



REPUBLIC OF ZAMBIA  
Ministry of General Education

# School Health Management Framework

June 2015





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## FOREWORD

Zambia is a signatory to the Convention on the Rights of the Child, and has pledged to put children at the centre of development, thereby giving their needs the highest priority. However, ill health and other challenges still prevent many children from growing into productive, capable citizens, who can help their communities grow and prosper. In order for learners to achieve their potential, they must be healthy, attentive and emotionally secure.

In 2010, the President of the Republic of Zambia committed the government to reinstating health programmes in public schools through the re-introduction of the observance of Health Month in schools. Strengthening of school health services represents one of the key components of the health sector's efforts to reinvigorate and reengineer and strengthen primary health care delivery, whilst within the education sector provision of school health services is a key component of the SADC Care and Support for Teaching and Learning (CSTL) programme which aims to realise the educational rights of all children, including those who are most vulnerable, through schools becoming inclusive centres of learning, care and support.

The School Health Management Framework outlines the role of respective Ministries and directorates and education structures in addressing the health needs of learners, with the aim of ensuring that a strong school health service operates according to clear standards within the education sector.

The framework focuses on addressing both the immediate health problems of learners (including those that constitute barriers to learning) as well as implementing interventions that can promote learner's health and well-being during both childhood and adulthood (long life health).

## ABBREVIATIONS

AIDS	Acquired Immunodeficiency Syndrome
ART	Anti-Retroviral Treatment
BMI	Body Mass Index
CSG	Child Support Grant
CSTL	Care and Support for Teaching and Learning Programme
CTOP	Choice on Termination of Pregnancy
DBST	District-Based Support Team
DOH	Department of Health
DSD	Department of Social Development
ECD	Early Childhood Development
EFA	Education for All
EPI	Expanded Programme on Immunization
FET	Further Education and Training
HCT	HIV Counselling and Testing
HIV	Human Immunodeficiency Virus
HPS	Health Promoting Schools
INP	Integrated Nutrition Programme
ISHP	Integrated School Health Programme
MCDMCH	Ministry of Community Development, Mother and Child Health
MOCTA	Ministry of Chiefs and Traditional Affairs
MOGCD	Ministry of Gender and Child Development
MOAL	Ministry of Agriculture and Livestock
MOLGH	Ministry of Local Government and Housing
MOH	Ministry of Health
MTSF	Medium Term Strategic Framework
MMC	Male Medical Circumcision
MoGE	Ministry of General Education
NGO	Non-governmental Organization
NSNP	National School Nutrition Programme
PHC	Primary Health Care
PMTCT	Prevention of Mother to Child Transmission (of HIV)
PTA	Parent Teacher Association
SCP	School Community Partnership
SHNP	School Health and Nutrition Program
SIAS	National Strategy on Screening, Identification and Support
SBST	School-Based Support Team
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infection
TB	Tuberculosis
WHO	World Health Organization
YRBS	Youth Risk Behaviour Survey

# SCHOOL HEALTH AND NUTRITION MANAGEMENT FRAMEWORK

## Introduction

The School Health Management Framework for the Ministry of Educations, Science, Vocational Training and Early Education (MOGE) aim at providing guidance to managers at all levels - national, provincial, district, zone, and school to effectively manage the education sector School Health and Nutrition (SHN) programme. The document explicitly explains the management and monitoring and evaluation (M&E) and reporting structures; how the management skill will be built including roles and responsibilities of social sector ministries and MOGE individual managers re-aligned according to the management structure; the policies and procedures to be taken into consideration when managing the SHN education sector programme. The guidelines comprise two sections; the immediate next steps and the long-term management of the education sector programme.

## Vision

The optimal health and development of school-going children and the communities in which they live and learn

## Goal

To contribute to the improvement of the general health of learners as well as the environmental conditions in schools and address health barriers to learning in order to improve education outcomes of access to school, retention within school and achievement at school.

## Principles

The School Health and Nutrition programme is part of the comprehensive primary health package which operates within the MOGE's sector policy framework – *Educating Our Future* and should:

- Focus on achievement of health and educational outcomes;
- Be implemented within a child's rights approach. This means that children should not be passive recipients, but must be empowered actors in their own development;
- Ensure full coverage of all learners starting in the most disadvantaged schools;
- Ensure that appropriate assessment, treatment, care and support services are available and accessible to all learners who are identified as requiring them;
- Be informed by local priorities;
- Take into account quality and equitable distribution of resources;
- Be implemented as a partnership between the Ministry of Health (MOH), Ministry of Community Development Mother and Child Health (MCDMCH) and Ministry of Local Government and Housing (MOLGH); Non-Governmental Organisations (NGOs), Civil Society Organisations (CSO) and other relevant stakeholders in tandem with provisions in the Education Sector Policy;
- Be guided by ethical standards as outlined in the principles of professional bodies (such as the Zambia Ethics Committee).

## Objectives

### General Objective

To guide the provision of a comprehensive, integrated School Health Management Framework which is provided as part of the Health Management package within the Care and Support for Teaching and Learning (CSTL) SADC framework in line with the Focusing Resources on Effective School Health (FRESH) approach.

### Specific Objectives

- To provide preventive and promotive services that address the health needs of school going children and youth with regard to both their immediate and future health
- To support and facilitate learning through identifying and addressing health barriers to learning and reading in particular
- To facilitate access to health and other services where required
- To support the school community partnership in creating a safe and secure environment for teaching and learning.

The School Health Management Framework objectives will be achieved by means of the following key strategies:

- Health Promotion and Health Education
- Provision of an essential package of health services in schools
- Coordination and Partnership
- Capacity Building
- Community Participation

### Target Groups

The target group for the school health management framework is the entire population of learners including learners with special needs. The service will be tailored according to the different developmental stages of childhood and specific health needs in various communities and schools. The School Health Management Framework will be delivered in partnership with the target population.

#### Primary Target Group

The primary target groups of this framework are the learners and youth, regardless of age, who attend learning sites. It covers learners in Grade 1 to Grade 9 in basic schools.

#### Secondary Target Group

Whilst the framework focuses on school-going children, the school community (which includes educators, school management, school administrators and auxiliary staff, as well as parents and other caregivers) should also benefit from the programme. The school community should work in partnership with the school health programme in shaping, informing and sustaining the “healthy”

status of learning sites. The wider school community has much to gain from access to health information, opportunities to develop skills for healthy lifestyles, support in improving the health status of children and enjoyment of a healthy environment and/or community setting.

## **Health Management Package**

### **AIMS AND OBJECTIVES**

- i. To promote and build the knowledge, competencies and psychosocial skills needed by learners for healthy living.
- ii. To empower learners to adopt positive behaviors and make informed decisions that will enable them to deal effectively with the challenges of everyday life.
- iii. To empower learners to protect themselves against HIV/AIDS.

### **Health Education and Promotion**

Health education is a critical component of the School Health Policy and Nutrition (SHN), and provides the best opportunity to impact on the immediate and long-term health behaviour of the learners.

Health education is incorporated into the school curriculum and provided through the Life skills, science, and other learning areas. Life skills teaching has been supplemented with additional co-curricular/school-based activities especially in secondary schools where the time tabling may not provide adequate time to fully address issues related to sexual and reproductive health as well as other health and social issues.

Issues to be covered through Life Skills education and supplemented through co-curricular activities include:

- Nutrition and exercise
- Personal and environmental hygiene
- Chronic illnesses (including HIV and TB)
- Abuse (sexual, physical and emotional abuse, including bullying and violence)
- Sexual and reproductive health
- Menstruation
- Teenage pregnancy and prevention (contraception and abstinence)
- Sexually Transmitted Infections (STIs) including HIV/AIDS
- Male circumcision including Male Medical Circumcision (MMC)
- Teenage pregnancy, PMTCT
- HIV Counselling and Testing (HCT) and stigma mitigation
- Mental health issues including drug and substance abuse, depression and anxiety and suicide



## The School Health Management Package

Health Screening	On-site service	Health Education
<b>Lower Primary (Grade 1-4)</b>		
<ul style="list-style-type: none"> <li>• Oral health</li> <li>• Vision</li> <li>• Hearing</li> <li>• Speech</li> <li>• Nutritional assessment</li> <li>• Physical assessment</li> <li>• Mental Health</li> <li>• Tuberculosis</li> <li>• Chronic illnesses</li> <li>• Psychosocial Support</li> </ul>	<ul style="list-style-type: none"> <li>• Parasite control: Deworming and bilharzia control</li> <li>• Immunization</li> <li>• Oral health (where available)</li> <li>• Minor ailments</li> </ul>	<ul style="list-style-type: none"> <li>• Hand washing</li> <li>• Personal &amp; environmental hygiene</li> <li>• Nutrition</li> <li>• Tuberculosis</li> <li>• Road safety</li> <li>• Poisoning</li> <li>• Knowledge about ones' body</li> <li>• Abuse (sexual, physical and emotional abuse)</li> </ul>
<b>Middle Primary (Gr 5-7)</b>		
<ul style="list-style-type: none"> <li>• Oral health</li> <li>• Vision</li> <li>• Hearing</li> <li>• Speech</li> <li>• Nutritional assessment</li> <li>• Physical assessment</li> <li>• Mental Health</li> <li>• Tuberculosis</li> <li>• Chronic illnesses</li> <li>• Psychosocial Support</li> </ul>	<ul style="list-style-type: none"> <li>• Deworming</li> <li>• Minor ailments</li> <li>• Counselling regarding SRH (if indicated), and provision of and referral for services as needed</li> </ul>	<ul style="list-style-type: none"> <li>• Personal &amp; environmental hygiene</li> <li>• Nutrition</li> <li>• Tuberculosis</li> <li>• Medical and Traditional Male circumcision</li> <li>• Abuse (sexual, physical and emotional abuse including bullying, violence)</li> <li>• Puberty (e.g. physical and emotional changes, menstruation &amp; teenage pregnancy)</li> <li>• Drug &amp; substance abuse</li> </ul>
<b>Junior Secondary (Gr 8-9)</b>		
<ul style="list-style-type: none"> <li>• Oral health</li> <li>• Vision</li> <li>• Hearing</li> <li>• Speech</li> <li>• Nutritional assessment</li> <li>• Physical assessment incl.</li> <li>• Anaemia</li> <li>• Mental Health</li> <li>• Tuberculosis</li> <li>• Chronic illnesses</li> <li>• Psychosocial support</li> </ul>	<ul style="list-style-type: none"> <li>• Minor ailments</li> <li>• Individual counselling regarding SRH and provision of or referral for services as needed</li> </ul>	<ul style="list-style-type: none"> <li>• Personal &amp; environmental hygiene</li> <li>• Nutrition</li> <li>• Tuberculosis</li> <li>• Abuse (sexual, physical and emotional abuse including bullying, violence)</li> <li>• Sexual &amp; reproductive health</li> <li>• Menstruation</li> <li>• Contraception</li> <li>• STIs incl. HIV</li> <li>• MMC &amp; Traditional</li> <li>• Teenage pregnancy, CTOP, PMTCT</li> <li>• HCT &amp; stigma mitigation</li> <li>• Drug and substance abuse</li> <li>• Suicide</li> </ul>
<b>Health Screening</b>	<b>On-site service</b>	<b>Health Education</b>
	Environmental assessment <ul style="list-style-type: none"> <li>• First aid kit</li> <li>• Water and sanitation</li> <li>• Cooking area</li> <li>• Physical safety</li> <li>• Ventilation (airborne infections)</li> <li>• Waste Disposal</li> <li>• Food gardens</li> <li>• Recycling</li> </ul>	

## Provision of Onsite Services

A package of on-site services should be provided at all schools. These include:

- Parasite control: Deworming and bilharzia control administered at school level in collaboration with MOH and MCDMCH
- Immunizations
- Treatment of minor ailments especially treatment of skin conditions
- Sexual and Reproductive Health services where indicated. These will focus on provision of dual protection (to prevent pregnancy and STIs including HIV infection) and provision of HIV Counseling and Testing (HCT).
- Environmental assessment, including provision of first aid kits, adequate water and sanitation, Menstrual Hygiene and management, physical safety and issues related to food safety and suitability. These assessments should be undertaken by the MOGE in collaboration with the Environmental Health Officers.

The package of on-site services will be expanded over time. For now school health services are strongly encouraged to provide additional services on-site, especially where this will significantly reduce the number of learners who require referral. These services may be provided by existing Health Centres (e.g. dental therapists who might visit the school together with the health practitioner or at a separate time particularly during the health month) or by other providers on a regular or intermittent basis (e.g. services provided by NGOs or by professional societies on a voluntary basis).

## Follow-up and Referral

Where learners are identified as requiring health and other services that cannot be provided on-site through routine school health services, mechanisms must be in place for ensuring that learners access these services. Health services will be provided using a number of mechanisms, including:

- Service provision by specialized health workers or mobile health service providers are the mechanism of choice.
- These mobile health service providers will provide PHC services, including oral health and dental services and optometric services.
- In areas where specialized mobiles are not operating, learners should receive services at fixed facilities including Health Centres or clinics, community health centres and hospitals. Plans must be in place to ensure that learners can be seen at appropriate times (i.e. in the

afternoon or during the school holidays). These arrangements must be made with the facility prior to the screening of learners. Services may also be provided using existing mobile services, both Health Centres and mobile clinics and specialized mobiles (such as dental mobiles or optometric mobiles). These services may be provided by local health employees or by other providers on a regular or intermittent basis (e.g. services provided by NGOs or by professional societies on a voluntary basis).

- The School Guidance and Counseling teachers or mentors will be responsible for assisting learners to access services, particularly where financial barriers to accessing services are present. This includes providing transport to health facilities where necessary.

## **Coordination and Partnership**

International evidence shows that implementation of successful school health programs depends on strong partnerships between education and health sectors, teachers and health workers, schools and community groups and learners and persons responsible for school health programs.

The establishment of effective partnerships between government, trade unions, private sector, academic institutions, civil society and NGOs to assist in the formulation, implementation, monitoring and evaluation of priority areas for school health will facilitate implementation of the school health programme.

The National and Provincial Education office, District and Zone must ensure co-ordination between all the relevant service providers related to the school health programme. Regular meetings are necessary to ensure that the collaboration required for the implementation of the policy is achieved at all levels.

## **Community Participation**

Community structures play an important role for improved health of learners in schools. Community mobilization should be conducted to create awareness for people to take positive action towards improving health of learners in schools. Active involvement of the school governing bodies, community leaders (such as traditional and faith-based leaders and ward councilors) is required as well as the buy-in of the entire school community for the success of the Integrated School Health Management Framework.

## **Learner Participation**

The participation of learners through Student Representative Councils and other school-based organization such as Agents of Change groups, Boys and Girls Education Movement clubs, SAFE or AIDS Action Clubs will further ensure successful implementation of the SHNP. Learners need to be consulted and encouraged to support the implementation of the SHNP through platforms created at school and community level.

## **Consent and Assent**

Learners below the age of 18 years should only be provided with school health services with written consent of their parents or caregivers. However learners who are older than 14 years may consent to their own treatment, although they should be advised to inform and discuss their treatment with their parent or caregiver. No learner who does not assent to being screened or provided with services should be coerced into receiving services.

## **IMPLEMENTATION GUIDELINES**

Implementation of the Health Management Framework requires collaboration and linkages of different sectors, most importantly, the Ministry of Health (MOH), Ministry of Community Development and Mother and Child Health (MCDMCH), Ministry of Chiefs and Traditional Affairs (MOCTA), Ministry of Local Government and Housing (MOLGH) and Ministry of Agriculture and Livestock (MOAL).

### **Roles and Responsibilities**

Whilst the District Health Board (DMHB) is responsible for provision of the package of school health services, the District Education Board Secretaries (DEBS) plays a key role in creating an enabling environment for the provision of the School Health Nutrition services in the schools.

This includes planning, managing and monitoring of the programme, facilitating access to schools and services, and liaising with other role-players at all levels of the system. Roles and responsibilities for the different implementation levels are outlined below.

## National Level

The national level will support provinces in development, monitoring and implementation of the SHNP. In this regard the steps that need to be taken by the SHN national force team is as follows:

- Establish a National SHNP Task Team which brings together officials responsible for the SHNP from the Directorates within the Ministry of Education, Cooperating Partners (CPs), Civil Society Organisations (CSO) and other social sector line ministries including Health and Social Development,

The task team perform the following roles:

- Provide technical support regarding the content of the SHNP, as well as strategic direction with regard to its implementation.
- Develop implementation plans for the SHNP.
- Develop standardized guidelines for implementation and service provision with corresponding training packages.
- Develop appropriate norms and standards for all aspects of the SHNP.
- Ensure that the resources necessary for implementing the SHNP are in place - this includes human, financial and other (such as equipment, materials and medication) resources.
- Monitor and evaluate the implementation and impact of the SHNP.
- Review the policy and package of services at appropriate intervals.
- Identify research priorities for school health.

## Provincial Level

Provincial task teams with representatives from Ministry of Health (Provincial Medical Office - PMO); Ministry of Local Government and Housing (the Provincial Local Government officer), and other key stake-holders need to be established. These provincial SHNP teams will be responsible for ensuring that school health services reach all learners. Their key responsibilities include:

- Developing five-year implementation plans for the SHNP in the province, as well as a detailed implementation plans each year.
- Securing the required financial, material and human resources.
- Identifying and prioritising the most disadvantaged schools which should be targeted during the early phases of implementation.
- Ensuring that appropriate referral facilities and processes are in place.
- Ensuring that an appropriate and adequate training programme for new and existing staff is in place.
- Monitoring implementation of the ISHP in the province.

## District Level

Implementation of the school health programme is invested at district level, with accompanying responsibility to ensure that the programme is implemented in all zones and reaches all schools and learners. Each district should establish and/or convene a team which is responsible for overseeing school health services. Where a District-Based Support Teams (DBST) has been established to implement other initiatives (such as CSTL) this team may play this role, or a smaller team which reports to the DBST may be established. The team should develop an implementation plan with clear objectives and indicators which forms part of the district health plan. The team is jointly responsible for overseeing and coordinating the SHNP within the district. This includes ensuring progressive coverage of all schools and learners (starting with the most disadvantaged schools); co-ordination of other partners who provide components of the school health package; and reporting on school health activities to the DEBS.

Each district will need to do the following:

- Ensure that the SHNP plan is developed and integrated into the district sector plan and other relevant plans.
- Allocate a person to oversee and manage the SHNP.
- Conduct an audit of existing capacity for the delivery of the SHNP.
- Appoint School Health Teams who are responsible for providing and coordinating provision of the school health package to all targeted learners.
- Strengthen existing systems for communication, transport, equipment and referral.
  - Monitor implementation of the SHNP as outlined in the SHNP monitoring and evaluation plan.
  - Conduct capacity building of both health professionals and educators.

## Zone Level

Zone level schools have a key role to play in ensuring that all schools are reached. Each School Health Team will be based at zone level, and will report to the District Planning Officer and/or the District Guidance and Counseling Coordinator. The District Planning Officer is responsible for overseeing the day-to-day activities of the School Health Teams (SHT), and for ensuring that they are provided with the necessary logistical support, as well as supplies and medicines. Statistics on the SHNP will be incorporated into the facility statistics, as outlined in the SHNP monitoring and evaluation plan.

Zone schools also play an important role in providing services to learners who are referred. Mechanisms for allowing health personnel to ensure that referred learners have accessed services and to provide ongoing follow-up must be in place.

## School Level

Implementation of the SHNP at school level is the responsibility of the School-Based Support Team (SBST) under the guidance of the teacher. This team should include the Guidance and Counseling teacher, the SHN focal point person, members of the School Health Team (including health promoters), representatives from the school Parent Teacher Association (PTA) or SCP (School Community Partnerships), representatives of relevant NGOs or CBOs, agents of change or peer educators and learners. The Guidance and Counseling teacher or designated member of staff will coordinate all the SHNP activities within the school.

Specific tasks include:

- Mobilising and liaising with the school community including educators, the PTA or SCP and other role-players.
- Ensuring that all components of the SHNP package are provided to all learners.
- Ensuring that data on the SHNP is collected, collated, stored and forwarded as outlined in the SHNP monitoring and evaluation plan.
- Managing any equipment that is provided to the school as part of the SHNP.
- Building partnerships with external providers including NGOs and other community organizations.

With regard to learner assessment and provision of on-site services, the SBST should:

- Develop a schedule for learner assessments and ensure that DEBS officials are available to support the activity.
- Manage distribution and preparation of consent and assent forms and Road to Health Cards.
- Orient learners on what to expect on the day.
- Identify an appropriate space for learner assessments and ensure that the necessary infrastructure is available.
- Ensure that a list of learners who are referred is kept, and that the learners access the services to which they have been referred.
- Ensure that letters for follow-up reach parents or caregivers.
- Liaise with DSD if parents are unable to access referral services in collaboration with the DBST. The SBST should also play a role in providing ongoing support and assistance to learners with long term health conditions. This may include educators administering medication to learners providing the learner's caregiver has provided the school with written permission.

## Human Resource Implications

The School Health Team should be led by the SHN focal point person or the guidance and counseling teacher in collaboration with a professional nurse or health personnel. The recommended norm for delivering of individual learner assessments is one professional nurse for every 2,000 learners to be assessed per year. The professional nurse will be assisted by an enrolled nurse or an enrolled nursing auxiliary and SHN focal point person.

The SHN or the G&C teacher is primarily responsible for coordinating the implementation of the SHNP, conducting individual learner assessments and providing on-site services. She/he is also responsible for ensuring referral and follow-up of learners when required, for ensuring that information on learners is recorded and stored appropriately and that collated data are submitted to the PHC facility as outlined in the SHNP monitoring and evaluation plan.

### Employing Additional Staff

Where districts assess that current staff capacity is not sufficient to deliver the ISHP package, districts will have to hire additional staff to perform this function on voluntary basis. This may include retired nurses.

### Training Requirements

Training and re-orientation is required for all categories of staff who will be implementing the SHNP.

### Categories of Staff that will Require Training/Re-orientation

- MoGE and MCDMCH and MOH officials and managers will require orientation and training in the School Health Management Framework (SHMF).
- New school community health workers will require training in all aspects of the SHMF.
- Senior Education Officers Guidance and Counseling and District Guidance and Counseling Coordinators will need to be orientated to function in an inter-sectoral and interdisciplinary manner and to work with staff of different backgrounds, qualifications. Particular attention will need to be paid to ensuring that Guidance and Counseling officers are comfortable dealing with issues related to adolescent sexual and reproductive health, and that services are provided in an adolescent-friendly manner.
- Experienced staff might also need training on how to fulfill a mentoring role to new staff who are inexperienced in delivering the school health package.



## MONITORING AND EVALUATION

The joint National SHMF Task Team will establish mechanisms for monitoring and evaluation the school health policy. Reporting, monitoring and evaluation of the SHNP should be integrated within existing district and provincial education information systems (EMIS) as well as interfacing with the Health Management Information System (HMIS). Monitoring and evaluation need to focus on:

- Coverage of services
- The impact of the service on the health of learners and on access to schooling, retention and achievement of learners
- Quality of services
- Sustainability of school health services in all districts
- The M&E framework will propose a set of national indicators that will be used to monitor the SHNP.

## CONCLUSION

The SHNP has the potential to contribute substantially to improving health and learning outcomes for school-going children. Successful implementation of the SHNP will depend on a number of critical factors which are outlined below:

**Coordination:** A need to strengthen co-ordination between this service and other programmes to ensure that school health services are delivered in the most efficient and effective way. Therefore, joint steering by the Ministry of Health, Ministry of General Education, and Ministry of Community Development in the provision of the service is important.

**Resource Availability:**

Implementation of the SHNP has substantial resource implications with regard to staffing, transport, equipment and medication. Successful implementation will only be possible if these resources are made available at district and zone level.

**Adequate Referral and Follow-Up of Learners Who Are Identified as Having Health or Other Problems:**

In some areas this will require development and strengthening of services in order to ensure that learners have access to the services which they require.

Advocacy, communication and social mobilisation will be conducted in collaboration with essential role-players at national, provincial and district levels. These include all government departments, other health programmes and NGOs rendering health services to the school community, parents and learners.

**Prioritisation:** Priorities for the SHNP should be based on the understanding of the integral link between health and education and its impact on learners' successful development and educational outcomes.

**Capacity Building for the School Health Management Framework depends on:**

- The involvement of schools in the development and delivery of the ISHP.
- Re-orientation and training of PHC personnel to assist and support the delivery of the School health service within the SHNP
- The development of the capacity of school communities to take responsibility for their Health needs through informed interaction with the health and development sector.
- Effective Monitoring and Evaluation will depend on active reporting, monitoring and evaluation of the programme to ensure learner coverage and identify gaps and barriers to implementation.
- Identification of research priorities in school health programme would also assist with policy review, programme planning and implementation at all levels of care.



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