MALAWI GOVERNMENT

School Health and Nutrition Guidelines

Together for Healthy Productive Schools

Ministry of Education Science and Technology
Ministry of Health
Ministry of Agriculture and Food Security

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Foreword

The School Health and Nutrition (SHN) strategy 2009–2018 defined a new approach to the way the Education, Health and Agriculture sectors will deliver SHN services to school aged children (aged 2-18). This is through delivery of the SHN Package at all schools. The SHN package has potential to improve learners' health, their cognitive development, learning potential and future life choices. As such, improving the health of school-age children contributes to the attainment of **Malawi Growth and Development Strategy (MGDS), Education for All** and the **Millennium Development Goals.**
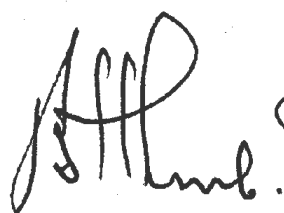
The SHN interventions include provision of essential health and nutrition services; ensuring productive, safe and sanitary environments for optimum health and disease prevention; skills based education, role modelling and counselling to promote adoption of healthy life styles. In addition the interventions include community involvement for health improvement and generation of supportive health environments both at home and at school for all school aged children.

This document, The School Health and Nutrition Guidelines, intends to make SHN services a reality. The document was developed through wide consultation among stakeholders involved in the implementation of SHN services, to help revitalize SHN services in Malawi. The document clearly defines what SHN providers should do at all levels to improve health status, environment and life styles of school aged children.

We are fully confident that the implementation of SHN will help us address the health issues of school aged children and assist them in accessing and attaining quality education. Healthy children in healthy environment learn better – this is a prerequisite for reversing the current trends in our children's' health indices.

However, we are also aware that we will have to collectively, as stakeholders, face many challenges and resolve them along the way. During the implementation process, we will learn many lessons from practice and these will enrich these guideline further. We call on all SHN implementing and supporting partners to exert their maximum effort to bring this dream to reality – the dream of having a SHN service suitable to the needs of our school aged children.
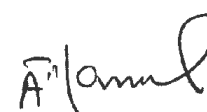
We thank all those who, in diverse ways, helped to make the development of this SHN guideline possible.

B.H. Sande	C.V. Kang'ombe	Dr A. T. Daudi
Secretary for Education	Secretary for Health	Secretary for Agriculture

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Special thanks are also extended to SHN Taskforce drafting committee members, working partners from other Ministries and organizations and these include: Dr Augustine Kamlongera, Director of Education Planning; Charles F. Mazinga, Deputy Director of School Health, Nutrition and HIV; Chikondi Maleta, Principal Economist; Grace Milner, Senior Policy Planning Officer; Dorothy Khonje and Oscar Mponda, Principal Planning Officer; Lindiwe Chide and Luka Nyirongo, Planning Officers; William Kanyemba, EMAS Officer, Dr Mary Shawa, Principal Secretary Nutrition and HIV, OPC; Catherine Mkangama, Director of Nutrition, OPC; Sheilla Bandazi, Director of Nursing Services, MoH; Evelyn Chitsa Banda, Assistant Central West Zone Supervisor, MoH; Catherine Chiwaula, Principal Nursing Officer (Community Health), MoH; Stacia Nordin Technical Advisor for SHN, GTZ; Emmi Pakkala SHN liaison Officer, UNICEF; Irene Kumwenda, Anna Tallant and Patrica Saukila, Programme Officers from WFP; Ceasar Kachale from FAO; Dr Beatrice Mtimuni and Dr. Alex Kalimbira from Bunda;; Hudson Kubwalo from WHO; Violet Orchardson from USAID; Margaret Lwanda from MoAFS, and Peter Nkhoma, MoAFS.

Acronyms

Acronym	Meaning
ADD	Agricultural Development Division
AEDC	Agriculture Extension Development Coordinator
AEDO	Agriculture Extension Development Officer
AIDS	Acquired Immune Deficiency Syndrome
BCI	Behaviour Change Information
CBCC	Community-Based Childcare Centre
CBE	Complementary Basic Education
CERT	Centre for Education Research and Training
CHN	Community Health Nurse
CIDA	Canadian International Development Agency
CPD	Continuing Professional Development
CPEA	Co-ordinating Primary Education Advisor
CRC	Convention on the Rights of the Child
DADO	District Agriculture Development Officer
DC	District Commissioner
DEC	District Executive Committee
DEM	District Education Manager
DFID	Department for International Development
DHS	Demographic and Health Survey
DHSEd	Demographic and Health Survey – Educational component
DIP	District Implementation Plan
DSFC	District School Feeding Coordinator
DSS	Direct Support to Schools
DTED	Department of Teacher Education and Development (in the MoEST)
EDMU	Education Development Management Unit
EHP	Essential Health Package
EMAS	Education Methods Advisory Service
EMIS	Education Management Information System
EPA	Extension Planning Area
ESSuP	Education Sector Support Programme
EU	European Union
FAO	Food and Agricultural Organization of the UN
FNO	Food and Nutrition Officer
GoM	Government of Malawi
GTZ	German Technical Cooperation (Deutsche Gesellschaft fuer Technische Zusammenarbeit GmbH)
HCT	HIV Counselling and Testing
HIV	Human Immuo-deficiency Virus
HMIS	Health Management Information System
HSA	Health Surveillance Assistant
ICT	Information and Communication Technology
IEC	Information, Education and Communication
ILO	International Labour Organization
IMCI	Integrated Management of Childhood Illnesses
JICA	Japanese International Cooperation Agency
LCRO	Land Conservation Resource Officer

Acronym	Meaning
M&E	Monitoring and Evaluation
MDG	Millennium Development Goal
MGDS	Malawi Growth and Development Strategy
MIE	Malawi Institute of Education
MoAFS	Ministry of Agriculture and Food Security
MoEST	Ministry of Education, Science and Technology
MoEM	Ministry of Energy and Mines
MoF	Ministry of Finance
MoGCCD	Ministry of Gender, Child and Community Development
MoH	Ministry of Health
MoIWD	Ministry of Irrigation and Water Development
MoLGRD	Ministry of Local Government and Rural Development
MoU	Memorandum of Understanding
MoYDS	Ministry of Youth Development and Sports
MPRS	Malawi Poverty Reduction Strategy
MVAC	Malawi Vulnerability Assessment Committee
NESP	National Education Sector Plan
NGO	Non-Governmental Organization
OPC	Office of the President and Cabinet
ORS	Oral Rehydration Salts
OVC	Orphans and Vulnerable Children
PDC	Permaculture Design Course
PEA	Primary Education Advisor
PTA	Parent Teacher Association
PVA	Poverty and Vulnerability Assessment
SBIS	School-Based Information System
SHN	School Health and Nutrition
SHNC	School Health and Nutrition Coordinator
SMC	School Management Committee
SN	School Nutrition
SNC	School Nutrition Coordinator
SH	School Health
SHC	School Health Coordinator
SWAp	Sector Wide Approach
TALULAR	Teaching and learning using locally available resources
TDC	Teacher Development Centre
ToR	Terms of Reference
TWG	Technical Working Group
UN	United Nations
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VHC	Village Health Committee
VSU	Victim Support Unit
WFP	World Food Programme
WHO	World Health Organization
YFHS	Youth-Friendly Health Services

Chapter 1: Introduction to the SHN Guidelines

These School Health and Nutrition (SHN) Guidelines put the Strategy into action. The guidelines are derived from the SHN strategy, guiding principles and the four components of the FRESH (Focusing Resources on School Health and Nutrition) approach namely:
- ✓ Policies and standards,
- ✓ Essential SHN services,
- ✓ Productive School Environment that is safe and sanitary, and
- ✓ Skills based education.

1.1.   Objectives of the Guidelines

These SHN Guidelines will clarify the SHN Programme. They will help partners to:
1. Improve coordination, monitoring and evaluation;
2. Maximize resource use in a transparent manner and reduce duplication;
3. Synchronize implementation to improve effectiveness, impact and sustainability;
4. Identify best practices that are science- and/or evidence-based.

1.2.   Who are the Guidelines for?

These guidelines are for:
- ✓ All SHN programme planners, development partners and lead implementers at National, Division, District and Zone Level.
- ✓ All lead SHN implementers at community level (e.g. School Head, Community Health Nurse, Agricultural Extension Development Officer and Community Development Assistant).
- ✓ Other key non-government SHN stakeholders

The Guidelines will be digested into key messages and points and disseminated to raise general awareness within targeted portions of civil society.

1.3.   How to use the Guidelines

Planners and lead implementers will use the Guidelines for:
1. Planning, developing and designing their support to the SHN programme.
2. Standardizing implementation.
3. Targeting resources in coordination with other SHN partners.
4. Creating a singular, comprehensive SHN programme.
5. Supporting accountability.

The Guidelines will be used by implementers at community level, who will find practical guidance for carrying out School Health and Nutrition activities.

Chapter 2:   Overview of the SHN Programme

This chapter summarizes the 2009-2018 SHN Strategic Plan so that the guidelines are able to be used as a stand-alone implementation tool.

2.1.   SHN Programme Goals, Vision and Mission

Vision: All school-aged children enjoying good health and eating balanced, nutritious diets.

Mission: Providing school-based health and nutrition services as an integral, sustainable part of the education system to build a healthy foundation for learners.

Goal: By 2018 Malawi will have healthy school-aged children (ages 2-18) who can fulfill their optimum learning potential.

2.2.   SHN Programme Target

SHN targets all school-aged children (between 2 and 18 years).

The responsibility for leading the planning, implementation and monitoring falls within different ministries and different departments, depending upon the learning institution:

Learning Institution:	Ministry / Department responsible
1. Childcare centres	1. MoGWCD; Early Childhood Development
2. Government primary schools	2. MoEST Basic Education
3. Complementary Basic Education (CBE)	3. MoEST Basic Education
4. Government secondary schools	4. MoEST Secondary Education
5. Private or faith based schools	5. Management of those institutions
6. Out-of-school youth	6. MoGWCD, Social Welfare, MoYSC

2.3.   SHN Strategic Outcomes:

The 2009-2018 Strategic Plan is working toward the following outcomes:

1. Improve the **health and lifestyles** of school-aged children aged 2-18
2. Improve the **nutrition** of school-aged children aged 2-18
3. Improve the **management and coordination** of SHN at all levels
4. Establish an effective **capacity building** framework
5. Increase **public awareness**, knowledge and competitiveness of SHN at all levels

2.4. SHN Package

The following is a summary of all the components of SHN:

Productive School Environment
- Grounds match curriculum
- Model 6 food groups
- Landscape that is ecologically appropriate

Disease Prevention
- Education, role modeling healthy lifestyles
- Physical assessments, records indicating health issues.
- Targeted preventative treatments for micronutrients, de-worming, bilharzia

Eating healthy
- Before school & at 10:00 am, lunch if class goes through
- Healthy and adequate food from home or school
- General healthy eating following 6 food group model

Information education & communication (IEC)
- Curriculum improvements, Teaching methods, SHN guidelines
- SHN hands-on, practical trainings and training tools (TALULAR)
- Public awareness through media

Water
- Water adequate for enrolment
- Water system managed properly
- Runoff water used

Disease Treatment
- Identifying illness/disease
- Simple ailments treated properly
- Proper referral and follow up as needed

Sanitation & Hygiene
- Toilets adequate/healthy/safe
- Resources recycled
- Hand washing, clean learners/teachers

Institutional capacity development
- Planning, Implementation and Monitoring cycles
- Systems development
- Professional development (careers)

School Blocks
- Adequate for enrolment
- Healthy and safe

Monitoring and Evaluation
- Tools for all levels linked to NESP & MGDS
- National Best Kept Schools competition

2.5. Guiding principles

2.5.1. Child rights and protection

The rights of the child to have access to safe SHN services must be observed and protected, in accordance with the fundamental human rights of all citizens set out in the Constitution of the Republic of Malawi.

2.5.2. Sustainability

The SHN Strategy advocates the sustainable use of local resources wherever possible. This recognition of the importance of environmental sustainability includes proper sanitation, water protection, personal hygiene, food security and sustainable energy supplies. The Strategy also promotes sustainable land and animal husbandry practices.

2.5.3. Community mobilization and participation

Local communities and leadership must be mobilized, empowered and trained with appropriate SHN knowledge and resources.

2.5.4. Equity

Equality and equity for all ages, races and genders must be respected. Learners with special needs or other vulnerabilities must be treated fairly in all aspects of SHN initiatives.

2.5.5. HIV

The special needs of those infected and affected by HIV must be considered so they can access SHN initiatives equitably.

2.5.6. Advocacy

All SHN strategies and subsequent programmes must be well-publicised both locally and in the national media in order to gain widespread support.

2.5.7. Confidentiality and privacy

Every person must have the right to personal privacy and confidentiality, as stated in Section 21 of the Malawi Constitution.

2.6. SHN Structure, Stakeholders and their Responsibilities

2.6.1. SHN Structure

The structure of the SHN programme takes a multi-level and multi-sectoral approach. SHN is structured on 4 levels: 1) National & Education Division, 2) District, 3) Education Zone/Cluster, and 4) School.

The reporting institutional framework for SHN shown below includes the four major relevant ministries – MoEST, Ministry of Health (MoH), Ministry of Agriculture and Food Security (MoAFS) and Office of President and cabinet (OPC).

Level		Committee Title responsible for SHN	Stakeholders MoE, MoH, MoA, OPC
National & Division	Policy Decisions	Cabinet Committee on Education	PSs Directors
	Political Backstop	SHN Steering Committee	Directors Directors from Dev. Partners
	Policy formulations / Recommendations	Crosscutting Technical Working Group	Multi-sectoral Officers Advisors from dev. partners
	Technical Backstop	School Nutrition Subgroup School Health Subgroup	Multi-sectoral Officers Advisors from Partners
District		District Executive Committee • SHN subcommittee	Multi-sectoral Officers Advisors from Partners
Zone		Area Executive Committee • SHN subcommittee	Zone officers
School		School Management Committee • SHN subcommittee	School community

2.6.2. SHN Coordinators and Focal Persons

At all levels and within all sectors there will be SHN Coordinators or focal persons:

Level / Lead SHN Committees	MoEST Leader for SHN	MoH SH	MoAFS SN
National / Division • **Crosscutting TWG** • **SN subgroup** • **SH subgroup**	• Dep. Director School Health, Nutrition and HIV • National SHN Coordinator (NSHNC) • Chair Crosscutting TWG	• Director of Nursing • National School Health Coordinator (NSHC) • Secretariat SH Subgroup	• Dep. Director Food, Nutrition, HIV • National School Nutrition Coordinator (NSNC) • Secretariat SN Subgroup
	• Division Manager	• Health Zonal Supervisor	• Food & Nutrition Officer
District Executive Committee	• District SHN Coordinator (DSHNC)	• District School Heath Coordinator (a nurse) (DSHC)	• District School Nutrition Coordinator (the FNO) (DSNC)
Zone: Area Executive Committee	• Primary Education Advisor	• School Health Nurse / Team	• Agricultural Extension Development Coordinator
School: Village Development Committee	• Head Teacher	• Health Surveillance Assistant	• Agricultural Extension Development Officer

Within other SHN support Ministries, the following officers are part are the focal points for SHN:
- MoIWD – Water Officers
- MoEM - Forestry Officers / Energy Officer
- MoLGRD – District Commissioners
- MoGCCD –Social Welfare Officers / Community Development Officers
- MoYSC –Youth Officer

2.6.3. Key SHN Stakeholders: Roles and Responsibilities

The SHN interventions require a multi-sectoral approach that includes the ministries of education, health, agriculture, water, local government, women and child development together with local communities. The roles and responsibilities of key stakeholders are set out below.

All SHN stakeholders at every level have the following responsibilities:
- Assure rights of all parties involved (children, those with special needs, orphans etc.)
- Make sure that policies, strategy and guidelines for SHN are adhered to
- Carry out interventions in accountable and transparent manner
- Show resourcefulness and creativity
- Share information and collaborate with others

Office (by Level)	*Title and responsibilities* *** INDICATES key SHN leader ***
NATIONAL LEVEL	
OPC, Department of Nutrition & HIV/AIDS	**** Director Nutrition and HIV **** • **Coordinating nutrition and HIV issues within SHN** • Policy, programming and monitoring of nutrition and HIV activities • Integrating nutrition and HIV into SHN
Ministry of Education, Science and Technology	**Deputy Director School Health, Nutrition and HIV** • Supporting and guiding the National SHN Coordinator • Communicating with and coordinating the MoE/OPC departments **** Chief Nutrition Officer (National SHN Coordinator) **** • Coordinating and leading SHN - chairing the National SHN TWG and subcommittees • Promoting the SHN concept • Integrating SHN into national policies and strategic plans such as NESP, MGDS • Creating links with other ministries and donors as necessary • Planning programmes, monitoring and evaluation • Budgeting for SHN activities and lobbying for additional resources as needed • Providing support programmes (e.g. training courses) • With the Malawi Institute of Education, and Department of Teacher Education and Development, coordinating the integration of SHN into school and teacher training curricula • Incorporating relevant research findings into SHN. Highlighting gaps in research to the Centre for Education Research and Training, tertiary institutions and any other appropriate education research body • Ensuring all partners follow the SHN Guidelines • Developing and maintaining relevant databases **Principal methods advisors** • Providing guidance on integrating SHN into learning and teaching methods
Ministry of Health	**Director of Nursing Services** • Supporting and guiding the National School Health Coordinator • Communicating and coordination with MoH departments **** National School Health Coordinator **** • Coordinating technical aspects of health programmes in schools (water, sanitation, health education, healthy living and disease treatment) • Acting as secretariat for SHN TWG • Overseeing the nutrition education and health programmes in schools • Supporting training, monitoring and evaluation **Environmental Health Department** • Water safety, sanitation • Food inspections, hygiene and safety • Personal hygiene and disease prevention **Community Health Sciences Unit** • Disease surveillance and targeting responses
Ministry of Agriculture and Food Security – Fisheries	**Deputy Director Food, Nutrition and HIV** • Supporting and guiding the National School Nutrition Coordinator • Communicating and coordinating with MoAFS departments

Office (by Level)	*Title and responsibilities ** INDICATES key SHN leader ** *
	__ National School Nutrition Coordinator (Chief Nutrition / HIV) **__** • Coordinating technical aspects of nutrition programmes in schools (school gardens, meals and drinking water at school, nutrition education, micronutrient supplementation) • Applying 'six food groups and water' principle to nutrition education, food production and use • Transferring knowledge, technologies and skills from the research stations', national herbariums' and botanical gardens' to the school system • Providing guidelines and develop and deploy appropriate materials (seeds, seedlings, tools etc). • Promoting the SHN concept **Departments of crop production, animal health, extension and fisheries** • Supporting SHN with appropriate technical advice
Ministry of Development Planning and Cooperation	**Director of Poverty Reduction and Social Protection** • Monitoring SHN programmes • Assisting in strategic planning in SHN activities • Facilitating the coordination of SHN activities
Ministry of Energy and Mines	**Chief Forestry Officers** • Providing technical information on forestry and sustainable environmental development **Chief Energy officer** • Advising schools on energy use when preparing food, lighting for schools and other energy needs related to SHN
Ministry of Gender, Child and Community Development	**Chief Social Welfare Officer** • Providing information about SHN programmes to the community • Providing support on gender, and to orphans and vulnerable children **Chief Community Development Officer** • Providing information about SHN programmes to the community • Mobilizing communities • Bringing SHN into community-based childcare institutions
Ministry of Irrigation and Water Development	**Chief Community Water Supply and Sanitation Officer** • Providing appropriate water, sanitation and hygiene facilities in schools **Chief Irrigation Officer** • Technical support for agricultural water management, small irrigation and water harvesting
Ministry of Local Government and Rural Development	**Chief Rural Development Officer** • Supporting school management and funding • Enhancing local structures to support SHN Programme
Ministry of Youth, Sport and Culture	**Chief Youth Officer** • Sports and other physical activity, in and out of school • Applying SHN Strategy & Guidelines to out-of-school young people
Tertiary institutions	**Professors, teachers, administrators, curriculum development officers** • Training personnel in SHN • Research • Supplying materials such as seeds, seedlings • Advocacy, open days • Information on technical topics

Office (by Level)	Title and responsibilities ** INDICATES key SHN leader **

EDUCATION DIVISION LEVEL

1. **Education Divisions (6)**	**Education Division Manager** • Supporting and guiding the Methods Advisory Officers • Communicating and coordinating between the divisions ** **Education Methods and Advisory Officers** ** • Providing training, advice and support to schools to implement the curriculum • Ensuring that teachers are integrating SHN into the curriculum • Disseminating policy • Monitoring and evaluating SHN • Distributing resources • Providing role-model for SHN activities at the office and in homes • Coordinate SHN activities amongst stakeholders
2. Health Zones (5)	** **Zonal Supervisors** ** • Coordinating, planning, supervising, M&E • Ensuring that SHN activities are in the District Implementation Plans • Coordinating SHN refresher courses
3. Agricultural Development Divisions (ADDs) (8)	**Programme Manager** • Supporting and guiding Food and Nutrition Officers • Communicating and coordinating between districts ** **Food and Nutrition Officer** ** • Coordinating, planning, supervising, M&E • Technical training and follow-up support • Disseminating policy • Mobilizing resources **Chief Agricultural Extension Officer** • Provide technical support to schools

DISTRICT LEVEL

1. District Assembly	**District Commissioner** • The DC oversees the SHN activities **Director of Planning and Development** • Policy and programme direction • Ensuring SHN is in District Implementation Plan • Mobilizing and managing resources • Overall District planning and coordination **District Civil Protection Committee** • Evaluating and reporting on SHN related disasters • Coordinating response and liaising with MVAC **Environmental District Officer** • Inspecting all premises, including schools, for hygienic, safe and sanitary structures and practices
2. **District Education Office**	**District Education Manager (DEM)** • Managing all SHN programmes in the District • Supporting staff with resources to plan and implement SHN programmes • Supporting linkages for SHN activities • Coordinating disaster preparedness related to SHN • Ensuring that SHN is in the District Education Plan • Following the SHN Guidelines and ensuring that everyone involved in SHN follows correct procedures

Office (by Level)	Title and responsibilities ** INDICATES key SHN leader **
	• Supporting schools to source funding for new buildings and to maintain existing school premises • Giving feedback on SHN activities • Managing any conflict relating to SHN activities • Providing role model by following SHN principles around office and at home **** District SHN Coordinator **** • Reporting to DEM who reports to DEC • Arranging meetings with key SHN stakeholders • Planning all district-level SHN activities • Coordinating Monitoring and Evaluation of SHN activities • Conducting SHN training • Promoting the SHN concept • Collecting information from PEAs and compiling monthly reports for the DEM and National SHN Coordinator • Encouraging food and natural medicine production at schools and other activities that foster sustainability, nutrition and health • Advocating for sustainable SHN programmes and the resources to implement, monitor and evaluate them effectively • Assisting with the integration of SHN activities into the curriculum and the work of other sectors • Providing role model by following SHN principles at home
3. District Health Office	**District Health Officer/District Nursing Officer** • Overseeing overall SHN programme • Mobilizing resources • Following up on health issues in schools and communities as needed • Providing technical support to school health issues (healthy lifestyles, disease prevention, treatments, physical assessments) • Supporting staff to implement their role in SHN activities • Ensuring that SHN is included in the District Implementation Plan **** District School Health Coordinator **** • Coordination, planning, supervision and M&E • Supporting staff, providing technical support, following up on SHN activities (as above for DHO) • Mobilizing resources • Following up on health issues in schools and communities as needed • Organising SHN meetings with key stakeholders **District Nutritionist** • Providing technical support in school nutrition activities **District Environmental Health Officer** • Preventing disease and promoting public health • Supporting and advising on sanitation, water, food/personal hygiene, etc. • Assessing and advising on ventilation, light etc. in school buildings to ensure a healthy learning environment • Assessing and advising schools on water, sanitation and hygiene infrastructure
4. District Agriculture Office	**District Agriculture Development Officer** • Encouraging DEC to support Productive School Environments • Ensuring staff have the materials they need to implement SHN • Supervising agricultural staff involved in SHN activities (Land Conservation Resource Officer, Food and Nutrition Officer,

Office (by Level)	*Title and responsibilities* *** INDICATES key SHN leader *****
	Extension Methodologies Officer, Irrigation and Water Management, Fisheries, Crops Officers, Livestock, etc.) • Running training centres (both residential and day) to demonstrate sustainable gardens, food and nutrition-related topics, supply of materials and other resources. • Transferring relevant research, technologies, and skills • Providing trainers and ongoing support for productive landscapes • M&E of school gardens **** Food and Nutrition Officer (District School Nutrition Coor) ***** • Overseeing of trainings in sustainable gardens, food and nutrition • Planning, implementing and monitoring school nutrition programmes in collaboration with other nutrition officers at district level **Land Resources Conservation Officer** • Training in sustainable land designs • Provide technical aspects of water harvesting, • M&E of school environments
5. District Water and Irrigation Office	**District Water Development Officer/District Irrigation Officer** • Providing training in irrigation and water supply for school gardens • Ongoing technical and material support to schools • M&E of water management
6. District Social Welfare Office	**District Social Welfare Officer / Child Protection Officer** • Identifying vulnerable persons and managing response to identified needs • Registering orphans and CBCCs • Responding to social protection issues (child labour, abuse, etc.) • Monitoring children's welfare
7. District Forestry Office	**District Forestry Officer** • Providing technical and material support on forestry and natural resources • Providing technical and material support for nursery establishment and maintenance • M&E of natural resources and woodlots

EDUCATIONAL ZONE / CLUSTER LEVEL

1. Education Zone Office	**** Primary Education Advisor ***** • Supporting SHN programmes in the Zones • Compiling reports on SHN activities • Ensuring that the rights of all parties are upheld • Providing venues for training courses at Teacher Development Centres (TDC) • Ensuring the Guidelines are being adhered to • Checking that schools have well-managed environments that are used appropriately as a teaching and learning aid • Collecting data and monitoring SHN in schools • Initiating SHN role-model activities at the TDC • Encouraging head-teachers to role model SHN at home • Providing technical support and resources • Role modelling SHN at home
2. Health Centre	**** Nurse ***** • Coordinating health aspects of school health programmes and health issues that emerge in schools • Implementing physical examinations

Office (by Level)	*Title and responsibilities ** INDICATES key SHN leader ***
	• Storing and administering certain drugs to children • Provide training in health issues • Responding to referrals from schools • Monitoring and Evaluation of the health aspects of school health programmes • Collecting, reporting and disseminating health data. • Linking the school to the nearest health facility • Conduct school health open days
3. Extension Planning Area	**** Agricultural Extension Development Coordinator **** • Coordinating, supervising, monitoring, supporting AEDO's SHN activities • Developing and disseminating technical messages • Facilitate trainings on SHN in schools • Support demonstration plots in schools • Collecting and disseminating data • Linking schools to EPA demonstration plots
4. Area Executive Committees	**Chair and committee members** • Coordinating SHN activities and mobilise resources
Community Level	
1. School (several villages)	**** Head Teacher/SHN coordinator**** • Coordinating school-level SHN activities • Liaising with the local community on SHN resource mobilisation • Planning and implementing SHN activities. • Ensuring that school follows the SHN Guidelines. • Identify staff to lead SHN at the schools in collaboration with SMC • Collect; compiling, and analyzing, data, and reporting **Teachers** • Implementing curriculum and all school programmes • Helping organise age-appropriate activities • Using environment to support the curriculum • Providing role model by following SHN principles around at home • Ensuring adherence to guidelines • M&E of SHN activities **Learners** • Actively participate on SHN subcommittee • Reporting any malpractices to the teachers and SMC • Actively learn about SHN by taking part in age-appropriate SHN activities **Parent Teacher Association (PTA)** • Providing moral support for productive school environment • Providing material support in the form of seeds, seedlings, land, water, tools, labour etc. • Ensuring produce and profit from the garden is used appropriately • Provide security and maintenance of SHN materials and resources at the school. **** School Management Committee (SMC) **** • Creating and maintaining a functional executive committee that encourages women in leadership • Ensuring that learners are allowed and encouraged actively to contribute to the committee • Develop and periodically reviewing of the SMC constitution to guide

Office (by Level)	*Title and responsibilities* *** INDICATES key SHN leader *****
	the committee • Providing support, leadership and guidance in the implementation of SHN activities, reporting malpractice through chain of command • Encouraging the community to take part in the school and SHN activities • Ensuring parents and learners understand the SHN programme • Facilitate the formation of taskforce for the SHN components taking place: Gardens, School Feeding, Water Management, etc. ** **School Health and Nutrition Sub-Committee** ** • Overall management of the school SHN programme • Advocacy, awareness, education and monitoring of SHN
2. Extension Workers (several villages)	** **Agricultural Extension Development Officer** ** • Providing technical support - irrigation, beekeeping, food processing and utilization. • Mobilizing resources • Encouraging and helping the community to take part in the school garden and create sustainable gardens at home • M&E • Setting up demonstration gardens at home
	** **Health Surveillance Assistants** ** • Supporting schools directly in health education, technical issues, M&E
	Community Development Assistants, Social Welfare Assistants, Community Child Protection Officers • Mobilizing, sensitizing and training school committees
3. Village	**Chiefs, leaders, parents** • Supporting school and their children's learning, including SHN • Providing material support in whatever form possible e.g. seeds, seedlings, land, water, tools, work, managing livestock etc • Providing role model by following SHN principles around at home
4. Other stakeholders	**Non-government school proprietors, NGOs / CBOs / Faith-Based Organizations** • Providing technical and financial support at all levels. • Implementing agreements with Ministry of Education

Chapter 3:   Guidelines for National Level

This section is focused on national level initiatives which aim to provide SHN support to the schools. Malawi is striving to develop a sustainable SHN programme that reaches every school and most of the SHN components can be implemented by the schools themselves without material or technical support, using the school curriculum as their guide. Some National support will be needed along the way and those in vulnerable situations may need some extra support. The types of support may include a variety of measures: training, materials development, inputs, piloting of different methods, etc. Support should be targeted to the most vulnerable areas of the country that need the assistance.

3.1.   Information sources used for vulnerability targeting

To determine need, the SHN Coordinator will use data from a wide range of sources:

Ministry of:	Data / Reports:
▪ Development Planning and Cooperation	▪ Malawi Vulnerability Assessment Committee
▪ Health	▪ Health Management Information System ▪ Integrated Household Survey ▪ Demographic Health Survey ▪ Multiple Cluster Indicator Survey
▪ Office of the President and Cabinet	▪ Nutrition Surveys and Surveillance
▪ Education, Science and Technology	▪ Education Management Information System ▪ Attendance, enrolment, dropout data
▪ Agriculture and Food Security	▪ Food and nutrition security data
▪ Women / Community Development	▪ Data on orphans and vulnerable children
▪ Irrigation and Water Development	▪ Data on water availability and quality ▪ Maps of flood-prone areas
▪ National Statistical Office	▪ Various reports and data
▪ Local and International organizations	▪ Various reports and data

3.2.   The targeting process

The National SH and SN subgroups are responsible for targeting SHN services that require extra assistance. The process is as follows:

1) **Identify vulnerable areas across the country:**
   - **Collect available data**. The National SHN Coordinator attends meetings related to vulnerability targeting and holds additional education national planning meetings with ministry officials, district and school leadership as appropriate to assure all the correct data is on hand for targeting.
   - **Review data, review / adapt criteria for targeting, and choose target areas based on need.** Factors to take into account include: disease prevalence, existence of chronic or acute food insecurity, malnutrition rates, proportion of children dropping out of school and attendance level, especially of girls and orphans.
   - **Develop / revise database of need and map the need against current coverage.** Share widely with stakeholders and lobby for support.

- **Within the areas identified as vulnerable, decide which Districts need SHN support in priority ranking,** taking into account any coverage already in place. This is not an easy task; the team doing the review will need to make the best decision they can, based on the facts and resources at hand and document the reasons for the decision in a transparent manner.

- **Partners wanting to work outside nationally targeted areas:** The partner gives reasons for choosing a particular school or schools to the SHN Coordinator before beginning an activity. For example, a partner may already be working with a school and is willing to expand their activities to include SHN interventions. The SHN Coordinator may seek advice from the SHN subgroups before making a decision.

2) **Choose schools within the Districts and Zones:**

- The SHN Coordinator or delegated person meets District MoE staff and relevant SHN stakeholders, and together they will:
  - ✓ Use local data to choose schools in needy areas that may qualify for support. (The final decision to offer SHN services depends on community support - see below on sensitization meetings.)
  - ✓ Make sure the intervention is not already taking place.
  - ✓ Cluster targeting to avoid migration and jealousy. Groups of schools also provide mutual support, and technical support can be given efficiently.

- The DEM should report back to the SHN Coordinator to keep up to date the database and maps

3) **Hold District, Zone and School sensitization meetings:**
These meetings help local leaders understand and support SHN activities.

  i. As support will only be given where schools and communities show interest in SHN, it may be necessary to raise awareness prior to the meeting. Posters, office appointments, field visits and other strategies should be used as necessary to raise interest in the topic.

  ii. The District, Zone or School initiates the SHN meetings, with the DEM, PEA or Head Teacher coordinating invitations in liaison with partners.

  iii. The meetings are led by MoE teams under the National or District SHN Coordinator. Team members must be supportive and knowledgeable about SHN, so they can answer questions fully. The teams should be supported by experienced, role model SHN implementers.

  iv. Depending on the SHN activity under discussion, different key persons should be invited. These are listed in 2.6.3. Stakeholders.

  v. The meetings should be examples of sustainable healthy living. If refreshments are served, they should be sourced locally and be linked to the varied Malawi six food groups diet guidance.

  vi. The meeting follows the guidelines for the particular SHN activity and should include a demonstration of a current role model either as a guest speaker, or in photographs or, if feasible, a field visit to a school where SHN interventions are already in place. The National SHN Coordinator should keep a list of suitable field-visit sites throughout the country.

4) **Choose specific schools to receive SHN support** based on the meetings held to identify interest and other criteria for the activity. After agreeing to support a particular school, MoUs or other contracts may be needed to assure clear understanding. Regular follow up meetings with the school will be needed for monitoring and good communication (see in 3.3.5. Steps to Implementation)

3.3. Implementing SHN

3.3.1. Involving communities

Effective community sensitization, collaboration and partnership must be established if SHN is to be successful and sustainable. In these Guidelines, 'community' includes the people living in the settlements and villages in the school catchment area, the school learners and school-age children not in school, their parents, and the teachers and other school staff. The community must be actively involved at all stages.

Community activities include assessing the school's catchment area and determining which biological and psycho-social factors affect the health of school-age children. Participatory methods should be used that are community appropriate. Community involvement is achieved through community leaders and by holding various meetings, activities and events. There needs to be ongoing community dialogue to ensure that the community 'owns' the school and its activities.

Parents are partners in the development process, and the school should develop a relationship with them based on mutual respect and an acknowledgement that parents are the experts in the care of their children.

3.3.2. Cross-sectoral collaboration, linkages and coordination

Cross-sectoral collaboration should be encouraged and maintained at all stages: assessment, planning, resource mobilization, implementation and evaluation.

- ✓ SHN Teams represent all the sectors (see 2.6.3. Stakeholders). Active collaboration between the school and its nearest technical facility (health, agriculture, etc.) gives optimum benefits to service users. Coordination mechanisms should be established at each level.
- ✓ The National SHN Coordinator coordinates activities nationally.
- ✓ District SHN Committee coordinates activities in each District. The DEM leads the district team and together they interpret policies, plan programmes and implement activities.
- ✓ Zone SHN Teams represent all the sectors as well and will provide services within a zone. The local Primary Education Advisor (PEA) will act as team leader.

3.3.3. Promoting the rights of school pupils

- Service providers must obtain informed consent from parents for medical services. The consent must be in writing as part of the learner's SHN booklet (Annex 2), signed by parent or guardian, and given to the school.

- The learner's SHN booklet may be accessed at any time by his or her parent or guardian.
- School personnel are not entitled to access these health records for any reason other than for learner's benefit and must maintain privacy and confidentiality.
- The treatment room designated for SHN service must provide maximum privacy.

Protecting children from sexual exploitation and abuse

Sexual activity with children (anyone under the age of 18) is prohibited by Malawian law. Mistaken belief in the learner's age is never an excuse.

Providers must make sure that school-age children are protected from any form of abuse and that their rights are respected. But they should also remind the children of their responsibilities. Sexual exploitation and abuse is when any person, including a teacher, gives food, money, gifts, school fees, good grades, or anything else to learners or anyone else for sexual touching or sex.

Schools can help to prevent sexual abuse by:
1. Educating the pupils and communities through:
    - Encouraging open dialogue
    - Teaching pupils their rights and what they to do if they are abused
    - Information, Education and Communication (IEC) and Behaviour Change Information (BCI).
2. Creating a safe environment, especially for girls. Methods of creating a safe environment include:
    - Mothers' groups
    - Patrons
    - Committee oversight.
3. Taking immediate and severe action against anyone who sexually abuses another person. Follow standard procedures through the chain of command or any supervisor.

Anyone who learns that someone has been sexually abused should report to the District Education Authorities **immediately.** Perpetrators must be held accountable and those who have been abused must be protected.

3.3.4.   *Designing interventions to suit the context*

- SHN interventions at each level should be designed to meet the unique needs of the nation, district, zone or school.

- Each school and its local community should design activities to suit their particular needs. Efforts to improve school-aged children's health and nutrition must be sensitive to culture, language and differences in socio-economic and physical environments. Other factors, such as the size of the school, multicultural populations, rural or urban situation, financial issues and other community variants, must be taken into account.

- Special focus must be placed on the most vulnerable children (girls, chronically ill children, orphans, those with special needs etc.).

3.3.5. Steps towards implementation

After finalizing the targeting and selection process, implementation can begin.

1st   At each school selected by the process described under 3.2. The Targeting Process, **a baseline survey is conducted** to capture the current SHN situation at the individual schools so that school level progress can be monitored closely. The National SHN Coordinator advises on the minimum information to be collected at each school to assure consistency with other surveys in the country.

2nd   **Hold induction and awareness meetings** for the schools at zone level.

  i. District or Zone leaders call for and chair these meetings depending on the scale of the intervention. They include representatives from all the selected schools and their communities within the zone. Use 2.6.3. Key Stakeholders to assure all the right people are included.

  ii. The meeting will be similar to the District-level sensitization meetings described under 3.2.The Targeting Process above.   The aim is to increase support and understanding at the school level, so SHN issues must be fully reviewed and discussed at this level.

  iii. After discussion, a plan of action should be drawn up. This is a scheme of work for developing, implementing and monitoring the SHN activity. The scheme might need to include guidance to schools on forming and maintaining SHN subcommittees and activity teams.

3rd   **Make sure people at schools are thoroughly briefed.** After the zone meeting, representatives return to schools and, using the Stakeholder list as a guide again, brief the relevant people. The school then identifies teams or individuals to lead the interventions at school level.

4th   **Hold any relevant training courses if needed**, based on the appropriate guidelines and manuals. Trainings may not be a formal workshop, they may be coming to the school and working with a team of people on a regular basis to build capacity in SHN or a singular SHN component.

5th   **Continue the implementation process in schools**

  i. All information provided to the school level teams is shared by the teams with the larger school body. Free sharing of knowledge should be encouraged.

  ii. Continue building skills at school-level. This is done by sharing experience based on a particular SHN activity, under the guidance of an experienced facilitator.

  iii. Working in the school clusters (Teacher Development Centres (TDCs)):

  • Use TDC as common learning and sharing ground.

  • Take turns visiting / working / learning at different schools.

  • Zone staff provide technical and organizational training at TDCs, with follow-up at individual schools as required.

3.4. National support to Districts: capacity building

Capacity building means strengthening both a system and individuals within it so that they become more effective. For example, training people in good planning, monitoring and evaluation; and equipping schools with gardening tools are both examples of capacity building. National-level SHN structures must offer support to those actually implementing the activities in the following ways:

3.4.1. Develop and mobilize resources

- Create and maintain a database of what is available: people, materials, model sites, etc.
- Evaluate resources and amend plans where necessary.
- Monitor the impact of any information or materials distributed to schools.
- Design and produce posters and other teaching aids for health and nutrition topics as needed.

3.4.2. Develop the curriculum and other materials

- With MIE, review and revise curriculum and supplementary materials, including relevant activities and teaching aids. Work on materials development must be done through government leadership to assure cohesive and clear communication across the schools. Pilots may be run on a smaller scale to test out new, improved SHN methods, but this must also be done through government leadership.
- Consider developing nutrition as a separate examinable subject.
- Bear in mind the importance of behaviour change – personalize the topic of nutrition by including subjects such as habits, attitudes and customs.
- Encourage innovation, creativity and positive change.
- Find ways to promote careers in nutrition and health.

3.4.3. Foster teacher's continuing professional development (CPD)

- Use the CPD system that is already in place.
- Make ongoing improvements to the TDC Resource Centres.
- Share best practice.

3.3.4. Raise public awareness of SHN

- Hold open days, food fairs, put up signs, demonstrate best practices.
- Build relationships with appropriate media to disseminate SHN messages.

3.3.5. Train schools to manage their SHN funds

- Cover topics such as managing incomes, developing private-public partnerships (PPP).

Chapter 4:   School Health

In the past provision of school health services in Malawi has been done without policy documents to guide service provision. Now, however, several guidance documents exist and school health providers are encouraged to use the SHN strategic plan, MoH School Health training manuals, the community health nursing road map and these SHN guidelines to guide SHN service provision. This chapter includes guidelines on:

4.1.   School health standards

The following standards should govern School Health provision:

- Clinical knowledge - The school health nurse should utilize a distinct clinical knowledge base for decision-making in nursing practice.

- Nursing practice - The school health nurse should use a systematic approach to problem solving in nursing practice.

- Learners with special health care needs - The school health nurse should contribute to the education of the learner with special health needs by assessing the learner, planning and providing appropriate care, referring the learner to appropriate services and evaluating outcomes of care.

- Communication - The school health nurse should use effective written, verbal and nonverbal communication skills.

- Program management - The school health nurse should establish and maintain a comprehensive school health program.

- Collaboration with other stakeholders - The school health nurse should collaborate with other school professionals, parents and caregivers to meet the health, developmental and educational needs of learners. The school health nurse should also collaborate with the community health system - with members of the community in the delivery of health and social services and should utilize knowledge of community health systems and resources for a school-community liaison.

- Health Education - The school health nurse should assist learners, families and the school community to achieve optimal levels of wellness through appropriately designed and delivered health education.

- Research - The school health nurse should contribute to nursing and school health through innovations in practice and participation in research or research related activities.

- Professional Development - The school health nurse should identify, delineate and clarify the nursing role, promote quality of care, pursue continued professional enhancement and demonstrate professional conduct.

4.2. Essential Health Services

School going children should be provided with comprehensive school health services which are both school and community based to ensure that their diverse needs and those of their families are met. Each school that plans to start providing school health services should provide the following essential health services:

- ✓ Community assessment
- ✓ Physical assessment
- ✓ Diagnosis and treatment of minor ailments (malaria, diarrhoea, mild anaemia, skin conditions)
- ✓ Emergency care
- ✓ Promotive and preventive health services
- ✓ Disease surveillance
- ✓ Referral and follow up

4.2.1. Community assessment

Community assessment is the process of analyzing factors which influence the health and welfare of the child in the community. Community members should be organized and guided to reflect on health issues, identify problems, plan interventions, identify resources, implement action plan and evaluate activities carried out to promote optimal health status and optimum learning of the child through community mobilization and involvement. The role of the community health nurse is to facilitate the process and provide guidance where necessary.

The following factors should be analyzed in community assessment of the school catchment area:

- ✓ Type of the community: urban, semi rural or rural
- ✓ Cultural and cultural practices – whether harmful to the learner or not.
- ✓ Responsibilities of key figures (chiefs, pastors / priest, elderly) in promoting child's health / education
- ✓ Population statistic, sex distribution, age distribution
- ✓ General education level: primary, secondary, university
- ✓ Social economic status: poor, middle or upper class
- ✓ Number and distribution of schools
- ✓ Number and distribution of health facilities
- ✓ Attitudes towards diseases, health facilities
- ✓ Transport, access, communication
- ✓ Housing and sanitation
- ✓ Family size

4.2.2. Physical Assessment (in SHN Learner's Booklet)

The physical assessment is part of the SHN Learner's Booklet (see Annex 3) and identifies health problems and disabilities that might be affecting children's learning. The school health team should help the learner, the parents and the teachers to understand the health problem so that they can be managed properly.

Physical assessment should involve:

i. **History taking** / **review of records**:
   - ✓ At the beginning of each term the teacher collects psychosocial history like parental situation of the child and eating patterns of the learner. The teacher establishes whether the parents/ guardian of the child have consented for their child to participate in school health activities.

ii. **Physical assessment:**
   - ✓ At a minimum, all learners are physically assessed by a health team during Standards 1, 3 and 5. Guidance has not yet been set for other schooling centres such as early childhood development, complementary basic education, secondary and tertiary situations as there are very few school health teams to meet the primary school demand which is the priority area. As the nursing situation improves, other schooling situations will be added to the physical assessment component.
   - ✓ Teachers should refer learners whom they have observed as having problems with learning for physical assessment regardless of the class of the learner.
   - ✓ Both the teacher and health team have a role in obtaining the child's past medical history on health problems, allergies and immunization status in order to identify important factors which may be impacting on the learning process of the child.
   - ✓ Learners should be physically assessed for:
     - • Hearing, vision and dental problems.
     - • The cardiovascular, renal, musculoskeletal, respiratory, gastrointestinal, reproductive and neurological systems to rule out any birth anomalies and diseases of the systems.
     - • Nutritional status and determine their nutritional needs.
     - • Growth and achievement developmental milestones according to age and sex.
     - • See A.3. SHN Learner's Booklet for a complete list of items in the physical assessment.

4.2.3. Diagnosis and treatment of minor ailments

Early identification and treatment of minor conditions and common injuries in schools is important because it prevents complications that may lead to absenteeism. All school health service providers should be trained on signs, symptoms and management of the common minor ailments among learners according to the national diagnosis and treatment guidelines. The following are the minor ailments that can be managed at the school:

✓ Fever	✓ Headache	✓ Eye infections
✓ Minor injuries	✓ Diarrhoea	✓ Minor burns
✓ Abdominal pains		

Management of these minor ailments requires the availability of medicines and supplies at the school. The medicines and supplies should be properly stored adhering to standard storage requirements. School health providers should be trained on type, use and storage of medications and supplies found in the School First Aid kit. See 4.5.3. Material resources for contents of the School First Aid Kit.

Administration of medicines by teachers

Teachers who will be dispensing drugs should be trained in medication administration at school in order to have basic knowledge of medication, to ensure safe and accurate administration of medications to prevent undesired responses which may range from rare, mild, and localized, to widespread, severe and life threatening, depending on the medicine and the person receiving it.

For learners already on medications, parents or guardians should provide a written request for the drug to be administered to the child at school. The drug container or sachet must be properly labelled to include: Child's name, name of the drug to be given, date of prescription and number of days the drug is to be given, time of day and frequency the drug is to be given, expiry date of the drug and name and signature of guardian.

Medication containers or sachets that have been prescribed by a teacher should have the following information: name of the child, name of the drug to be given, date the drug has been given, Instructions for use (i.e. dose, time of day the drug is to be given), number of days the drug should be given (need to counsel on compliance), expiry date of the drug and name of prescribing teacher.

Five rights of medication administration should be observed:
- ✓ Right learner   Assure the SHN Booklet and Learner match.
- ✓ Right medicine   Administer the correct medication.
- ✓ Right dose   Administer the right amount of medications.
- ✓ Right route   Use prescribed method of medication administration.
- ✓ Right time   Administer the medication at the right time as specified by the prescriber / teacher.

The following procedure for drug administration should be followed:
- ✓ Both teacher and learner should wash hands before administration
- ✓ Transfer medication from cap/lid and give to learner
- ✓ Give with water
- ✓ Observe learner taking the drug
- ✓ Recap/close drug bottle and return it to locked cabinet
- ✓ Teacher should cut the tablets if a reduced size (i.e. ½) is needed
- ✓ If the drug is a syrup or a powder, shake well before taking

4.2.4. Emergency Care

Emergency care should be given to the patient in urgent medical situations in order to bring the situation under control. In the school setting urgent situations could be: when the learner having convulsions or seizures, has fainted, difficulties in breathing, losing blood, in severe acute pain, suddenly unable to walk, has uncontrollable diarrhoea and has sustained burns or injury. School health providers should be trained on emergency care of the following conditions: Convulsions, fractures, burns/scalds, diarrhoeal diseases, nose bleeding and asthmatic attack.

4.2.5. Sexual and Reproductive Health

School aged children pass through a series of developmental stages during their life as they are growing from childhood to adulthood. With inadequate knowledge, they are bound to seek information from unreliable sources. They also tend to have unpredictable lifestyles, which revolve around such issues as asserting their independence and acceptance among their peers. Their relationships may be temporary and they are likely to have multiple partners.

Sexual and Reproductive Health services should involve:

- Equipping school age children with knowledge and skills that enable them to deal with life challenges; negative peer pressure, early sexual activities, teenage pregnancy, unwanted pregnancies and their consequences, unsafe abortions, HIV and AIDS, STIs, female genital mutilation, sexual assault, rape, defilement, and incest if they encounter them.

- The school health provider should encourage the school to form social clubs such as Edzi Toto Clubs in which learners may encourage each other to delay sexual activity to avoid some of these problems.

- Provision of safe and effective contraception to sexually active learners. As such this involves integrating school health services with youth friendly health services for optimum benefit of the intended beneficiaries. Sexually active school aged children should be encouraged to utilize the YFHS available at their nearest health facility. A relationship should be established with the nearest health facility and service agreements should be established with surrounding schools to ensure easy access by the learners.

- The following services should be provided to school going learners:
  - ✓ Information on HIV and AIDS including HCT
  - ✓ Counselling on dangers of early sexual activity
  - ✓ Referral for Screening for STIs and HIV
  - ✓ Referral of victims of rape and defilement to Victim Support Unit (VSU)
  - ✓ Reproductive health
  - ✓ Life skills education

4.2.6. *Promotive, preventive and control school health services*

Implementation of the complete SHN package is the main form of prevention. Some specific School Health services that aim to promote health, prevent disease and control any health issues are as follows:

1. Vaccination

- All school aged should be fully immunized against all immunisable diseases by the time they start primary school: tuberculosis, measles, hepatitis type B, haemophillus influenza type B, diphtheria, tetanus, pertusis and poliomyelitis.
- The school health provider should check that every child has a BCG scar, if scar is absent refer for appropriate management.
- Check in the health profile if the child has completed vaccine i.e. pentavalent (3 doses), polio (4 doses), measles (1 dose), if not, do it accordingly.
- For girls of child bearing age (from 15 years) check in the health profile if they have received 5 doses of TTV.

2. Disease surveillance

- Disease surveillance is the ongoing watch for any known diseases, emerging and re-emerging diseases. It involves systematic use of data on health-related events at school to guide school health action. Surveillance processes include data collection, analysis interpretation and dissemination followed by action.

- Surveillance is the cornerstone of disease prevention in the school. The purpose of disease surveillance at school is to improve the ability of providers of school health services to detect and respond to outbreaks of infectious diseases. Health-related events that need surveillance include; infectious diseases, chronic diseases, injuries, exposure to toxic substance and damaging behaviours. Disease surveillance can be done using active or passive methods. Objectives of surveillance are to:
  ✓ Guide immediate action for emergency cases or conditions;
  ✓ Measure burden of disease;
  ✓ Identify children at risk of disease, and identify new, emerging and re-emerging health concerns at school;
  ✓ Monitor trend of burden of disease, detection of epidemics or pandemic; and
  ✓ Guide planning, implementation and evaluation of disease control.

3. Communicable disease control

Communicable disease control in a school setting means assessing learners for infectious diseases, referring them to the health facility, following up to monitor progress and restoring them back to class as per instructions from the health facility.
- The following are some of the conditions requiring isolation:
  ✓ Skin conditions like scabies, chicken pox, measles
  ✓ Mumps
- Other common communicable conditions include:
  ✓ Ring worms
  ✓ Eye conditions such as conjunctivitis and trachoma

Children with STI should be referred for proper diagnosis, treatment and HCT.
Children who are HIV positive should be cared for and supported.

4. Infection prevention and control

- Parents, learners and teachers are trained in universal precautions and infection prevention by the school health teams.
- The PTA works with the school to conduct evaluation of the school environment to promote infection control practices.
- Parents are sensitized by teachers and health teams on the use of footwear on their children in order to control helminthe infestation.
- School committees ensure that safe drinking water and hand washing facilities are conveniently available for learners at all times. The community leadership and district assembly assist the schools on safe drinking water sources as needed.
- Community members work with the school management committee to improve the school grounds and facilities.
- SMC ensures that their school is fenced to prevent contaminants.

5. De-worming

When children are infected with worms it affects their health, nutritional status and learning ability. In areas of low prevalence, identify children with intestinal worm infestation and schistosomiasis then treat. Mass campaign should be carried out in areas of high prevalence.

6. Referral and Follow up

Learners are referred by teachers or the health team to the appropriate health facility, family counsellor; HCT centres; Social welfare assistants; Child protection officers, Community IMCI; and/or VSU. Learners are followed up by teachers and health teams through home visits to establish whether the required measures have been instituted. Learners with chronic illness need to be followed up in order to ensure that treatment protocols are being followed as prescribed.

4.3. Ensuring Safe School Environments

The environment in which learning is taking place may promote or hinder learning. The school;s and community's physical and psychosocial environment need to be tailored towards conducive learning. Environmental safety should entail that physical factors in the school environment prevents diseases, accident and injuries to learners as well as ensuring infectious agent control. School environmental safety shall include safe buildings, safe drinking water, sanitary facilities, proper refuse recycling, hand washing facilities and food vendor health.

4.3.1.   Grounds, buildings

- <u>Position of the school</u> should not be near a busy road, market and beer halls.
- <u>Safe, permanent, well-maintained structures</u> should be recommended for shelter from the climate and optimum environment for concentration. School building walls and floors should not have cracks, and the roof should be waterproof.
- <u>Safety of the buildings</u> - Window panes should not be broken to avoid accidents and injuries.

- <u>Cleanliness</u> – School building floors, roof and walls should be clean.
- <u>Space</u> - the classroom space should be adequate for the number of children and not crowded.
- <u>Lighting</u> – Classrooms should have enough light for reading & studying.
- <u>Ventilation</u> - the buildings should have adequate windows on both sides which provide a well-ventilated learning environment.
- <u>Fencing</u> should be included around the school buildings to promote safety of learners and protection of the school land from unmanaged animals. The fence can be grown as a mixed live hedge with different heights of shrubs and thorns.
- <u>Grounds</u> – Grounds should be free from hazardous objects like sharp stones, broken glasses, tree stumps, tall grass, and holes.

4.3.2.   Water and sanitation

- <u>Toilets</u> – should be enough according to the number of learners. It is generally agreed in the Water and Sanitation and Hygiene (WASH) sector in Malawi that where urinals are provided as well as latrines, a ratio of 1:60 latrines for both girls and boys is sufficient. The Education Act stipulates a ratio of 1:10 - other recommended ratios vary between 1 latrine to 25 boys and 1 latrine to 20 girls to 1:60 for boys and 1:50 for girls.
  - ✓ Toilets should be safe, clean, well-maintained, gender and age sensitive, well -ventilated and provide adequate lighting.
  - ✓ It is preferred that toilets are designed to properly recycle into compost so that there is no waste produced.
  - ✓ They should be at least 20m away from class rooms.
- <u>Hand washing stations</u> should be functioning properly (i.e. filled with water at all times and soap provided at all stations) at all toilets and food preparation areas.
- <u>Water supply</u>– Schools should have adequate safe water for drinking and cleaning for the learners every day of the year.
- <u>Safe use of refuse and grey water</u> in compost systems, other recycling systems and rubbish pits.

4.3.3.   Food vendor Health

Food vending at school premises needs to be well-managed, all vendors must be trained by health teams in Health and Nutrition related to Food Vending (see the nutrition section of these guidelines).

4.4.   Health Education & Counselling

In order to strengthen the delivery of effective school health services the targeted population need to be informed of the important issues which will affect the learning process of the school going child. Service providers need to equip the school aged child with knowledge and skills on various disease conditions and how to prevent and manage them. School health providers need also to provide counselling and guidance to facilitate adoption of health behaviours and life styles.

Health Topics which are relevant to the school going child are:

Life Skills Topics, such as:
- ✓ Abuse, rape, defilement, incest
- ✓ Assertiveness
- ✓ Child rights, neglect, exploitation
- ✓ Dealing with strangers
- ✓ Drug, alcohol and substance use
- ✓ Environmental hygiene
- ✓ Mental health
- ✓ Personal hygiene
- ✓ Safety (fire, water, bikes, vehicles, etc.)
- ✓ Sexual Health and Pregnancy
- ✓ YFHS

Illnesses, such as:
- ✓ Conjunctivitis
- ✓ Diarrhoea, Cholera
- ✓ Malaria
- ✓ Management of minor ailments
- ✓ Measles
- ✓ Meningitis
- ✓ Otitis media
- ✓ Scabies
- ✓ STIs, including HIV
- ✓ Tuberculosis
- ✓ Typhoid

Use of teaching aids when providing health education will facilitate learning.

Mental health is an essential and integral component of health and it is critical for personality equilibrium, capacity to think and judge, enjoy life, social adaptation and coping with daily life problems. Some of the determinants of mental health include communicable diseases, violence, neglect and abuse, alcohol and substance use and abuse and social disruptions.

In order to promote mental health the school health programme should focus on promotion of mental health: prevention of neurological, mental and psychological problems, reduction of disabilities, and provision of counselling services. The programme shall therefore:
- ✓ Provide life skills training in order to equip learners with skills to cope with life opportunities and challenges.
- ✓ Provide education and skills to help learners learn positive ways of dealing with conflicts.
- ✓ Educate and counsel learners about the effects of drugs and alcohol on their bodies.
- ✓ Refer learners with problems of substance and alcohol use and abuse.
- ✓ Provide individual counselling services in response to crisis situations.

4.5. Resources for School Health

4.5.1. Human Resources

- Ministries of Health and Education shall ensure all school health activities are included in the Program of Work and Annual Implementation Plan.
- Ministry of Education shall ensure that School Health activities are included in the Education Sector Plan and annual budget.
- The District Health Offices shall ensure that School Health activities are included in the district implementation plan.
- The District education offices shall ensure that School Health activities are included in the district education plan.
- A school health nurse shall be any registered nurse or an enrolled nurse / technician who has undergone a course in community health nursing.

- Support supervision - In order for people to perform well they must know what they are supposed to do and how they are expected to perform them. School health services shall be supervised through both integrated and specialized supervision. Scheduled supervision shall be conducted from national level each quarter and at zone and district level every month using a supervisory checklist.

4.5.2. Capacity building for School Health

- Capacity building shall be need-based and targeted; the NSHC shall facilitate the process.
- The Ministry of Health shall train all Community Health Nurses to provide school health services.
- Health workers, extension workers, teachers, PTAs and community members shall be empowered to participate in school health activities efficiently.

4.5.3. Material resources

Ministry of Health's EHP stipulates that services be provided free at user point. Therefore school health service users are not expected to pay fees at user point in any school health programme. Drugs and physical examination equipment for school health shall be obtained from the nearest health facility.

A school first aid kit stationed at the school shall comprise the following items:

Supplied by MoH:			
✓Box with key	✓Malawi SHN Cards	✓Note book	✓Pen
Supplied by MoH:			
✓Albendazole	✓Gauze square	✓ORS	✓Savlon, iodine
✓Aspirin	✓Gloves	✓Paracetamol	✓Scissors
✓Bandages	✓Magnesium	✓Plaster	✓Tetracycline eye ointment
✓Cotton wool	✓Medicine cups	✓Razor blades	

A school health and nutrition kit shall be maintained by the school health team and be comprised of the following items:

Non Medicinal Supplies:		
✓Auto scope	✓Iodine	✓Receiver x 4
✓Bandages	✓Jik / chlorine	✓Scapel blades no.21,23,24
✓Bathroom scale	✓Liquid soap	✓Scissors
✓Bed sheets	✓Lumefantrine arthmtheter (LA)	✓Screens
✓Blankets	✓Mackintosh	✓Snelle's chart
✓BMI Machine	✓Mattresses	✓Spatulla
✓Box with key	✓Medicine cups	✓Sphygmomanometer child/adult
✓Cotton wool	✓Methlylated spirit	✓Sterilizer
✓Diagnostic set	✓Notebook	✓Stethoscope
✓Disposable aprons	✓Pail	✓Tape measure
✓Disposable towels	✓Patella hammer	✓Thermometer
✓Gallipots	✓Pen	✓Tuning fork
✓Gauze square	✓Plaster	✓Water jug x 2
✓Gloves	✓Plastic basins	
Medicines / Nutrients		
✓Albendazole	✓Magnesium	✓Tetracycline eye ointment
✓Aspirin	✓ORS	✓Praziquantel
✓Iron tablets	✓Paracetamol	✓Savlon

Chapter 5:   School Nutrition

Good nutrition is required for optimal health and several of the technical areas of health and nutrition are inter-related. The School Nutrition chapter is covered in 4 subsections:

    5.1   Productive school environments
    5.2   School meals
    5.3   Micronutrient supplements
    5.4   Nutrition information, education and communication.

Detailed manuals are already in use for these activities and should be used by implementers in conjunction with the broad guidelines provided here in this document.

5.1.   Productive school environments

The idea of role modelling sustainable and productive land use as a teaching resource has been promoted by the Malawi government for many years, primarily through agricultural practical work. In recent years the approach has been revived and improved to be more inclusive of more diverse sustainable land use practices.

Until recently, many of the approaches to productive school environments relied on outside donations for inputs (seeds, artificial fertility and tools), but, since 2006 the focus has switched so that schools now explore how they can improve the learning environment using their own resources.

Approaches such as teaching and learning using locally available resources (TALULAR) and Permaculture (a method of designing sustainable systems while making the most of our resources) are becoming more widespread and are encouraged.

5.1.1.   The importance of productive school environments

There are many benefits to having a productive environment around a school:

- To make maximum use of the land and other local resources using a low-input model that has high diversified outputs.
- As a platform for creative teaching and learning for teachers, learners and the surrounding communities. Productive Environments can be used for:
    → Demonstrations and role modelling.
    → Career and professional development.
- To grow food, medicines, building supplies, fences, fuel – learners are actively involved in learning about sustainable production and therefore they learn the necessary skills for producing resources they need; they consume the food and medicines which improves their diet and thus their health; they mimic the school model in their lives; the school has supplies it needs for building, energy and protecting the school environment.
- To provide products for sale to benefit the school and its community, and to showcase the economic benefits of sustainable land use design. Surplus food can be sold to raise revenue for the school, or distributed to those in need.

- To develop life skills and positively influence:
  - → Food choices and eating habits.
  - → Attitudes and beliefs towards certain foods, whether based on culture, religion, taste or local availability.
  - → Food production and preparation skills.
  - → Independence, self-confidence, self-esteem.
  - → Teamwork and awareness of gender issues.
  - → Health choices, including HIV issues and medication.
- To provide a platform for environmental health issues, including:
  - → Solid and liquid waste/resource management (reduce waste, reuse where possible, repair or recycle).
  - → Water, sanitation, environmental hygiene, communicable diseases.
  - → Air quality, micro-climates and aesthetics of the school grounds (making the area a better place for teaching and learning).
  - → Integrated pest and disease management.
- To encourage community participation. Learners, parents and members of the local community can share experiences and knowledge, and take ideas from the school environment to use around their own homes.
- To work toward government polices. The following list shows where productive school environments contribute directly towards particular policies:
  - → Decentralization – promoting local participation, ownership and authority.
  - → Food and nutrition security – expanding the sustainable growth of diverse foods and using them in diets and economies.
  - → Agricultural extension - encouraging demand-driven extension.
  - → Community participation in primary schools – encouraging ownership and participation.

5.1.2. General guidance for implementation

1. Landscaping used for Teaching and Learning: Implementing activities toward a Productive School Environment is NOT used for punishment or child labour. The environment needs to be a place of positive developments and to foster a feeling of attachment for the learners.

2. Local Resource: Philosophy of using local resources, knowledge, skills, experiences. Requires a thorough identification of all local resources. For example: the strengths of partners, trees, plants, seeds, buildings, skills, etc.

3. Avoid Donor Dependency: Most 'garden' programmes have stopped because they relied on outside inputs and incentives to implement. This trend of dependency should be discouraged. The programme itself should be the motivating incentive for integration and implementation. Remuneration should not be provided. Material incentives should not be given to make the system work. (i.e., the system should not be materially bribed to function).

4. Targeting Inputs: Identification of what real inputs needed after a thorough identification of local resources. Work with schools to show them how to locally fill in the gaps and only provide additional inputs where critical.

5. <u>Who contributes which resources outlined clearly:</u> Clearly communicate the contributions from the various partners, teachers, learners, community, and the government.

6. <u>Maintenance of resources:</u> Taking care of our resources with care and respect.

7. <u>Integration</u> - Designs are integrated to support sustainability and maximum use of resources; curricula integration; integration of current development topics and cross cutting issues such as gender and HIV.

5.1.3. *Initial Productive School Environment meetings*

To start implementing this component it is important for the school to form a group comprising of key interested people to plan, design and implement the plans. The group needs to include:
- Teachers, pupils and school management committee members
- Community and District leadership support is ideal and formalities must be observed. For instance the school must follow the correct channels (proprietor, Chief, SMC, PTA, head teacher etc.) when agreeing to design available land.

If not everyone in the community is interested, part of the initial group's role is to sell the idea to the rest of the community, role-model the productive school environment and help change mindsets. To help identify a group of people that is truly interested in working towards improving their school environment:
- Hold several meetings without any handouts or incentives – the incentive is the meeting information. Those who are only interested in handouts of food, money, etc. will stop coming to the meetings if they are not interested in the topic.
- Seek people who show a progressive attitude and are already working towards self-sufficiency.

When holding the meetings, a thorough understanding of the component will assure a solid foundation to build on:
1. Discuss thoroughly what a productive school environment and the underlying philosophy of the concept.
2. To help people understand the component, the meetings should feature current role-models demonstrating sustainable land-use in schools. This can be done by a field visit to a school or other institution with the desired school environment or inviting a resource person who is already implementing the ideas. The National SHN Coordinator should maintain a list of suitable sites collected from Divisional, District, Zonal and Community leadership.
3. Clarifying that there will be no allowances offered. The benefits from the component itself with a focus on low inputs with high outputs and using maximally and wisely all local resources, knowledge and skills.
4. Emphasizing the need for hard work and teamwork for success.
5. An explanation of the various roles and responsibilities, and of the concept that the whole school is involved.
6. The process of designing the environment.
7. Technical information on implementing, managing, monitoring and evaluating of the environment, and information about the technical support that can be provided through government and partnerships.

5.1.4. Supporting productive school environments

Teachers and agriculture extension staff should be trained how to design and set up a productive school environment. Approximately 25% of the teachers (balanced by gender and including the school head) and the Agricultural Extension Development Officers from each participating school should be trained in order to support the school. Three guidebooks on productive school environment are currently available:

- *The School Curriculum* – the primary, secondary and tertiary curricular have the content in them that supports productive environments. Teachers and facilitators should actively implement lessons for hands on, productive teaching and learning.

- *Low Input Food and Nutrition Security Manual: Growing and Eating More Using Less* – This manual that targets the general public was used in several of the current productive school environment programmes. The materials are planned for a revision shortly.

- *Junior Farmer Field and Life Schools Manual* – specifically made for after school programmes and utilizes low input principles.

5.1.5. Steps for sustainable design

There are several methods of sustainable design, the general steps include:

i. Analyse the current situation and map it. This is done through a variety of methods such as discussion, research, observation, making transect walks, etc.
   - ✓ Climate - rainfall, temperature etc.
   - ✓ Topography – slopes, contour, flow of water, and other landscape aspects
   - ✓ Fixed structures / infrastructure on the site – things that won't be moved such as established trees, buildings, other structures and areas that are known to be future building sites.
   - ✓ Access – roads and pathways
   - ✓ Types and availability of Soil, Water, Plants, Animals, Energy
   - ✓ Historical information on the site, land ownership information
   - ✓ Human resources – skills and knowledge available within the community and whole school.
   - ✓ Economic resources—focus should be on low-input and locally available resources
   - ✓ Productive resources: e.g. local seeds, land, water, time, space, labour, energy
   - ✓ SWOT analysis
     - · Strengths – internal factors such as capacity, resources, etc.
     - · Weaknesses – internal factors such as lack of capacity, etc.
     - · Opportunities – outside factors such as policy, environment, etc.
     - · Threats - outside factors such as policy, storms, bush fires, prevailing wind direction, mismanagement of animals, security

ii. Set goals: Develop a clear direction and vision for the issues found in the analysis.

iii. Design the school in an integrated way
   - ✓ Consider the structures that will be needed – recreation areas, classrooms, teachers homes, animal enclosures, dams, ponds, tanks, shelters, nurseries, etc.
   - ✓ Incorporate soil and water conservation and water harvesting techniques

- ✓ Include animals and their management if appropriate
- ✓ Design plants, trees and animal combinations to suit the environmental zones around the school - Use local resources to save energy and minimise cost.
- ✓ Sketch possible design options
- ✓ Decide who will be involved (teachers, learners and community)

iv. Draw up action plan
- ✓ Create a scheme of work for implementing and monitoring the project.
- ✓ Consider the resource analysis, the changing seasons and the workload on the community during those seasons, school breaks and other factors that affect the timing of activities.
- ✓ Define roles and responsibilities, decide on the possible timescale, and quantify the necessary resources.
- ✓ Quantify the expected outcomes/targets.

The main outputs of going through this sustainable design process will be:
- • An updated school vision statement to include a holistic goal for developing a productive school environment
- • A new development map of the school
- • An action plan for developing the school environment, including how the development will be monitored.

This process can be done by anyone, but it helps to go through the steps with an experienced person. It also may also need the support of an experienced facilitator and some or all of the extension staff listed in 2.6.3. Key SHN Stakeholders. It is an ongoing process and can be implemented in stages. Many people will be involved:

- ▪ Learners
- ▪ SMC / PTA
- ▪ Teachers
- ▪ SHN committee
- ▪ Traditional leadership
- ▪ Extension workers

5.1.6. *Capacity building for Productive School Environments*

Various capacities are needed to effectively plan, design, implement, maintain, monitor and evaluate productive school environments. Teamwork and organizational skills are vital. Various types of technical knowledge and skills are also needed, for instance sustainable food production and use, soil health, water management and many others. Identifying and building resources (human, knowledge and materials) will make it easier for schools to manage their school environment productively. Where training and /or orientation are needed, take the following steps:

1. Identify the capacities required at the school:
   - ✓ Do a capacity gap analysis and identify ways of filling the skills gaps
   - ✓ Adapt any training to the school / zone / district's situation as needed
   - ✓ Train the schools - promote in-school / TDC training so that schools have capacity to train after a trained officer leaves
   - ✓ Evaluate the training and its impact.

2. If exchange visits are needed:
   - ✓ Find a role model, locally if possible.
   - ✓ Plan and budget for visit

✓ Decide who will take part – taking the whole school is usually not feasible. Be sure to include a large team of students on the visit.

✓ Choose specific tasks to focus on during the visit and make sure that those who attend are committed to implement and share what they learn.

✓ Reflect on the visit and share lessons with the rest of the school community.

✓ Implement and document lessons learnt.

3. For equipment related to productive school environment:

✓ Try to use locally available equipment and be creative about finding possible local alternatives.

✓ When external assistance is available, choose the most active schools to support, and identify their specific needs. Mobilise resources to meet needs.

✓ If extra resources are needed, consider holding a competition or other high profile event – these often attract sponsors who may be willing to contribute.

✓ Distribute assistance in an empowering way, such as through competitions.

✓ Keep all equipment safe. Each school is responsible for maintaining, inventorying, and replacing lost or old equipment. Use the equipment only for maintaining the school's productive environment.

4. For knowledge and skills:

All stakeholders will need capacities in areas listed below. Capacity can be built by sharing knowledge locally, on-the job orientation, training from government or consultancies as well as ideas listed in the table:

Capacities needed for Productive School Environments

Activities	*Means of building capacity*
1. Sustainable designing • Permaculture – for buildings,	• *Practical training* • *Exchange visits*
2. Production, processing, utilization • Recycling e.g. grey water, organic materials (compost, manure) • Water management • Crop and livestock diversification • Meal planning • Food preparation • Food storage • Products for sale	• *Demonstrations* • *Practice on own* • *IEC* • *Displays, field days* • *Reading, self study* • *Discussions / reflection* • *Local knowledge* • *ICT – Internet, video, radio* • *Competitions*
2. Organizing • Defining roles and responsibilities	• *Supervisors*
3. Planning and project management • Setting aims, goals, objectives • Drawing up action plans	• *Supervisors*
4. Resource mobilization • Financial • Material (tools, teaching aids, etc.) • Human (skills, knowledge, attitudes) • Organizations	• *Proceeds from environment* • *Donations from communities, organizations, individuals*
5. Coordination and networking • Sharing skills, databases	• *Stakeholder consultations*

6. Monitoring and evaluation
- Indicators, regular assessments
- Surveys and research
- Organization and analysis
- Communication and feedback
- Record keeping

- *Supervisors*
- *Local research*

5.2. School Meals

Providing meals to children in schools was launched as a national programme in primary schools in 1999. Provision of school meals in ECD, CBE and Secondary schools vary depending on the systems in place. Most tertiary schools have school meals.

School meals entice learners into school and ease short-term hunger that slows the learning process.   Learners who eat well can concentrate better in class, and their performance can improve. The intervention has shown positive results, especially for girls. More enrol at school, they do better in class, more go on to secondary schools and the number of early marriages goes down.[1]   A variety of different partners provide food and logistical support to primary, ECD centres and a very few secondary schools. There are a few communities who support schools with their own locally grown foods in these sites as well.

In 2009 the SHN HIV Department together with a Task Force of key Ministries and partners finalized the Targeted Support to School Meals (TSSM) programme in response to the President's 2007 directive for a universal programme in primary schools. The TSSM programme outlines how the Government intends to take over responsibility of all school meals. In all primary schools the Government will:
1) encourage parents to provide their children with a nutritious breakfast and to send their children to school with a nutritious snack;
2) promote productive school environments to contribute to sustainable food and nutrition security role modelling and increased community food supply; and
3) support vulnerable schools with food assistance.

In this way, the government hopes to have, at a minimum, all primary school learners eating a nutritious breakfast at home and a mid-morning snack at school. In the future the school meals may be expanded, depending on the results over the next few years. Schools will receive education and skills on meal planning and those that serve lunch and supper will be encouraged to improve those meals as well.

5.2.1. How are vulnerable schools chosen for assistance?

A total of 2734 primary schools were classified as vulnerable by the TSSM Programme. The selection was based on the data included in 3.2. The targeting process, namely:
1) Nutrition indicators: malnutrition rate (rates of stunting)
2) Food insecurity (ultra poverty rates), and
3) Education (standard 8 survival rates).

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[1] World Food programme and Government of Malawi, (2004) *Country and Emergency School Project, a Report on the Assessment of the Targeting of Take Home Rations* by Margaret Roka

It is these schools that are to targeted first with any school meal interventions. If it is a government partner supporting the school, the intention is to hand over to Government once infrastructure and capacity has been built.

In addition to the general targeting criteria above, schools must have certain facilities if they are to benefit from this programme:

✓ Access to potable water, for good hygiene and sanitation. If a vulnerable school does not have potable water, all efforts should be made to assist in remedying the problem immediately. This is especially important if food is to be prepared on site. Ready to eat products should be considered where water and sanitation is too poor for food preparation until the situation can be remedied.

✓ Adequate, well-maintained toilets (schools can build these using local materials very quickly).

✓ Secure, clean, well-ventilated, dry space for storing food

✓ Enough clean space for preparing food (if food is to be prepared on site).

✓ The school must also be accessible, so that if outside food resources are required, the food can reach the school. All efforts must be made to develop creative delivery plans for schools that are inaccessible.

An assessment of school facilities should include the following information:

✓ District	✓ Access for delivery of external food supplies
✓ TA	✓ Enrolment: girls, boys, orphans, children with special needs
✓ Zone	✓ No. and quality of latrines, no. of users per latrine
✓ Type of school	✓ Water availability – source and distance from school
✓ No. of classrooms	✓ Storage facilities and security
✓ No. of teachers	✓ Willingness of community members to help with food preparation, serving, cleaning etc.

5.2.2. How a school implements a meals programme

School meals are implemented by a food team elected by the SHN subcommittee of the school management committee.   The food team should include:

- at least one teacher
- representatives from *each* local village, and
- one girl and one boy learners elected by their peers.

There should be roughly equal male and female members on the team, and women should be encouraged to stand for leadership positions. During committee meetings, both men and women should participate equally in the discussions.

Team members need to be trained in and practice good sanitation, food and personal hygiene. They also need to be able to plan menus using the six food group model.

Food team's key responsibilities:
- Plan the menus according to what foods are available, and following the six food groups guidelines.
- Supervising food preparation and distribution, ensuring safe food practices:

- ✓ Prepare a weekly schedule of people (both men and women) to prepare food and clean up after the meal. Food preparation and cleaning should not be done entirely by learners.

- ✓ Assign people to bring firewood; encourage the use of fuel-efficient cooking methods.

- ✓ Make sure that food is prepared and served on time so that classes are not delayed.

- ✓ Ensure guidelines are followed for proper servings.

- ✓ After each meal, review the day's activities and note any changes needed for the next day.

- Organizing and overseeing financial matters:

  - ✓ Keep records of all income and all expenditures.

  - ✓ Sell empty sacks if foods are delivered to the school.

  - ✓ Obtain money from the community to pay for cooks or guards, if it is decided to employ people rather than rely on volunteers.

- Mobilising the community to develop infrastructure including:

  - ✓ Building a proper kitchen from local materials.

  - ✓ Finding a place or food storage or working with the community to build one.

  - ✓ Selecting or providing clean, healthy eating areas.

- Organizing guards to protect the food.

5.2.3   Choosing the right foods to serve

Food for school meals may come from various sources, depending on the number of schools being supported and the amounts and types of foods available. But the above guidance remains the same. Nutritious food may be provided by one or all of the following:

1) Parents giving children an adequate breakfast at home and providing a snack for learners to carry to school.

2) School and communities growing or buying and providing food at school every day, or as often as they can. A wider choice of food will be available if schools have productive environments. See 5.1. Productive school environments.

3) Government providing food at schools every day, or as often as possible.

Follow these guidelines to ensure that children eat nutritious, safe food:

- ✓ Use the Malawi six food groups when choosing what to serve. (See Annex 3 for examples of suitable foods.)

- ✓ The meals must be nutritious and each meal must provide at least:

Calories (energy)	350 kcal
Protein	13 gm

- ✓ If possible, the food should provide the micronutrients commonly lacking in the diet: Vitamin A, Iron, Folate, Iodine, as well as other vitamins and minerals.

- ✓ There are many different combinations of the food groups that a parent / school can choose to reach this standard. As a general guide, the snack should contain

one serving of each of the following nutrient groups (a serving is *approximately* the amount of the food a person can hold in their own hand):

Nutrient Groups 1 serving of each:	Food Groups	*Notes*
1) Protein:	✔ Legumes/ Nuts or ✔ Food from Animals	*These food groups are also high in vitamins & minerals*
2) Carbohydrate:	✔ Staples	*Carbohydrate is also in legumes and fruits*
3) Fats:	✔ Fats & Oils	*Fats are also in food from animals & nuts*
4) Vitamins & Minerals:	✔ Vegetables or ✔ Fruits	*Highest in low processed foods.* *Choose dark and bright colours.*

✓ Foods are mixtures of these nutrients and no two foods are made up of the same nutrients (see A.4. Examples of foods for school meals).

✓ **The best guide is to eat a variety of foods from all the food groups, concentrating on dark and bright coloured food sources.**

✓ The food should be easily and quickly prepared for large numbers, preparation should be done in an environmentally sustainable manner (e.g. ready to eat, by using fuel-efficient stoves, by using sustainable energy sources such as solar).

✓ Foods must be palatable and locally acceptable.

✓ Food should be sourced as closely to the schools as possible. If a particular food is not available locally, it should be sought in the zone, district, region and nation. If it is not available in Malawi, it should be obtained from neighbouring countries rather than further afield.

✓ Integrate nutrition education into curriculum and activities to help learners, teachers and communities choose a wide variety food as part of their diets.

5.2.4.   Storing, preparing and serving food

All foods must be stored, prepared and served in a hygienic manner. Everyone involved in school meals (including food vendors near school) must learn about good environmental health, hygiene and sanitation. Seeing these important principles being put into practice will reinforce the messages given to pupils through the school curriculum.

Food storage, preparation and service sessions must cover the following topics:

1. The importance of a reliable supply of clean water. There must be enough for drinking, washing hands, cooking, and cleaning all equipment. The source of water must be free from pollution. Safe water can be made available through:
   - School or community boreholes or protected shallow wells
   - Bringing clean water in clean bottles from home
   - Water harvesting (collecting rainwater from roofs)
   - Water testing and treatment
   - Using drinking water facilities in classrooms (i.e. a pail with tap and lid and a cup for drinking for each class).

2. Good personal hygiene:
    - The importance of bathing and cleaning one's body properly.
    - Clean clothes for food preparation. A clean chitenje or apron should be worn over personal clothing.
    - Washing hands with soap using sanitary methods (pouring water over hands rather than dipping them into a bowl). Hands should be washed with soap before handling food; after using the latrine; after changing nappies; after coughing, sneezing, or touching the face, ears or nose. Hand-washing facilities with clean water and soap must always be available at the kitchen and toilets.
    - Having enough washing-up bowls etc. for cleaning plates after a meal.
    - Those preparing food should not have:
        - ✓ Open wounds on their hands, scabies, or other contagious diseases
        - ✓ Jewellery (rings, earrings etc.) that may fall into the food
        - ✓ Easily communicable disease such as diarrhoea, coughs etc.

3. Food preparation, storage and service:
    - Keep all food preparation, storage and service areas, utensils and supplies scrupulously clean.
    - Store food in a clean, safe place to prevent food losses and disease and to preserve the nutrients in the foods.
        - ✓ Inventory all food and non-food items regularly and take appropriate action for missing items.
        - ✓ Handle, stack and store food carefully.
        - ✓ Use the food store for food and cooking supplies only.
        - ✓ Rotate stocks of food - follow the "First In First Out" rule by stacking new food at the back and using older supplies first.
    - Eliminate or at least minimize damage to food by insects, rodents or other animals, and guard against theft.
    - Prevent food and water being contaminated by disease organisms. This means keeping food safe from animals, and not allowing anyone who is suffering from a food- or water-borne illness to handle food.
    - Cook the food in a way that conserves nutrients:
        - ✓ Prepare food close to the time of serving.
        - ✓ Prevent cross contamination.
    - Prepare only the amount of food needed for that day. Cooking too much is a waste; cooking too little will leave some children hungry.
        - ✓ No leftover cooked food should be served again later
    - Save fuel by using fuel-efficient stoves.
    - Use waste products in an environmentally friendly manner. This includes making compost from vegetable waste, and using water from washing dishes etc. to irrigate crops.
    - Offer school meals only to pupils enrolled at that school.
        - ✓ School meals are served on school days.

✓ Try to serve the mid-morning meal by 10:00 so the children who have not eaten breakfast have the nutrients needed for learning as early as possible.

✓ Serve food quickly and efficiently so class time is not disturbed.

✓ Serve food to the younger classes first.

✓ Offer the meals in a clean environment, such as eating shelters.

5.3.   Micronutrient supplements

Although the best way to get all the nutrients needed by the body is through a diverse diet, many people in Malawi only eat a restricted range of foods. In addition, many people, especially school aged children, are infected by diseases that affect their nutritional needs. As a result, the following micronutrients are often deficient in school-age children, and are targeted in the SHN programme, based on the results of the 2006 SHN survey as well as other micronutrient surveys done in the country.

Minerals: Iron, Folate, Iodine

Vitamins: Vitamin A

Preventative measures for required such as

- micronutrient education;
- dietary diversification;
- role modelling improved diets;
- monitoring micronutrient levels in school-aged children; and
- providing micronutrient supplements or fortification until micronutrient levels in diets improve.

For detailed information on addressing micronutrient deficiencies, follow the manual *Prevention and Treatment of Malaria, Anaemia, Bilharzia, Intestinal Worms and Vitamin A Deficiency for Health Workers and Primary School Education Advisors*, developed with the Education Sector Support Project I in 2006.

Chapter 6: Monitoring and Evaluation

Monitoring and evaluation (M&E) will be conducted at all levels, using standardized methods that are connected to the National Education Sector Plan and Malawi Growth and Development Strategy indicators, as well as data required by SHN leadership to assure that the programme is functioning well and achieving high results.

6.1. Data to be collected and analyzed

Details for each data indicator includes: Indicator with Target, Source, Responsible parties and Frequency of collection. Information in the following table is what the SHN leadership (see 2.6.1. SHN Structure) will collect and analyze as part of the SHN M&E system. Information will be integrated into existing systems such as:

- ✓ EMIS
- ✓ Monthly returns
- ✓ Information collected regularly by the M&E officers in District Assemblies.
- ✓ MoA – FNS Joint task force M&E system
- ✓ OPC – National FNS system being developed
- ✓ MoH – School Health database needed for SHN Learner's Booklet

The department of SHN HIV will develop National SHN databases to coordinate who is working where, where are the gaps and needs and to monitory how and where money is being spent, etc.

In addition to the data in the following table, additional data sources are utilized by the SHN programme that are not listed in the table as they already exists within the Education Management Information System such as:

- o School demographics by class, gender, whether orphan or not
- o Enrolment, drop-out rates

This table is organized by who is primarily responsible: DADO, DEM, DHO, NSHNC, NSO.

Indicator with Target By 2018, SHN will achieve:	Source	Responsible	Frequency
1. **100%** of schools have productive school environments with site-appropriate, diverse, useful plants, trees and animals etc.	· SHN Report Card	· DADO DSNC · DEM · Teacher · PEA · DEM	Termly
2. **25%** of teachers, HSAs and AEDOs trained in SHN	· DEM · DHO records	· DEM · DHO	Annually
3. **50%** of schools implement the complete SHN package	· SHN report card	· DEM	Annually
4. **100%** of buildings are clean and safe	· SHN report card · EMIS	· DEM	Annually
5. **100%** of schools have adequate safe drinking water	· SHN report card · EMIS	· DEM	Annually
6. **100%** of schools with adequate sanitary facilities	· SHN report card	· DEM	Annually

	Indicator with Target By 2018, SHN will achieve:	Source	Responsible	Frequency
7.	**100%** of toilets at all schools have hand-washing facilities	· SHN report card	· DEM	Annually
8.	**High level** of gender balanced community participation in SHN initiatives	· Head Teacher · SMC/PTA Minutes	· DEM · Teacher · PEA · DSHNC	Annually
9.	**100%** of schools have school-level SHN meetings once a term.	· SHN subgroup minutes	· DEM · Teacher · PEA · DSHNC	Termly
10.	**100%** of learners receives micronutrient supplementation as per guidelines	· Micronutrient Supplementation forms	· DEM · Teacher · PEA · DEM	Termly
11.	**80%** of learners eat breakfast before school and has a 10.00 am snack every day.	· SHN booklet	· DEM · Teachers	Annually
12.	**95 %** of enrolled learners attend school every day.	· Attendance Registers	· DEM · Teachers · DEM · DBE	Monthly Quarterly
13.	**80 %** of teachers complete the Performance section of the SHN Learner's Booklet.	· Performance Register · SHN Learners Booklet	· DEM · Teachers	Monthly
14.	**100%** of schools have a functional referral system for health and social issues	· SHN Learners booklet · Sickness register · School Referral · Nurse Referral Feedback form	· DEM · Teachers · Nurses	Quarterly
15.	**100%** of schools receive a visit from their zone SHN coordinator at least once per term.	· PEA records	· DEM DSHNC	Termly
16.	**100%** of school health nurses trained in school health and nutrition	· DHO records	· DHO	Annually
17.	**50%** school health teams have transport, lunch and SHN kits.	· DHO records	· DHO	Annually
18.	**100%** of communities are assessed by health team once in 10 years.	· DHO Records	· DHO	Annually
19.	**100%** of learners treated at the school for minor ailments	· SHN booklet	· DHO	Annually
20.	**80%** of District Health Area staff supervise school health nurses at least once per quarter.	· DHO records	· DHO	quarterly

Indicator with Target By 2018, SHN will achieve:		Source	Responsible	Frequency
21.	**50%** school will have a fully supplied School First Aid kit.	・ DEM records	・ DHO ・ Teacher ・ PEA ・ DEM	Termly
22.	**100%** of schools have at least one health club	・ DHO records	・ DHO DSHC	Annually
23.	**100%** of Std 1,3,5 learners are measured once a year for Height and Weight.	・ SHN booklet ・ SH recording form	・ DHO DSHC	Annually
24.	**20%** of schools have std 1,3,5 learners assessed by school health team at least once per year	・ SHN booklet ・ SH recording form	・ DHO DSHC	Annually
25.	**100%** of schools receive a visit from a SHN coordinator from either national, division or district level every year.	・ DSHNC records	・ NSHNC	Annually
26.	**100%** of National and District and Area SHN teams with reliable means of transport.	・ MoE ・ DEM	・ NSHNC	Annually
27.	Reduce vitamin A deficiency in school age children from 2006 level of 38% to **15%**	・ Micronutrient Survey	・ NSO ・ OPC DNH	Every 4 years
28.	Reduce anaemia in school age children from 2006 level of 54% to **20%**	・ Micronutrient Survey	・ NSO ・ OPC DNH	Every 4 years
29.	Maintain **100 µg/L** median urinary iodine level in school children.	・ Micronutrient Survey	・ NSO ・ OPC DNH	Every 4 years

6.2. School Management Information System (SMIS)

Any information in tale 6.1 Data to be collected and analyzed which is responsible at a school level will e managed by the head teacher. The data collect will help the head teacher determine whether the SHN programme is efficient, effective and is contributing to an improvement in educational standards. Each school will maintain its own database, and this information will be collected by Zone offices, compiled and sent to District Offices for further compilation and sent to the National level. All information should be interpreted and utilized to support programme planning and redesigning of interventions where necessary.

6.3. Roles and flow of information

Overview of M&E SHN process:

1. Collect baseline data at the start of every new SHN intervention.
2. Monitor the progress and/or effectiveness of SHN interventions.
3. Assess the status of SHN activities using the A.2. SHN School Report Card.
4. Monitor the SHN status of each learner using the A.3. SHN Learner's Booklet.
5. Hold review meetings every month in school, to:
   a. Ensure that activities are coordinated

    b. Monitor progress.

6. The National SHN Subgroups and Crosscutting TWG meets quarterly to monitor progress, approve plans and mobilize resources to implement school health and nutrition activities.

7. Establish a functional referral system (related to results of M&E) between the school and its nearest technical support facility, such as health, agriculture, water, gender, local government, education. (PEA and all extension workers).

8. Establish service agreements between the school and the local technical facilities (Head teachers, extension workers).

9. Service providers compile reports and send them to the district SHN coordinator, who in turn compiles a quarterly report and sends it to appropriate personnel at ministry headquarters.

10. All reports fed from schools to zones to districts to divisions to headquarters need to be compiled and analyzed at a national level and re-distributed back through the same system in reverse.

11. All data is used at every level for adjusting programmes and re-planning as necessary.

6.4. Responsibilities

1. **Head Teacher**
   - ✓ Coordinates the process of data collection (carried out by teachers, pupils, health workers etc.) and compiles data every month.
   - ✓ Maintains the database
   - ✓ Analyzes data and adjusts the programme where necessary, in consultation with partners / school management committee
   - ✓ Supervises and monitors SHN implementers in the school

2. **School Management Committee**
   - ✓ Ensure that the Head Teacher collects the data and shares the results with the committee
   - ✓ Review school data and adjust programme in consultation with head teacher and District partners if applicable.

3. **Primary Education Advisor**
   - ✓ Compiles and analyzes data from within the zone and gives to DEM.
   - ✓ Recommends programme changes as appropriate.

4. **District Education Manager**
   - ✓ Compiles and analyzes District data and passes the information to higher levels (such as the EDM and the National SHN Coordinator) and to key partners within the district (such as the PEAs, the schools, and NGOs)
   - ✓ Recommend programme changes based on schools and PEAs recommendations, in consultation with appropriate District / National partners.

5. **National School Health and Nutrition Coordinator**
   - ✓ Compiles and analyzes data for the Deputy Director of School Health, Nutrition and HIV/AIDS.
   - ✓ Maintains and updates the database and reports of SHN programmes.

6. **Deputy Director of School Health, Nutrition and HIV/AIDS**
   - ✓ Reports to the National Nutrition Committee, PS in the line ministries, and the OPC.
   - ✓ Distributes the compiled data to all partners at all levels.
   - ✓ Ensures that the results feed into policy making.
   - ✓ Provides information about SHN programmes to development partners.
   - ✓ The SHN Technical Working Group reviews data and recommends adjustments as appropriate.

6.5. Evaluating impact

All SHN activities must be evaluated every three years to measure their impact and identify any implementation changes necessary.

6.4. Annual assessments

- All schools should be visited at least once a year by either headquarters, district, division and /or zone level supervisors.
- In selected schools, District SHN Coordinators and PEAs will administer a more detailed questionnaire to school teachers, community participants and to some of the learners.

Annexes

A.1. Glossary

Adolescent: A person in the period of physical and psychological
                          development between puberty and maturity.

Productive school   All school land and buildings sustainably designed for
environment: productive and creative teaching and learning across the
                          curriculum (including topics such as food, nutrition, health,
                          water, sanitation, economic and environment
                          management).

School: Any institution providing formal or informal learning to
                          school-age children (in Malawi this includes Community
                          Based Child Care Centres, Primary Schools,
                          Complementary Basic Education Centres, Secondary
                          Schools, Tertiary learning institutions).

School-age child: Any child from 2 to 18 years whether in school or not.

School-going child: Any child from 2 to 18 years who is attending a school.

School Health Nurse: Professionally trained nurse who is either a registered
                          nurse or community health nurse.

School Health Service   This is a wide term: enrolled nurses, nurse midwife
provider: technicians, doctors, clinical officers and medical
                          assistants are all service providers. Teachers, primary
                          education advisors, environmental health workers and
                          health surveillance assistants may also become service
                          providers after receiving the appropriate training.

SHN Teams   Made up of personnel from Ministries of Education,
                          Health, Agriculture, Gender, Water, Natural resources,
                          etc as listed in the SHN strategy and guidelines.

A.2.   SHN School Report Card

School Health and Nutrition - School Report Card			HQ copy
School: _____		Evaluator: _____	
Zone: _____ District: _____		Date: _____	
Poor = 0-1-2	Trying = 3-4	Excellent = 5	**High 50**
1. **Productive School Environment –** per curriculum, soil, water, etc.			
2. **Foods & meds grown /used** - 6 food groups, area appropriate			
3. **Eating food -** before school and at 10:00 - food from home or school			
4. **Water** – adequate for school, system cared for and managed, runoff used			
5. **Sanitation** – toilets adequate/healthy/safe, resources recycled			
6. **Hygiene** – hand washing, clean learners and teachers			
7. **School Blocks** - adequate for enrolment, healthy and safe			
8. **Disease Prevention** - education, role modeling healthy living			
9. **Disease Treatment** - proper use of available treatments, records			
10. **Health of Children** - sick records, not sick often or repeatedly			
	TOTAL & Percent:	%	50

A.3. SHN Learner's Booklet

Page 1 (cover)

First Name

Last Name

Circle: Female or Male

Learner's
School Health & Nutrition Booklet

NOTE to SERVICE PROVIDERS

Referral Doctor:
- Please help us to monitor and respond to the health needs of our learners.
- We found a health issue with this learner. Please document your advice or treatments given on page 7 (or on note pages 10 and 11). Thank you!

Class Teacher:
- This booklet is to be kept by and maintained by you. The booklet is to follow the learner to their new class as they move through the system.
- If the learner needs to be referred to the hospital, give this booklet to the parent to take to the hospital with the learner's health passport. Be sure to follow up with the parent, through the HSA if needed.

Page 2

This Section is to be filled by the TEACHER
Basic Health and Nutrition Information:

Standard:	1	2	3	4
Date:				
School:				
Age:				
Village:				
Distance:				
Mother alive?				
If no, year of death:				
Father alive?				
If no, year of death:				
Name of guardian:				
Relationship:				
List food groups eaten daily on a regular basis: Fruits, Vegetable, Staples, Fats, Animals, Legumes/Nuts				
Eats Breakfast? Every day, sometime, never?				
Brings food/money for break? Every day, sometime, never?				
Eats Lunch? Every day, sometime, never?				
Eats Supper? Every day, sometime, never?				
Consent for SHN?				
If no explain:				
Guardian Signature:				
Teacher Name:				
Teacher Signature:				

Page 2

Page 3

This Section is to be filled by the TEACHER
Basic Health and Nutrition Information:

Standard:	5	6	7	8
Date:				
School:				
Age:				
Village:				
Distance:				
Mother alive?				
If no, year of death:				
Father alive?				
If no, year of death:				
Name of guardian:				
Relationship:				
List food groups eaten daily on a regular basis: Fruits, Vegetable, Staples, Fats, Animals, Legumes/Nuts				
Eats Breakfast? Every day, sometime, never?				
Brings food/money for break? Every day, sometime, never?				
Eats Lunch? Every day, sometime, never?				
Eats Supper? Every day, sometime, never?				
Consent for SHN?				
If no explain:				
Guardian Signature:				
Teacher Name:				
Teacher Signature:				

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Page 4

This Section is to be filled by the TEACHER
Academic Record: Standard 1 – 4

Standard 1	Above average	Average	Below average	Teacher's Name	Comments
TERM 1					
TERM 2					
TERM 3					
Final Grade					
Standard 2	Above average	Average	Below average	Teacher's Name	Comments
TERM 1					
TERM 2					
TERM 3					
Final Grade					
Standard 3	Above average	Average	Below average	Teacher's Name	Comments
TERM 1					
TERM 2					
TERM 3					
Final Grade					
Standard 4	Above average	Average	Below average	Teacher's Name	Comments
TERM 1					
TERM 2					
TERM 3					
Final Grade					

Page 4

Page 5

This Section is to be filled by the TEACHER
Academic Record: Standard 5 – 8

Standard 5	Above average	Average	Below average	Teacher's Name	Comments
TERM 1					
TERM 2					
TERM 3					
Final Grade					
Standard 6	Above average	Average	Below average	Teacher's Name	Comments
TERM 1					
TERM 2					
TERM 3					
Final Grade					
Standard 7	Above average	Average	Below average	Teacher's Name	Comments
TERM 1					
TERM 2					
TERM 3					
Final Grade					
Standard 8	Above average	Average	Below average	Teacher's Name	Comments
TERM 1					
TERM 2					
TERM 3					
Final Grade					

Page 5

Page 6

This Section is to be filled by the TEACHER
Tracking and responding to repeated absence

To be completed by teachers if pupil is absent for 1 week or more

Dates absent	Reason for absence	Name	title	Action taken

Page 6

Page 7

This Section to be filled by TREATMENT PROVIDER
Treatments given

Follow treatment protocol in guidelines

Date	Diagnosis	Treatment	Name	Title	Follow up done

Page 7

Page 8

PHYSICAL ASSESSMENT: This section to be filled by HEALTH PROFESSIONAL

N = Normal A = Abnormal

Standard 1, Standard 3, Standard 5

Teacher or HSA fills out:
- Height:
- Weight:
- Vision test R:
- Vision test L:
- Known health problems:
- Allergies:
- BCG scar seen:

NURSE fills out:
- Temperature:
- Skin:
- Nails:
- Head:
- Hair:
- Scalp:
- Face:
- Eyes:

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(table of columns: Ears, Hearing test R, Hearing test L, Nose, Mouth, Teeth, Speech, Pharynx, Neck, Chest walls, Abdomen, Cardiovascular, Respiratory, Fracture, Spine, Nerves, Diagnosis, Referral to:, Follow up:, NAME:, SIGNATURE:)

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Page 12

School Health and Nutrition Overview

Overall Goal	By 2015 Malawi will have healthy, well-nourished school-aged children (aged 2-18) who can fulfil their optimum learning potential.
Vision	All school-age children (aged 2-18) enjoying good health and eating balanced, nutritious diets.
Mission	Providing school-based health and nutrition services and programmes as an integral, sustainable part of the education system to build a healthy foundation for learners.

SHN Activities

Productive School Environment	- Grounds match curriculum - Model 6 food groups - Landscape that is ecologically appropriate
Eating healthy	- Before school & at 10:00 - Healthy and adequate food from home or school
Water	- Water adequate for enrolment - Water system managed properly - Runoff water used
Sanitation & Hygiene	- Toilets adequate/healthy/safe - Resources recycled - Hand washing, clean learners/teachers
School Blocks	- Adequate for enrolment - Healthy and safe
Disease Prevention	- Education, role modeling of all SHN activities - Physical assessments, records, not sick often or repeatedly - Preventative treatments: micronutrients, de-worming, bilharzia - Properly identifying illness/disease
Disease Treatment	- Simple ailments properly treated with available medications - Proper referral and follow up as needed

For more information contact:

Ministry of Education Science and Technology
Department of School, Health, Nutrition and HIV
Private Bag 328, Capital City, Lilongwe, Malawi
T: +265 1 788 187   F: +265 1 788 064

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A.4.   Examples of foods for school meals

The minimum school snack for a learner should provide: 350 calories and 15 grams of protein. There are many different combinations of the food groups that a parent / school can choose to reach this standard.

As a general guide, the snack should contain one serving of each of the following nutrient groups (which is _approximately_ the amount of the food a person can hold in their own hand):

1) Protein
2) Carbohydrate
3) Fat
4) Vitamins and Minerals

Foods are mixtures of these nutrients and no two foods are made up of the same nutrients. The best guide is to eat a variety of foods from all the food groups, concentrating on dark and bright coloured food sources.

Here are some ideas from each of the food groups:

Nutrient Group Choose 1 serving from each group:	Food Groups	Food ideas
1) Protein:	✔ Legumes/ Nuts	✔ Chimbamba, Khungudzu, Kabifa, Soya, Nzama, Nseula / Khobwe, Pigeon bean, Other local beans, Nuts, Chiponde ✔ _These are also high in carbohydrate, vitamins & minerals_
	✔ Food from Animals	✔ Eggs, Milk, Chambiko, Insects (edible grasshoppers, caterpillars, termites), Ducks, Fish, Chicken, Goat, Beef, Rabbit, Guinea pig. ✔ _These are also high in vitamins & minerals_
2) Carbohydrate:	✔ Staples	✔ Yams, Buye, Potatoes, Air potatoes, Cassava, Sweet potato, Rice, Millet, Sorghum, Maize, Green bananas, Thobwa / porridge, Chikondamoyo, Chigumo, Breads ✔ _Carbohydrate is also high in legumes and fruits_
3) Fats:	✔ Fats & Oils	✔ Pumpkin seeds, Sesame, Sunflower, Coconut, Avocado ✔ _Fat is also high in food from animals & nuts_
4) Vitamins & Minerals:	✔ Vegetables	✔ _Vitamins & Minerals are highest in low processed foods._ ✔ _Choose dark and bright colours from all food groups_ ✔ Dark Green Leaves (Bonongwe, Luni, Denje, mwmuna aligone, Limanda, Kholowa, Mtambe, Nkhwani, Nkhwanya, etc.), Peppers, Onions, Tomatoes, Garlic, Eggplants, Sponge / Loofa, chikhanyanga, Cucumber, Pumpkin, Mphonda, Mushrooms, Okra, Chipwete, Herbal Drinks (Lemon grass, Avocado leaves, etc.)
	✔ Fruits	✔ Matowo, Nazimezime, Baobab, Tamarind, Masuku, Mvilo, Magalagadeya, Jamu, Bananas, Citrus, Raspberry, Mulberry, Papaya, Chidede, Sugar Cane, Honey

A.5.   Stock Card for First Aid Box

This stock card needs to be kept in the first aid box for each supply item. The service provider taking or re-stocking the supply needs to keep a record of what is in the box, how much of that supply, what was used and balance. This helps to know when supplies need to be re-ordered and prote transparency in the use of supplies.

Item	date	Amount in Stock	Amount Used	Balance In Stock	NAME	TITLE	Signature	Remarks

A.6.   Supervisory Check List for School Supervision

The form should be used for collecting data when supervising schools implementing SHN services in the district

Name of school		District	
School Zone		Health area	
Name & title of contact person		Contact's Phone	

Title and cadre of person supervised	
Name & position of supervisor	
Date of supervision	

1. SHN Profile

Percentage of SHN providers trained in SHN	Percentage	Remarks
• Teachers Trained:		
• Health Surveillance Assistants Trained:		
• AEDOs Trained:		
• SMC & PTA Trained:		
• Learner's Trained:		
Number of learners in standard 1, 3 and 5	**Number**	**Remarks**
• Standard 1:		
• Standard 3:		
• Standard 5:		
Attendance	**Percentage**	**Remarks**
• Percentage of learners attending school every day:		

2. Implementation of SHN

Community involvement	Yes	No	Remarks
• Were the communities surrounding the school assessed by health team?			
Community Participation	**F**	**M**	**Remarks**
• What is the level (high, medium, low) of gender community participation in SHN initiatives			
Percentage of Std 1,3,5 learners who had their Height and Weight measured this year	**Percentage**		**Remarks**
• Standard 1:			
• Standard 3:			
• Standard 5:			

Percentage of learners physically assessed by school health nurse this year	Percentage		Remarks
• Standard 1:			
• Standard 3:			
• Standard 5:			
• Percentage of learners treated for minor ailments:			
• Percentage of learners de-wormed:			
• Percentage of learners referred for further services:			
Nutrition services	**Percentage**		**Remark**
• Percentage of learners eats breakfast before school and has a 10.00 am snack every day.			
• Percentage of learners who eat 5 of the 6 food groups every day.			
Percentage of learners who received micronutrient supplementation as per guidelines	**Percentage**		**Remark**
• Ferrous sulphate / Iron tablets			
• Vitamin A			
Does the school have productive school environments with site-appropriate and diverse	**Yes**	**No**	**Remark**
• Useful plants based on 6 food groups, medicines			
• Trees – orchards, fuels, fencing, building materials			
• Animals – bees, fish, small livestock, etc.			
Safe water, sanitation & learning environment	**Yes**	**No**	**Remark**
• Are school buildings are clean and safe			
• Does the school have adequate safe drinking water			
• Does the school with adequate sanitary facilities			
• Does the school have hand-washing facilities			
• Are there counselling services available at the school for learners?			
Skill based health education & Counselling	**Number**		**Remark**
• How many skill based health education session were conducted on topics related health & nutrition			
• Number of health clubs at the school			
• How many pupils received special counselling (on sexual abuse, HIV status, mental problems etc)			

3. Data management and Supervision of services and SHN meetings

Data management	Yes	No	Remark
• All sections of the learners' SHN booklet filled properly			
• Attendance and performance registers filled properly			
• All forms filled and kept properly at the school			

SHN Supervision	Yes	No	Remark
• Did school receive a visit from their zone SHN coordinator in the term?			
• Did the school receive a visit from a SHN coordinator from either national, division or district level this year?			
Meetings	Yes	No	Remark
• Did the school conduct school-level SHN meetings once a term to discuss SHN implementation			

4. Resources and drug supplies for SHN

School First Aid kit	Yes	No	Remarks
• Is the School First Aid Box available at school?			
• Is the School First Aid Kit fully supplied?			
First Aid supplies	**Avail.**	**Expired**	**Remarks**
1. Paracetamol			
2. Bandages			
3. Box with a key			
4. Cotton wool			
5. Gauze square			
6. Gloves			
7. Iodine			
8. Magnesium			
9. Medicine cups			
10. ORS			
11. Plaster			
12. Razor blades or scissors			
13. Record book & Pen			
14. Savlon			
15. Tetracycline eye ointment			

General comments by the supervisor:

A.7. Supervisory Check list for SHN at District level

The form should be used for collecting data when supervising District implementing SHN services

Name of District:		No of School Zones	
No. of Schools		No. of Health areas	
Name & title of contact person		Contact's Phone	

Title and cadre of person supervised	
Name & position of supervisor	
Date of supervision	

1. SHN Profile

Number of learners in standard 1.3 & 5	Number	Remarks
• Standard 1		
• Standard 3		
• Standard 5		
Training, Health Nurses	**Percentage**	**Remarks**
• Percentage of school health nurses trained in school health and nutrition in the district		
Training, SHN providers	**Percentage**	**Remarks**
• Teachers		
• Health Surveillance Assistants		
• AEDOs		
Attendance	**Percentage**	**Remarks**
• Percentage of learners attending school every day in the district		

2. Implementation of SHN

SHN package	Percentage		Remarks
• Percentage of schools implementing the complete SHN package in the district			
Community involvement	**Percentage**		**Remarks**
• Percentage of communities surrounding the school assessed by health team			
Community Gender participation	**Males**	**Females**	**Remarks**
• Level (high, medium ,low) of gender community participation in SHN initiatives in the district			

Percentage of Std 1,3,5 learners who had their Height and Weight measured this year in the district	Percentage	Remarks
• Standard 1		
• Standard 3		
• Standard 5		
Percentage of learners physically assessed by school health nurse this year in the district	**Percentage**	**Remarks**
• Standard 1		
• Standard 3		
• Standard 5		
• Percentage of learners treated at the school for minor ailments in the district		
• Percentage of pupils dewormed in the district		
• Percentage of pupils referred for further services in the district		
Nutrition services	**Percentage**	**Remark**
• Percentage of learners eating breakfast before school and has a 10.00 am snack every day in the district		
• Percentage of learners eating 5 of 6 food groups every day		
Percentage of learners who received micronutrient supplementation as per guidelines in the district	**Percentage**	**Remark**
• Ferrous sulphate / Iron tablets		
• Vitamin A		
Percentage of schools with productive school environments with site-appropriate and diverse	**Percentage**	**Remark**
• Useful plants based on 6 food groups, medicines		
• Trees – orchards, fuels, fencing, building materials		
• Animals – bees, fish, small livestock, etc.		
Safe water, sanitation & learning environment	**Percentage**	**Remark**
• Percentage of schools with clean and safe buildings in the district		
• Percentage of schools who have adequate safe drinking water in the district		
• Percentage of schools with adequate sanitary facilities in the district		
• Percentage of schools who have hand-washing facilities in the district		
• Percentage of schools who have counselling services available at the school for learners		

Skill based health education & Counselling	Percentage	Remark
• Percentage of schools conducting skill based health education session on topics related health & nutrition in the district		
• Percentage of schools with health clubs at school in the district		
• Percentage of schools pupils receiving special counselling (on sexual abuse, HIV status, mental problems etc)		

3. SHN Management processes

Data management	Percentage	Remark
• Percentage of school health teams with reliable means transport and support (lunch and SHN kits) for SHN services		
• Percentage of schools filling properly all sections of the learners' SHN booklet in the district		
SHN Supervision	**Percentage**	**Remark**
• Percentage of School health nurses supervised at least once per quarter in the district.		
• Percentage of SHN coordinators visited by by their zone SHN coordinator (DEM) in the term		
• Percentage of schools visited by SHN coordinator from either national, division or district level this year		
Meetings	**Percentage**	**Remark**
• Percentage if schools conducting school-level SHN meetings once a term to discuss SHN implementation in the district		
Surveys	**Percentage**	**Remark**
• Percentage of reduction in levels of vitamin A deficiency in school age children from 2006 level of 38% to at least 15% in four years		
• Percentage of reduction in levels anaemia in school age children from 2006 level of 54% to at lest 20% in 4 years		
• Percentage of school children with ed levels of 100 µg/L median urinary iodine level in the district.		

4. Resources and drug supplies for SHN Health Team Kit:

First Aid kit	Yes	No	Remarks
• Is the SHN Kit available?			
• Is the SHN Kit fully supplied?			
Supervisors Kit Supplies	**Avail.**	**Expired**	**Remarks**
1. Albendazole			
2. Parazinquantel			
3. Aspirin			
4. Paracetamol			
5. Iron tablets			
6. Magnesium triscilicate			
7. Artemether Lumefantrine LA			
8. ORS			
9. Savlon			
10. Iodine			
11. Bandages			
12. Jik/javel/ chroline			
13. Methylated spirit			
14. Bed sheets 4 pairs			
15. Blankets			
16. BP machine for children			
17. Cotton wool			
18. Diagnostic set			
19. Disposable dressing towels			
20. Galipot x 4			
21. Gauze square			
22. Gloves			
23. Jug / cups for drinking water x 2			
24. Mackintosh x 4			
25. Mattresses x 4			
26. Medicine cups			
27. Pail x 1			
28. Patella hammer			
29. Plasmodium Falciparum test kit			
30. Plaster			
31. Plastic basins x 2			
32. Receivers x 4			

General comments by the supervisor:

A.8. DSHC Quarterly Reporting

Quarter:		Year:	
District:		No of Schools visited:	
DSHC Name:		No. of Learners assessed:	
DSHC Phone:		IEC materials distributed:	
Date of Report:		No Health Talks given:	

List of Schools visited this quarter:

Zone	School Name	Zone	School Name
	1		6
	2		7
	3		8
	4		9
	5		10

Common ailments identified:

Ailments found:	No. of learners	No. M	No. F	Type of Drugs used	No. Referred	No. Followed up
1						
2						
3						
4						
5						
6						
Totals:						

School environments:

Name of school	Comments Internal environment	Comments External environment	Comments Type of SHN committees	General Comments
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Other Comments:

DSHC Signature _____   **Date:** _____

A.9. Resources

Malawi Resources

1.   Malawi Government and WFP Country and Emergency School Project, a Report on the Assessment of the Targeting of Take Home Rations by Margaret Roka (2004)

2.   Malawi Ministry of Health (2005) National Community Home Based Care Policy and Guidelines Lilongwe, Design Printers

3.   Malawi Ministry of Education; Institutional Assessment for School Health and Nutrition in Malawi. (1998)

4.   FAO Getting Started! Running a Junior Farmer Field and Life School (2007)

5.   WFP - Nordin S. (2005) Low Input Food and Nutrition Security: growing and eating more using less World Food Programme, Malawi

Internet resources

6.   Coordinated School Health Program Implementation Guide
http://www.firn.edu/doe/besss/health/comphome.htm

7.   Community – Oriented Nurse in the Schools. Ihlenfeld, J.T (2001) Evolve:
http://evolve.elsevier.com/Stanhope

8.   Texas Guide to School Health Programs. Department of State Health Services. (2002)
http://www.dshs.state.tx.us/schoolhealth/pgramguide.shtm

International resources

9.   Kenya Ministry of Education, Science and Technology & Ministry of Health; (2006) School health policy draft.

10.   New Jersey State (2001) Department of Education; School Health Services Guidelines

11.   Tanzania Ministry of Health & Ministry of Education and Culture Policy Guidelines on School Health Promotion in Tanzania Mainland (unpublished) (2000)

12.   Zambia Ministry of Education School health policy final draft (2005)