwanda regarding the Convention on the Rights of the Child (1989). As signatory of this convention, the Government of Rwanda is committed to improving the rights of Rwandese children. Specifically, this SH policy concerns the best interests of the child; the right to benefit from special care and education for disabled children; providing access to preventive and curative health care services.

### **1.2.2. National**

Regarding the national context, this strategic plan clearly implements the ambitious goals set up by Vision 2020, particularly in pillar 2, human resource development and a knowledge based



economy, with improvements in health and education services used to build a productive and efficient workforce. In the EDPRS II, the main health objectives are related to preventing diseases particularly malaria and HIV and AIDS; facilitating access to basic health care, particularly through the reduction of costs borne by the poor and the provision of health information at the community level; ensuring quality improvement of health services; and finally improving the educational environment for girls by providing the necessary facilities such as dormitories and toilets. The national investment strategy aims at providing easy accessibility to primary health care; developing the health insurance scheme; eradicating of malaria; controlling HIV prevalence; controlling tuberculosis and promoting reproductive health<sup>2</sup>.

According to the Government's 7 year programme, actions like the enhancement of quality education at all teaching levels, upgrading basic Education from 9 years to 12 years that is, 6 years of primary and 6 years of secondary education, giving attention to technical and vocational schools, streamlining learning and teaching of cultural values plus the English language, enhancing an inclusive education programme through increased number of schools capable of teaching the disabled as well as sensitizing parents to take part in their children's education through their umbrella, Parents and Teachers Associations (PTAs) have to be taken into account.

Furthermore, the present SH strategic plan is comprehensively aligned to the priorities established in the Education Sector Strategic Plan, addressing barriers of access to education from vulnerable children, including adolescent girls, children with disabilities, children living with HIV and children from poorer backgrounds. ESSP also focuses on sexual and reproductive health and rights, providing information about HIV and other STIs, prevention, care and treatment of affected students and teachers. ESSP supports the role of sports and physical education, in order to promote healthy bodies and minds, promoting the construction of playgrounds and sports fields; and provision of special counseling, care and support to children with special needs.

### **1.3. PURPOSE OF THE SH STRATEGIC PLAN**

The purpose of the SH strategic plan is to provide a detailed roadmap and framework for the effective implementation of the SH policy. The strategic plan seeks to ensure implementation of quality integrated services for all children at school, calling for inter-sectoral coordination of the education, health, nutrition, sanitation, and child protection sectors. SH forms the foundation of basic education programs of MINEDUC, nutrition and sanitation services in MINISANTE and MININFRA, and other agencies and groups. This strategic plan develops an implementation framework, which includes institutional arrangements required to manage and guide this approach.

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<sup>2</sup> *National Investment strategy, 2003*

#### **1.4. PROCESS OF DEVELOPING THE SH STRATEGIC PLAN**

National consultations were the major venue through which views from local communities, districts, provinces to national level were sought in the development of both the SH Policy and Strategic Plan. A task force was created and was composed of representatives from the Ministry of Education, the Ministries of Health, Agriculture, Gender and Family Planning, Youth and ICT, Sports and Culture, and Local Government. NGOs and development partners also participated, such as UNICEF, WHO, WFP, UNFPA, Imbuto Foundation, SHE, RTP and VSO. Two workshops were conducted in May 2013 with development partners and government institutions for desk review, key areas for prioritization, definition of the vision and mission, situation analysis and implementation framework for the SH policy, strategic plan and HGSF program.

## 2. ANALYSIS

### 2.1. KEY CHALLENGES

The major barriers to learning for children in Rwanda are poor health, poverty, environmental factors such as inadequate water and sanitation facilities, inadequate school infrastructure, communicable and non-communicable diseases and gender based violence. These factors impact on attendance at schools and on learner's ability to concentrate on school lessons, leading to a high drop-out and repetition rate.

### 2.2. SWOT ANALYSIS

<p><b>STRENGTHS</b></p> <ul style="list-style-type: none"> <li>- Political will to strengthen SH policy;</li> <li>- Community willingness to participate;</li> <li>- Policy calls for children with disabilities to attend inclusive primary schools;</li> <li>- Strong commitment to family planning;</li> <li>- SRH&amp;R developed curriculum and learning material;</li> <li>- General concern exists regarding children with developmental delays, malnutrition and disabilities;</li> <li>- Hygiene, water and waste management are priorities of the Government;</li> <li>- Improved higher education institutions could partner to train SH personnel;</li> <li>- Strong commitment to reduce gender based violence cases, and increase protective services to girls and OVCs.</li> </ul>	<p><b>WEAKNESSES</b></p> <ul style="list-style-type: none"> <li>- Lack of writing culture;</li> <li>- Lack of coordination and service integration;</li> <li>- Inadequate parent-to-child education;</li> <li>- Lack of intergenerational dialogue between parents, teachers and children about SRH&amp;R;</li> <li>- Primary schools generally lack health care or referral services;</li> <li>- Poor attention to personal, home and school hygiene, water and waste management;</li> <li>- Insufficient water provision in communities and homes.</li> </ul>
<p><b>OPPORTUNITIES</b></p> <ul style="list-style-type: none"> <li>- Increasing interest in investing in SH on the part of international donor partners;</li> <li>- Strong consensus among stakeholders and citizens exists regarding the importance of SH.</li> </ul>	<p><b>THREATS</b></p> <ul style="list-style-type: none"> <li>- Global financial and business recession may limit funds for social development;</li> <li>- Possible low/underutilization or inadequate use of mass media for SH;</li> <li>- Cultural barriers and myths.</li> </ul>

### **3. STRATEGIC FRAMEWORK**

#### **3.1. VISION**

*“All Rwandan school children shall achieve their full development potential, by studying in a healthy environment in child-friendly schools, free from disease, prejudice and violence”.*

#### **3.2. OBJECTIVES**

##### **3.2.1. General objective**

To create a healthy, safer and hygienic environment for the school community, so as to ensure effective teaching and learning

##### **3.2.2. Specific objectives**

1. To provide preventive and curative services that address needs of school children;
2. To ensure provision of safe water and adequate sanitation facilities in schools;
3. To improve and enhance knowledge of students and teachers about SH, including prevention of diseases, management of disabilities and special learning needs, HIV, GBV, hygiene, nutrition, physical education and mental health;
4. To ensure that children and young people are equipped with the information, knowledge, skills and values to make responsible choices and to achieve their full potential.

#### **3.3. STRATEGIES FOR ACHIEVING OBJECTIVES**

1. Advocacy
2. Capacity Building
3. Research on School health issues
4. Integration of school health into education curricula
5. Coordination and collaboration among stakeholders
6. Monitoring, Evaluation and Learning
7. Life skills development and transfer
8. Parents and community involvement/engagement, and ownership

#### **3.4. KEY STRATEGIC AREAS**

Seven key strategic areas were identified through stakeholder consultations and SWOT analysis. The following areas form the basis of the strategic results framework:

1. Health promotion, disease prevention and control;
2. HIV, AIDS and other STIs;
3. Sexual and Reproductive Health and Rights;
4. Gender and GBV issues

5. Environmental health;
6. School nutrition;
7. Physical education;
8. Mental health and related needs.

### **3.5. PRIORITY SETTING, OUTPUTS AND KEY STRATEGIES**

#### **3.5.1. Health promotion, disease prevention and control**

**Output:** all school children and youth reached by comprehensive health promotion and diseases prevention and control programs

**Key strategies:**

1. Enabling policy and financial framework for SH;
2. Prevention and early detection of diseases and chronic health conditions;
3. Early identification and management of disabilities and special learning needs;
4. First aid kit at schools;
5. Capacity building of teachers and students on SH;
6. Improvement of M&E system on SH.

#### **3.5.2. Prevention of HIV and other STIS**

**Output:** all school children and youth reached by comprehensive HIV and STIs prevention and control programs

**Key strategies:**

1. Knowledge of HIV and STIs;
2. Supportive environment for HIV-positive students and teachers;
3. M&E activities in the context of HIV, AIDS and other STIs.

#### **3.5.3. Sexual and reproductive health and rights**

**Output 1:** adolescent and young adults reached by friendly sexual and reproductive health programmes

**Key strategies:**

1. Intergenerational communication and information about SRH&R;
2. Promotion of education on sexual and reproductive health.

#### **3.5.4. Gender and GBV issues**

**Output 1:** all school children and youth empowered by existing governance structures on gender

issues

***Key strategies:***

1. Management of Gender-Based Violence (GBV) cases;
2. Management of adolescent pregnancies in schools;
3. Follow-up children dropping out of schools (girls in the majority of the cases).

**3.5.5. Promotion of environmental health in schools**

***Output:*** All school children and youth have access to improved hygienic and healthy environments in schools

***Key strategies:***

1. Provision of safe water to the children and staff in the schools;
2. Provision of gender-sensitive sanitation facilities in schools;
3. Promotion of hygiene, including menstrual hygiene management;
4. Operationalization of solid waste management systems in schools;
5. Promotion of environment protection.

**3.5.6. School nutrition**

***Output:*** all school children and youth reached by a comprehensive nutrition programme

***Key strategies:***

- Operationalization of Home-Grown School Feeding Programme at schools;
- Continuation of other school feeding interventions;
- Supplementation of micronutrients;
- Promotion of nutrition education.

**3.5.7. Physical education**

***Output:*** all school community members reached by comprehensive physical education and sports programs

***Key strategies:***

- Strengthening of physical education and sports curriculum in schools;
- Promotion of sport activities to raise awareness;
- Provision and management of physical education and sports facilities and equipment.

### 3.5.8. Mental health and related needs

**Output:** all school children and youth with mental health issues and drug addiction receive adequate counseling at schools

**Key strategies:**

1. Provision of basic psychosocial counseling;
2. Strengthening integrated referral system for mental health;
3. Prevention and control of alcohol, tobacco and other drug abuses.

### 3.6. FINANCING THE IMPLEMENTATION OF THE RESULTS FRAMEWORK

The Ministry of Education has been tasked with providing leadership for SH though all concerned Ministries that will contribute through their own budgets, mainly the Ministry of Health. Civil society, faith-based and private sector partnerships and contributions mechanisms and agreements for shared responsibility with Government will be developed. The share of external funding and contribution from development partners to support school health activities is also very important. International partnerships, such as One UN, multilateral and bilateral donors, and international NGOs, are expanding to assist with the development of integrated SH programs nationwide.

*Table: Costs by key strategic areas (in RwF millions)*

Key areas	Total	%	Source of funding		
			MoE	MoH	Other
1. Health promotion and disease prevention	9,598	9.0	541	9,057	-
2. HIV, AIDS and STIs	300	0.4	150	150	-
3. Sexual and reproductive health and rights; Gender and GBV issues	470	0.3	170	150	150
4. Environmental health	23,255	21.8	23,255	-	-
5. School nutrition	71,126	67.0	56,126	-	15,000
6. Physical education and sports	1420	1.3	1,120	-	300
7. Mental health	320	0.3	150	170	-
<b>TOTAL</b>	<b>106,489</b>	<b>100</b>	<b>81,932</b>	<b>9,377</b>	<b>15,150</b>

*Note: More than 60% of the total budget is for the implementation of school nutrition component*

### **3.7. CAPACITY BUILDING**

An important component of the SH policy and strategic plan refers to capacity building. It standardizes approaches among implementing partners, including at the community level. It is also crucial to build capacity of human resources at central and district levels, to ensure that all implementing actors have sufficient knowledge about this SH strategic plan. A special component of the training refers to the “school health teachers’ training. Pre- and in-service training of teachers should contain all key areas presented in this strategic plan, as a general “school health training”. Each in-training session will be followed by a formative supervision for effective implementation of the policy. These teachers will be responsible of training peer educators, who will then educate other students, especially through the health clubs that will be set up in all schools. The health clubs will include discussions about AIDS, environmental health and hygiene, gender based violence, sexual and reproductive health and rights, nutrition, malaria, mental health, community health, non-communicable diseases, children under five years and immunization and HPV surveillance.

### **3.8. STRATEGIC RESULTS FRAMEWORK**

The tables presented below are comprehensive results frameworks which will guide implementation of the SH strategic plan and act as an M&E tool to assess progress towards achieving the objectives of the SH policy. The results chain of the framework is organized into seven strategic objectives (outcomes), which will be achieved over the course of the five-year strategic plan. Output-level results for each outcome contain specific activities, with indicators, targets, timelines and budgets, with the responsible actor identified for each activity. The detailed results framework is the product of a workshop which brought together representatives, from the key concerned Ministries, UN agencies and CSOs.



<b>STRATEGIC OBJECTIVE 1: HEALTH AND WELLBEING PROMOTION AND DISEASE PREVENTION AND CONTROL</b>												
<b>Expected results</b>	<b>Activities</b>	<b>Indicators</b>	<b>Responsible</b>	<b>Partner</b>	<b>Baseline</b>	<b>Target</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>Costs</b>
<b>1. Enabling policy and financial framework for SH</b>	To integrate SH into national policies and strategic plans	Number of national policies with integration of SH	MoE	Social ministries	5/11-	6	-	1	1	1	3	-
<b>2. Enhanced prevention and early detection of health problems and chronic health conditions</b>	To carry out health examination of school children by nurses from neighboring health centers once per year	Number of school institutions that have carried out health examination to screen children	Health centers	MoE/ MoH, WHO, UNICEF	New activity	100%	-	-	50%	50%	100%	800
	To carry out HPV immunization for girls students three times a year	Number of girls immunized	MoH	UNICEF, Rotary Club, GAVI	93%	100%	-	95%	97%	99%	100%	3,000

	To deworm children every semester	Number of children dewormed	MoH	MoE, MoH, WHO, UNICEF	95%	100%	-	96%	98%	99%	100%	437
	To provide bed nets for all new boarding schools admissions	Number of bed nets distributed	RBC( Malaria unit)	Global Fund, WHO	75%	100%	-	96%	98%	99%	100%	3,900
	To do regularly indoor spraying in boarding schools	Number of schools with IDS	School	Global Fund,WHO	75%	100%	-	96%	98%	99%	100%	120
	Elimination of breeding places of mosquitoes in schools	Number of schools with no breeding places	School	Global Fund,WHO	75%	100%	-	96%	98%	99%	100%	-
<b>3. Early identification and management of disabilities and special learning needs</b>	To carry out screening for special needs and learning disabilities in ECDs and primary schools by nurses from neighboring health centers	Number of school institutions that have carried out children screened	Health centers	MoE, MoH, WHO, UNICEF	New activity	100%	-	Development of Training module	5%	8%	10%	800

4. First aid at schools	To have a first aid kit available in all schools	Number of schools with first aid kits	MoE	MoH/ UNICEF	30%	90%	-	50%	80%	85%	90%	141
5. Enhanced knowledge about school health	To build capacity of 2 teachers per school on SH	Number of teachers and peer educators trained	MoE	MoH	New	100%	-	30%	60%	90%	100%	400
	To set up and maintain health clubs in schools (including HIV, ASRH&R, GBV, nutrition, etc.)	Number of schools with health clubs	MoE	MoH	65%	100%	-	80%	100%	100%	100%	-
6. Operational M&E system	To carry out M&E regular update data collection	Number of M&E reports	REB/ MoE	MoH	EMIS	Annual report	-	Update M&E tools	-	-	-	-
<b>Total objective strategic 1</b>												<b>9,598</b>

**STRATEGIC OBJECTIVE 2: PREVENTION OF HIV, AIDS AND OTHER STIs**

Expected results	Activities	Indicators	Responsible	Partner	baseline	Target	2013	2014	2015	2016	2017	Costs
1. Enhanced knowledge about HIV, AIDS and other STIs	To review and update curriculum about HIV and AIDS and STIs through a comprehensive sexuality education curriculum	comprehensive sexuality education curriculum updated and implemented	REB	MoE, UNFPA	-	All schools to implement	-	Update curriculum	Update curriculum	100%	100%	-
	To produce and disseminate IEC/BCC materials about HIV, STIs	Number of schools with IEB/BCC materials disseminated and received	REB/MoE/UNICEF	MoH/RCHC/UNFPA	-	100%	-	Development of materials	40%	80%	100%	120
2. Supportive environment for HIV-positive students and teachers	To include discussions about mitigating stigma and discrimination in health clubs	Number of school institutions who had conducted discussions about mitigating stigma and discrimination in health clubs	REB	MoH/MYICT/UNICEF/UNFPA/ARBEF	-	100%	-	80%	100%	100%	100%	-

	To carry out sensitization campaigns caring for those affected by HIV and AIDS	Number of sensitization campaigns	REB	MoH/RBC,MYICT,UNICEF,UNFPA	New	100%	-	100%	100%	100%	100%	180
3. M&E activities in the context of HIV, AIDS and STIs	To update M&E school system with emphasis on HIV, AIDS and STIs	M&E school reports including HIV, AIDS and STIs	MoE	MoH/RBC HIV unit	-	-	-	Update M&E tools	100%	100%	100%	-
<b>Total Objective Strategic 2</b>												<b>300</b>
<b>STRATEGIC OBJECTIVE 3: PROMOTION OF SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS/GBV ISSUES</b>												
Expected results	Activities	Indicators	Responsible	Partner	Baseline	Target	2013	2014	2015	2016	2017	Costs
2. Reduced cases of SRGBV	To build capacity of teachers and peer educators about GBV (health clubs, trainings, sensitization campaigns, information about GBV kit in health	Number of teachers and peer educators trained	MIGE PROF	MoE, UNFPA/GMO	new	Two teachers per school	-	30%	60%	90%	100%	150

	centers)											
	To create and implement a SBGBV referral system for victims	Number of schools included in SBGBV referral system	MoH	MIGEPR OF MINALOC, UNFPA/GMO	new	100%		-		40%	80%	150
3. Early pregnancies managed	To collect data about pregnant girls quitting school and returning to school after delivery	Number of girls quitting school due to pregnancy	schools	MINALOC, UNFPA/GMO	-	All concerned girls		Dev elop mec hani sms	-	-	-	25
<b>Total for objective strategic 3</b>												<b>470</b>
<b>STRATEGIC OBJECTIVE 4: PROMOTION OF ENVIRONMENTAL HEALTH</b>												
Expected results	Activities	Indicators	Responsible	Partner	baseline	Target	2013	2014	2015	2016	2017	Costs
1. Improved access to adequate and safe water to schools	To set up and maintain rain water harvesting in schools	Number of schools water harvesting	REB	MININFRA/UNICEF	60%	80%	-	60%	65%	70%	80%	2,000
	To build tap water systems	Number of schools with tap water	REB	MININFRA/UNICEF	44%	100%	-	50%	70%	90%	100%	2,000
	To improve water quality and treatment	Number of schools with potable water	Schools	MININFRA/UNICEF	52%	100%	-	65%	80%	90%	100%	1,000

2. Improved sanitation facilities in schools	To set up gender-based sanitation facilities in schools systems	Number of schools with gender-based sanitation	REB	MININF RA/ UNICEF	80%	100%	-	85%	90%	95%	100%	15,000
	To put in place hand-washing points in all schools.	Number of schools with hand-washing points	REB	MININF RA/ UNICEF	-	80%	-	20%	50%	60%	80%	112
	To ensure clean sanitation facilities at school on a daily basis	Number of schools with clean sanitation facilities	Schools	MININF RA/ UNICEF/ WHO	60%	100%	-	70%	80%	90%	100%	240
3. Improved general hygiene, including menstrual hygiene	To ensure that children are educated about general body hygiene and oral health	Number of schools educating about general body hygiene and oral health	REB	MoH/WHO	-	100%	-	70%	80%	90%	100%	-
	Every school has sanitary pads available for emergency situations	Number of schools with sanitary pads available	MoE	District Schools, UNICEF	60%	70%	-	25%	40%	60%	70%	1,595

	To train and supervise teachers/learners in good practices including cleanliness and proper disposal of waste in all schools	Number of teachers and learners trained	REB	MoH/REMA	20%	-	-	30%	60%	90%	100%	-
4. Operational solid waste management systems in schools	To set up waste management systems in schools, e.g. eco-san toilets, biogas (fertilizer and source of energy)	Number of school with waste management	MoE	MININFRA	65%	70%	-	20%	50%	60%	70%	98
	To train and supervise teachers and learners on solid waste management in schools	Number of schools having teachers and learners trained	MoE	UNICEF, WHO, MININFRA	20%	100%	-	30%	60%	90%	100%	-



5. Protected and improved school environme nt countrywi de	To ensure a healthy learning environment (well ventilated class rooms, adequate number student per class)	Number of schools with well-ventilated classrooms	school s	MoE	75%	100%	-	80%	85%	90%	100 %	-
	To plant tree and gardening in schools	Number of schools with gardening and trees	school s	REMA	60%	85%	-	65%	70%	75%	85%	80
	To construct infrastructure adequate to children with physical disabilities	Number of schools with infrastructure to physical disabilities	MoE	MININF RA	20%	100% of newly constr ucted school s	-	20%	50%	60%	70%	130
<b>Total for objective Strategic 4</b>												<b>23,255</b>

**STRATEGIC OBJECTIVE 5: PROMOTION OF SCHOOL NUTRITION**

Expected results	Activities	Indicators	Responsible	Partner	Baseline	Target	2013	2014	2015	2016	2017	Costs
<b>1. HGSFP operational</b>	To provide school meals to children in pre-primary, primary and secondary schools	Number of schools providing meals	schools	MoA/WFP/MoH	7%	80%	-	20%	50%	60%	80%	20,000
	To ensure adequate human resources at national and local levels	Number of staff hired	Schools/REB	MoA/WFP/MoH	7%	80%	-	20%	50%	60%	80%	220
	Capacity building of national and local staff	Number of staff trained	REB	WFP/UNICEF	-	100%	-	30%	60%	90%	100%	11
	M&E system operational	Number of M&E reports	REB		-	100%	-	Update tool	100%	100%	100%	15
<b>2. Other school feeding interventions continued</b>	One Cup of Milk per Child	Number of schools implementing the project	MoA	WFP/UNICEF	4%	50%	-	10%	40%	45%	50%	15,000

	Secondary School Feeding Programme (boarding schools)	Number of schools practicing SFP	MIN EDUC	REB, District	100%	100%	100%	100%	100%	100%	100%	35,760
3. Reduced Micronutrients deficiencies	Conduct bi-annual micronutrient supplement (Vitamin A)	Number of schools receiving vitamin A supplementation	MoH	WFP/UNICEF	96%	100%	-	100%	100%	100%	100%	-
4. Enhanced nutrition education	To create/strengthen school gardens, as a pedagogical intervention	Number of school with gardens	schools	WFP/UNICEF	41%	70%	-	45%	50%	60%	70%	120
<b>Total for objective Strategic 5</b>												<b>71,126</b>
<b>STRATEGIC OBJECTIVE 6: PROMOTION OF PHYSICAL EDUCATION</b>												
Expected results	Activities	Indicators	Responsible	Partner	Baseline	Target	2013	2014	2015	2016	2017	Costs
1. A well-developed PE/Sport sequential curriculum	To re-orient curriculum to life skills development and survival.	Life skills curriculum review	REB	MoE	-	All schools	-	Update	100%	100%	100%	

in place		d										
	To train enough PE/Sports teachers in life skills oriented curriculum	Number of teachers trained	REB	MoE	-	100%	30%	-	60%	90%	100%	
	To involve PTAs/local communities in the implementation of the PE/Sport curriculum.	Number of schools with PTAs involved	Schools	MoE, Districts	-	100%	-	30%	60%	90%	100%	400
<b>2. Use of sport activities for awareness</b>	To organize regular awareness rising campaigns about health education.	Number of campaigns carried out	MoE	MINESPOC	-	100%	-	100%	100%	100%	100%	170

3. Schools have sports facilities and equipment	To provide and maintain sports facilities and equipment to all basic education schools	Number of schools with sports facilities	REB	MINESPOC	-	70%	30%	60%	90%		100%	850
<b>Total for objective strategic 6</b>												<b>1420</b>
<b>STRATEGIC OBJECTIVE 7: PROMOTION OF MENTAL AND PSYCHOSOCIAL WELLBEING</b>												
Expected results	Activities	Indicators	Responsible	Partner	Baseline	Target	2013	2014	2015	2016	2017	Costs RWF
1. Students dealing with mental health issues are assisted	To establish teacher and peer-educator counselors, as focal points, to assist students with mental health issues	Number of schools with operational counseling system	REB	MoH/WHO	-	100%	-	Update tool	100%	100%	100%	-

2. Operational referral health school	To set up referral mechanisms between health facilities and schools	Number of schools with operational referral system	schools	MoH	New	-	-	Update tool	100%	100%	100%	-
3. Alcohol, tobacco or other drug abuse managed at school level	Raising awareness campaigns about drug abuse	Number of schools participating in campaigns	MoH	WHO/WFP	-	100%	-	100%	100%	100%	100%	170
	Setting up monitoring mechanisms to rehabilitate children with drug/alcohol abuse	Number of schools with monitoring system	REB/schools	MoH/Mental health unit	70%	100%	-	Update tool	100%	100%	100%	150
<b>Total For Objective strategic 7</b>												<b>320</b>
<b>TOTAL GENERAL</b>											<b>106,489</b>	

## **4. IMPLEMENTATION PLAN**

### **4.1. INSTITUTIONAL FRAMEWORK**

The SH strategic plan implementation will require a solid implementation effort from all involved parties, representing a diversity of organizations. Significant inputs in terms of financial and human resources will be required to support SH interventions in each of the seven health priority areas. It is therefore important to put in place a solid governance structure to enable smooth and effective implementation under the coordination of the MoE.

The SH policy and its strategic plan implementation will be governed by both political and operational structures. At the political level, a Steering Committee composed of a core group of decision makers in key ministries and partners will meet quarterly to provide overall leadership and guidance on the implementation of the strategic plan and the achievement of the SH policy actions. SH in Rwanda is the responsibility of the Ministry of Education along with the support of line ministries, different governmental and non-governmental agencies including local and international organizations, UN agencies (WFP, UNICEF, UNFPA, WHO, FAO), USAID projects, the private sector and other health and education sector implementing partners. Collaboration among all stakeholders is a key for the successful implementation of SH strategies and activities at national, district and community levels.

The work of the Steering Committee will be supported by an SH Technical Working Group, chaired by MINEDUC and composed of technical staff from key ministries/institutions, UN agencies, and NGO's. The TWG will meet on a regular basis to agree upon specific actions and to report to the Steering Committee on progress and plans. Under the technical working group, the cross-cutting program unit at MINEDUC will be responsible to implement SH program activities.

At decentralized levels, the implementation of this SH strategic plan will require a very high degree of coordination. SH committees will be established at district, sector and cell levels, to oversee and implement related activities at their levels of administration. At the school level, a school health committee will be created to supervise and implement all activities carried out in schools.

### **4.2. MONITORING AND EVALUATION**

M&E is an integral part in the development of SH strategic plan. The objective of M&E plan is to assess achievements against goals defined during the elaboration of a SH strategy or activity. It includes indicators that measure either impact or processes during and after the period of implementation. Special studies like surveys and surveillance studies can be developed and implemented at certain point of time to measure what the strategy has achieved. M&E increases accountability and is a key information source to ensure policy makers are sufficiently informed and able to reflect and analyze performance. It also enables to gather lessons learned to improve

future strategic plans' development and implementation. Given the always increasing focus on results by the GoR, the establishment of robust monitoring and evaluation mechanisms for SH strategies is of great importance.

Rwanda has a well-established and functional system at the national level for M&E. However, the system has not yet been adequately decentralized to the district, sector and community levels. Decentralized routine monitoring activities such as data collection and reporting from the school level up to the national level needs to be strengthened. The quality of the data collected at decentralized levels will influence the quality of SH strategies M&E activities. An important part of the implementation of this strategic plan will be to generate research findings and lessons learned to be shared across ministries. Those data will inform the evidence-based decision making process of policymaking, advocacy, and program evaluation. In addition to a surveillance system, sub-strategy will define formative research needs to be conducted in specific SH areas.

Performance review should be conducted on an annual basis as part of the monitoring process with both internal and external partners' evaluators working together on agreed performance indicators to assess progress. The main purpose of the joint review will be to assess progress made in the sub-sector, identify challenges with explanations as well as identify solutions. It is important stakeholders perform this review jointly to enable standardization of the approach used by the different implementing partners and reduce transaction costs. Results will be used to inform on the progress of the implementation of the SH strategic plan as well as collect lessons learned for future strategic plans.



#### 4.2. MONITORING AND EVALUATION FRAMEWORK

<b>Indicator</b>	<b>Frequency of collection</b>	<b>Source of information</b>	<b>Method of collection / tools</b>	<b>Responsible</b>
Extent of integration of health education across the curriculum	Annually	REB	FGD	REB
Classroom time devoted to each topic area and its distribution across years	Annually	REB	FGD	REB
No smoking policy in school ground or at school functions	Annually	Schools	Observations /checklist	School
Availability of prevention interventions such as Mosquitoes nets supplied and their use encouraged	Quarterly	Schools	Observations /checklist	School
Availability of protective equipment for sports and physical education	Quarterly	Schools	Observations /checklist	School
Extra curricula programs (sports, music dance and drama)	Annually	REB	FGD	REB
Increased availability and promotion of healthy foods	Quarterly	Schools/PTAs	EMIS	School
Clean and well maintained buildings and ground, free of dangerous materials	Annually	REB	FGD	REB
Adequate light and ventilation in the classrooms and dormitories	Annually	REB	FGD	REB

<b>Indicator</b>	<b>Frequency of collection</b>	<b>Source of information</b>	<b>Method of collection / tools</b>	<b>Responsible</b>
Facilities for social interactions and quiet work	Annually	REB	FGD	REB
Safe facilities for sports, physical education and other recreation	Quarterly	Schools/PTAs	EMIS	School
Availability and accessibility of safe drinking water	Quarterly	Schools/PTAs	EMIS	School
Clean, functioning and adequate toilets/latrines for both boys and girls. Availability of hand washing facilities	Quarterly	Schools/PTAs	EMIS	School
School facilities catering for the needs of pupil with physical disabilities	Annually	REB	FGD	REB
Extent and nature of student involvement in decision making	Annually	REB	FGD	REB
Proactive programs to reduce bullying and violence	Quarterly	Schools/PTAs	EMIS	School
Proactive programs to enhance a positive psycho-social school environment	Quarterly	Schools/PTAs	EMIS	School
Peer support programs	Annually	REB	FGD	REB
Nature and extent of parental involvement encouraged by the school	Quarterly	Schools/PTAs	EMIS	School
Frequency and nature of health promotion programs for school staff	Quarterly	Schools/PTAs	EMIS	School

<b>Indicator</b>	<b>Frequency of collection</b>	<b>Source of information</b>	<b>Method of collection / tools</b>	<b>Responsible</b>
Involvement with local community leaders in promoting health (for example, preventing cigarette sales to minors)	Quarterly	Schools/PTAs	EMIS	School
Frequency and nature of involvement of government, non-government, community and commercial agencies with school	Annually	REB/MoE	FGD	Mineduc
Frequency of teacher-parent meetings and health issues discussed at those meetings	Quarterly	Schools/PTAs	EMIS	School
First aid and other support for those with chronic disease (for example asthma)	Annually	MoE/MoH/REB	EMIS	Mineduc
Screening according to MoH Health guidelines	Quarterly	Schools/PTAs	EMIS	School
Referral for those with complicated illness (including those with a drug addiction, mental health problem, social adjustment difficulties)	Quarterly	Schools/PTAs	EMIS	School
Counseling and conflict resolution for staff-staff, staff-student and student- student problems	Quarterly	Schools/PTAs	EMIS	School

## **5. CONCLUSION**

While this SH strategic plan has identified seven school health priorities to focus on through 2018, it cannot achieve the desired outcomes alone: it should be integrated in all institutions' main strategic plans and efforts. This strategic plan provides a broad operational framework for SH planning and coordination of all stakeholders, enabling the creation and maintenance of child-friendly schools. Furthermore, the implementation of this strategic plan implies the provision of a minimum package of health services to the school community. Capacity building of teachers and peer educators, creation of comprehensive school health clubs, curriculum reviews, and having an operational M&E system are also essential steps to achieve the SH objectives.

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**ANNEX: COORDINATION CHART**

