REPUBLIC OF RWANDA

MINISTRY OF EDUCATION

National School Health Strategic Plan

Kigali 2014

Printed and Designed by
Rwanda Printery Company Ldt (RPC)

REPUBLIC OF RWANDA

MINISTRY OF EDUCATION

NATIONAL SCHOOL HEALTH STRATEGIC PLAN

2013/14 – 2017/18

Kigali 2014

TABLE OF CONTENTS

FOREWORD

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

The school environment is one of the key settings for promoting children's environmental health and safety as reflected in the national health sector strategic plan as well as in the Rwanda education sector strategic plan 2003-2007. This national SH strategic plan aims at identifying and mainstreaming key health interventions for improved school health and education. The strategy comprises eight thematic areas:

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

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

Dr Vincent BIRUTA
Minister of Education

ACRONYMS

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

SBGBV:	School Based Gender based Violence
SH:	School Health
SRH&R:	Sexual Reproductive Health &Right
STI:	Sexually Transmitted Infections
SWOT:	Strengths, Weaknesses, Opportunities, and Threats
TWG:	Technical Working Group
UN:	United Nations
UNCRC:	United Nations Convention on Rights of the Child
UNFPA:	United Nations Populations Fund
UNICEF:	United Nations Children's Fund
USAID:	United States Agency for International Development
VSO:	Voluntary Services Oversees
WB:	World Bank
WFP:	World Food Programme
WHO:	World Health Organization

1. BACKGROUND AND OVERVIEW

1.1. INTRODUCTION

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

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

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

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

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

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

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

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

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

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

1.2. CONTEXT

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

1.2.1. International

SH is critical for the achievement of the MDGs, by meeting key targets related to seven out the eight Millennium Development Goals, by helping to eradicate poverty and hunger, achieving universal primary education, promoting gender equality, decreasing under five mortality, prevention of HIV and AIDS, and malaria, improving water and sanitation. It also contributes to achieving Education For All (EFA) objectives, by ensuring that by 2015, all children including girls and most vulnerable and disadvantaged children have access to free and compulsory quality primary education and follow it up to the end, Rwanda is committed to fight all socio-cultural factors hindering children learning process, such as illnesses (HIV and AIDS, malnutrition, neglected

tropical diseases, etc). Finally, this SH also reinforces the commitments of Rwanda regarding the Convention on the Rights of the Child (1989). As signatory of this convention, the Government of Rwanda is committed to improving the rights of Rwandese children. Specifically, this SH policy concerns the best interests of the child; the right to benefit from special care and education for disabled children; providing access to preventive and curative health care services.

1.2.2. National

Regarding the national context, this strategic plan clearly implements the ambitious goals set up by Vision 2020, particularly in pillar 2, human resource development and a knowledge based economy, with improvements in health and education services used to build a productive and efficient workforce. In the EDPRS II, the main health objectives are related to preventing diseases particularly malaria and HIV and AIDS; facilitating access to basic health care, particularly through the reduction of costs borne by the poor and the provision of health information at the community level; ensuring quality improvement of health services; and finally improving the educational environment for girls by providing the necessary facilities such as dormitories and toilets. The national investment strategy aims at providing easy accessibility to primary health care; developing the health insurance scheme; eradicating of malaria; controlling HIV prevalence; controlling tuberculosis and promoting reproductive health[2].

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

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

[2] *National Investment strategy, 2003*

construction of playgrounds and sports fields; and provision of special counseling, care and support to children with special needs.

1.3. PURPOSE OF THE SH STRATEGIC PLAN

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

1.4. PROCESS OF DEVELOPING THE SH STRATEGIC PLAN

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

2. ANALYSIS

2.1. KEY CHALLENGES

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

2.2. SWOT ANALYSIS

STRENGTHS	WEAKNESSES
- Political will to strengthen SH policy; - Community willingness to participate; - Policy calls for children with disabilities to attend inclusive primary schools; - Strong commitment to family planning; - SRH&R developed curriculum and learning material; - General concern exists regarding children with developmental delays, malnutrition and disabilities; - Hygiene, water and waste management are priorities of the Government; - Improved higher education institutions could partner to train SH personnel; - Strong commitment to reduce gender based violence cases, and increase protective services to girls and OVCs.	- Lack of writing culture; - Lack of coordination and service integration; - Inadequate parent-to-child education; - Lack of intergenerational dialogue between parents, teachers and children about SRH&R; - Primary schools generally lack health care or referral services; - Poor attention to personal, home and school hygiene, water and waste management; - Insufficient water provision in communities and homes.

OPPORTUNITIES	THREATS
- Increasing interest in investing in SH on the part of international donor partners; - Strong consensus among stakeholders and citizens exists regarding the importance of SH.	- Global financial and business recession may limit funds for social development; - Possible low/underutilization or inadequate use of mass media for SH; - Cultural barriers and myths.

3. STRATEGIC FRAMEWORK

3.1. VISION

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

3.2. OBJECTIVES

3.2.1. General objective

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

3.2.2. Specific objectives

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

3.3. STRATEGIES FOR ACHIEVING OBJECTIVES

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

3.4. KEY STRATEGIC AREAS

Eight key strategic areas were identified through stakeholder consultations and the SWOT analysis; the following areas form the basis of the strategic results framework:

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

3.5. PRIORITY SETTING, OUTPUTS AND KEY STRATEGIES

3.5.1. Health promotion, disease prevention and control

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

Key strategies:

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

3.5.2. Prevention of HIV and other STIS

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

Key strategies:

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

3.5.3. Sexual and reproductive health and rights

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

Key strategies:

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

3.5.4. Gender and GBV issues

Output 1: all school children and youth empowered by existing governance

structures on gender issues

Key strategies:

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

3.5.5. Promotion of environmental health in schools

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

Key strategies:

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

3.5.6. School nutrition

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

Key strategies:

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

3.5.7. Physical education

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

Key strategies:

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

3.5.8. Mental health and related needs

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

Key strategies:

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

3.6. FINANCING THE IMPLEMENTATION OF THE RESULTS FRAMEWORK

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

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

Key areas	Total	%	Source of funding		
			MoE	MoH	Other
1. Health promotion and disease prevention	9,598	9.0	541	9,057	-
2. HIV, AIDS and STIs	450	0.4	300	150	-
3. Sexual, reproductive health and rights and gender	320	0.3	170	-	150
4. Environmental health	23,255	21.8	23,255	-	-
5. School nutrition	71,126	67.0	56,126	-	15,000
6. Physical education and sports	1,420	1.3	1,420	-	-
7. Mental health	320	0.3	120	170	-
TOTAL	**106,489**	**100**	**81,932**	**9,377**	**15,150**

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

3.7. CAPACITY BUILDING

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

3.8. STRATEGIC RESULTS FRAMEWORK

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

STRATEGIC OBJECTIVE 1: HEALTH AND WELLBEING PROMOTION, DISEASE PREVENTION AND CONTROL												
Expected results	Activities	Indicators	Respon-sible	Partner	Baseline	Target	2013	2014	2015	2016	2017	Costs RwF Millions
1. Enabling policy and financial framework for SH	To integrate SH into national policies and strategic plans	Number of national policies with integration of SH	MoE	Social ministries	5/11	6	-	1	1	1	3	-
2. Enhanced prevention and early detection of health problems and chronic health conditions	To carry out health examination of school children by nurses from neighboring health centers once per year	Number of school institutions that have carried out health examination to screen children	Health centers	MoE MoH WHO UNICEF	New activity	100%	-	-	50%	50%	100 %	800
	To carry out HPV immunization for girls students three times a year	Number of girls immunized	MoH	UNICEF, Rotary Club, GAVI	86%	100%	-	95%	97%	99%	100 %	3,000

STRATEGIC OBJECTIVE 1: HEALTH AND WELLBEING PROMOTION, DISEASE PREVENTION AND CONTROL												
Expected results	Activities	Indicators	Respon-sible	Partner	Baseline	Target	2013	2014	2015	2016	2017	Costs RwF Millions
	To deworm children every semester	Number of children dewormed	MoH	MoE MoH WHO UNICEF	95%	100%	-	96%	98%	99%	100 %	437
	To provide bed nets for all new boarding schools admissions	Number of bed nets distributed	RBC (Malaria unit)	Global Fund, WHO	75%	100%	-	96%	98%	99%	100 %	3,900
	To do regularly in-door spraying in boarding schools	Number of schools with IDS	School	Global Fund, WHO	75%	100%	-	96%	98%	99%	100 %	120
	Elimination of breeding places of mosquitoes in schools	Number of schools with no breeding places	School	Global Fund, WHO	75%	100%	-	96%	98%	99%	100 %	-

STRATEGIC OBJECTIVE 1: HEALTH AND WELLBEING PROMOTION, DISEASE PREVENTION AND CONTROL												
Expected results	Activities	Indicators	Respon-sible	Partner	Baseline	Target	2013	2014	2015	2016	2017	Costs RwF Millions
3. Early identification and management of disabilities and special learning needs	To carry out screening for special needs and learning disabilities in ECDs and primary schools by nurses from neighboring health centers	Number of school institutions that have carried out children screened	Health centers	MoE MoH	New activity	100%	-	Trai-ning mo-dule	5%	8%	10%	800
4. First aid at schools	To have a first aid kit available in all schools	Number of schools with first aid kits	MoE	MoH/ UNICEF	30%	90%	-	50%	80%	85%	90%	141
5. Enhanced knowledge about school health	To build capacity of 2 teachers per school on SH	Number of teachers and peer educators trained	MoE/REB	MoH	New	100%	-	30%	60%	90%	100 %	400

STRATEGIC OBJECTIVE 1: HEALTH AND WELLBEING PROMOTION, DISEASE PREVENTION AND CONTROL												
Expected results	Activities	Indicators	Respon-sible	Partner	Baseline	Target	2013	2014	2015	2016	2017	Costs RwF Millions
	To set up and maintain health clubs in schools (including HIV, ASRH&R, GBV, nutrition, etc.)	Number of schools with health clubs	MoE	MoH	65%	100%	-	80%	100 %	100 %	100 %	-
6. Operational M&E system	To update data	Number of M&E reports	REB/MoE	MoH	70%	100%	-	Update M&E tools	100 %	100 %	100 %	-
TOTAL FOR OBJECTIVE 1												9,598

STRATEGIC OBJECTIVE 2: PREVENTION OF HIV, AIDS AND OTHER STIs												
Expected results	**Activities**	**Indicators**	**Respon-sible**	**Partner**	**baseline**	**Target**	**2013**	**2014**	**2015**	**2016**	**2017**	**Costs RwF Millions**
1. Enhanced knowledge about HIV, AIDS and other STIs	To review and update curriculum about HIV and AIDS and STIs through a comprehensive sexuality education curriculum	comprehensive sexuality education curriculum updated and implemented	REB	MoE, UNFPA	-	All schools to imple ment	-	Update curriculum		100 %	100 %	-
	To produce and disseminate IEC/BCC materials about HIV, STIs	Number of schools with IEB/BCC materials disseminated and received	REB/MoE /UNICEF	MoH/ RCHC/ UNFPA	-	100%	-	Deve-lop-ment of mate-rials	40 %	80%	100 %	120

STRATEGIC OBJECTIVE 2: PREVENTION OF HIV, AIDS AND OTHER STIs												
Expected results	**Activities**	**Indicators**	**Respon-sible**	**Partner**	**baseline**	**Target**	**2013**	**2014**	**2015**	**2016**	**2017**	**Costs RwF Millions**
2. Supportive environment for HIV-positive students and teachers	To include discussions about mitigating stigma and discrimination in health clubs	Number of school institutions who had conducted discussions about mitigating stigma and discrimination in health clubs	REB	MoH/ MYICT/ UNICEF/ UNFPA/ ARBEF	-	100%	-	80%	100%	100%	100%	-
	To carry out sensitization campaigns caring for those affected by HIV and AIDS	Number of sensitization campaigns	REB	MoH/ RBC/ MYICT/ UNICEF/ UNFPA/ ARBEF	New	100%	-	100%	100%	100%	100%	180

STRATEGIC OBJECTIVE 2: PREVENTION OF HIV, AIDS AND OTHER STIs												
Expected results	Activities	Indicators	Respon-sible	Partner	baseline	Target	2013	2014	2015	2016	2017	Costs RwF Millions
3. M&E activities in the context of HIV, AIDS and STIs	To update M&E school system with emphasis on HIV, AIDS and STIs	M&E school reports including HIV, AIDS and STIs	MoE	MoH/ RBC (HIV unit)	-	-	-	Update M&E tools	100%	100%	100%	150
	TOTAL FOR OBJECTIVE 2											450

STRATEGIC OBJECTIVE 3: PROMOTION OF SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS/GBV ISSUES												
Expected results	**Activities**	**Indicators**	**Respon-sible**	**Partner**	**Base-line**	**Target**	**2013**	**2014**	**2015**	**2016**	**2017**	**Costs RwF Millions**
1. Increased intergenerational dialogue and information about SHR&R	To use existing channels like parents' meetings (*umugoroba w'ababyeyi*), to discuss about sexual and reproductive health.	Number of villages/School health clubs who had discussed SHR&R issues	Villages / Health clubs	MIGEPROF/ National Women Council/ MINALOC/ UNFPA	-	100 %		60%	80 %	90%	95%	-
	To train and support two teachers per school to teach on sexuality education topics	Number of teachers trained on sexuality education	MoE/ REB	UNFPA WHO	New	100 % school	-	30%	60 %	90%	100 %	-

STRATEGIC OBJECTIVE 3: PROMOTION OF SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS/GBV ISSUES												
Expected results	Activities	Indicators	Respon-sible	Partner	Base-line	Target	2013	2014	2015	2016	2017	Costs RwF Millions
	on sexuality education	Curriculum established and implemented	REB/MINEDUC	MoH, UNFPA, WHO	-	-	-	Update curriculum		100 %	100 %	-
	To produce and disseminate IEB/BCC materials about ASRH&R	Number of schools IEB/BCC materials	MoE	MoH/RHCC MIGEPROF	-	-	-	Develop-ment of materials	40 %	80%	100 %	20
2. Reduced cases of SRGBV	To build capacity of teachers and peer educators about GBV (health clubs, trainings, sensitization campaigns, information	Number of teachers and peer educators trained	MIGEPROF	MoE, UNFPA/ GMO	new		-	30%	60 %	90%	100 %	100

STRATEGIC OBJECTIVE 3: PROMOTION OF SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS/GBV ISSUES												
Expected results	Activities	Indicators	Respon-sible	Partner	Base-line	Target	2013	2014	2015	2016	2017	Costs RwF Millions
	about GBV kit in health centers)											
	To create and implement a SBGBV referral system for victims	Number of schools included in SBGBV referral system	MoH	MIGEPROF MINALOC, UNFPA/ GMO	new	100 %		-		40%	80%	50
3. Early pregna-ncies managed	To collect data about pregnant girls quitting school and returning to school after delivery	Number of girls quitting school due to pregnancy	schools	MINALOC, UNFPA/ GMO	-	All girls		Develop mechanis ms				25

STRATEGIC OBJECTIVE 3: PROMOTION OF SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS/GBV ISSUES												
Expected results	Activities	Indicators	Respon-sible	Partner	Base-line	Target	2013	2014	2015	2016	2017	Costs RwF Millions
4. Gender inequalities reduced	To follow-up on children who dropped out of school to return to school	Number of children returning to school	schools	MINALOC/ Local govern-ment	New	100 %		Dev. mechanisms	30 %	50%	100 %	25
TOTAL FOR OBJECTIVE 3												320

STRATEGIC OBJECTIVE 4: PROMOTION OF ENVIRONMENTAL HEALTH												
Expected results	Activities	Indicators	Respon-sible	Partner	Base-line	Target	2013	2014	2015	2016	2017	Costs RwF Millions
1. Improved access to adequate and safe water to schools	To set up and maintain rain water harvesting in schools	Number of schools water harvesting	REB	MININFR/ UNICEF	48%	80%	-	60%	65%	70%	80%	2,000
	To build tap water systems	Number of schools with tap water	REB	MININFRA / UNICEF	34%	70%	-	40%	50%	60%	70%	2,000
	To improve water quality and treatment	Number of schools with potable water	Schools	MININFRA / UNICEF	52%	100%	-	65%	80%	90%	100 %	1,000
2. Improved sanitation facilities in schools	To set up gender-based sanitation facilities in schools systems	Number of schools with gender-based sanitation	REB	MININFRA / UNICEF	new	80%	-	20%	50%	60%	80%	15,000
	To put in place hand-washing points in all schools.	Number of schools with hand-washing points	REB	MININFRA / UNICEF	-	80%	-	20%	50%	60%	80%	112

STRATEGIC OBJECTIVE 4: PROMOTION OF ENVIRONMENTAL HEALTH												
Expected results	Activities	Indicators	Respon-sible	Partner	Base-line	Target	2013	2014	2015	2016	2017	Costs RwF Millions
	To ensure clean sanitation facilities at school on a daily basis	Number of schools with clean sanitation facilities	Schools	MININFRA / UNICEF / WHO	-	100%	-	70%	80%	90%	100 %	240
3. Improved general hygiene, including menstrual hygiene	To ensure that children are educated about general body hygiene and oral health	Number of schools educating about general body hygiene and oral health	REB	MoH/ WHO	-	100%	-	70%	80%	90%	100 %	-
	Every school has sanitary pads available for emergency situations	Number of schools with sanitary pads available	MoE	District Schools, UNICEF	new	70%	-	25%	40%	60%	70%	1,595
	To set up girls' rooms in primary and secondary schools	Number of schools with girls' rooms	MoE	UNFPA/ UNICEF/ SHE	-	70%	-	25%	40%	60%	70%	1,000

STRATEGIC OBJECTIVE 4: PROMOTION OF ENVIRONMENTAL HEALTH												
Expected results	Activities	Indicators	Respon-sible	Partner	Base-line	Target	2013	2014	2015	2016	2017	Costs RwF Millions
	To train and supervise teachers/learners in good practices including cleanliness and proper disposal of waste in all schools	Number of teachers and learners trained	REB	MoH/ REMA	-	-	-	30%	60%	90%	100 %	-
4. Operational solid waste management systems in schools	To set up waste management systems in schools, e.g. eco-san toilets, biogas (fertilizer and source of energy)	Number of school with waste management	MoE	MININFRA	-	70%	-	20%	50%	60%	70%	98
	To train and supervise teachers and learners on solid waste	Number of schools having teachers and learners	MoE	UNICEF, WHO, MININFRA	-	100%	-	30%	60%	90%	100 %	-

STRATEGIC OBJECTIVE 4: PROMOTION OF ENVIRONMENTAL HEALTH												
Expected results	Activities	Indicators	Respon-sible	Partner	Base-line	Target	2013	2014	2015	2016	2017	Costs RwF Millions
	management in schools	trained										
5. Protected and improved school environment countrywide	To ensure a healthy learning environment (well ventilated class rooms, adequate number student per class)	Number of schools with well-ventilated classrooms	schools	MoE	-	100%	-	30%	60%	90%	100 %	-
	To plan tree and gardening in schools	Number of schools with gardening and trees	schools	REMA	60%	80%	-	65%	70%	75%	80%	80
	To construct infrastructure adequate to children with physical disabilities	Number of schools with infrastructure to physical disabilities	MoE	MININFRA	-	100% of new schools	-	20%	50%	60%	70%	130
TOTAL FOR OBJECTIVE 4												23,255

STRATEGIC OBJECTIVE 5: PROMOTION OF SCHOOL NUTRITION												
Expected results	Activities	Indicators	Responsible	Partner	Baseline	Target	2013	2014	2015	2016	2017	Costs RwF Millions
1. HGSFP operational	To provide school meals to children in pre-primary, primary and secondary schools	Number of schools providing meals	schools	MoA/WFP /MoH	7%	80%	-	20%	50%	60%	80%	20,000
	To ensure adequate human resources at national and local levels	Number of staff hired	Schools /REB	MoA/WFP /MoH	7%	80%	-	20%	50%	60%	80%	220
	Capacity building of national and local staff	Number of staff trained	REB	WFP/UNICEF	-	100%	-	30%	60%	90%	100 %	11
	M&E system operational	Number of M&E reports	REB		-	100%	-	Update tool	100 %	100 %	100 %	15

STRATEGIC OBJECTIVE 5: PROMOTION OF SCHOOL NUTRITION												
Expected results	Activities	Indicators	Responsible	Partner	Baseline	Target	2013	2014	2015	2016	2017	Costs RwF Millions
2. Other school feeding interventions continued	One Cup of Milk per Child	Number of schools implementing the project	MoA	WFP/UNICEF	4%	50%	-	30%	40%	45%	50%	15,000
	Secondary School Feeding Programme	Number of schools practicing SFP	schools	WFP/UNICEF	10%	70%	-	20%	50%	60%	70%	35,000
3. Reduced Micronutrients deficiencies	Conduct bi-annual micronutrient supplementation (Vitamin A)	Number of schools receiving vitamin A supplementa-tion	MoH	WFP/UNICEF	96%	100%	-	100 %	100 %	100 %	100 %	760
4. Enhanced nutrition education	To create/strengthen school gardens, as a pedagogical intervention	Number of school with gardens	schools	WFP/UNICEF	-	70%	-	20%	50%	60%	70%	120
TOTAL FOR OBJECTIVE 5												71,126

STRATEGIC OBJECTIVE 6: PROMOTION OF PHYSICAL EDUCATION												
Expected results	Activities	Indicators	Respon-sible	Partner	Base-line	Target	2013	2014	2015	2016	2017	Costs RwF Millions
1. A well-developed PE/Sport sequential curriculum in place	To re-orient curriculum to life skills development and survival.	Life skills curriculum reviewed	REB	MoE	-	All schools	-	Upd ate	100 %	100 %	100 %	-
	To train enough PE/Sports teachers in life skills oriented curriculum	Number of teachers trained	REB	MoE	-	100%	-	30%	60%	90%	100 %	-
	To involve PTAs/local communities in the implementation of the PE/Sport curriculum.	Number of schools with PTAs involved	Schools	MoE Districts	-	100%	-	30%	60%	90%	100 %	400
2. Use of sport activities for awareness	To organize regular awareness rising campaigns about	Number of campaigns carried out	MoE	MINESPOC	-	100%	-	100 %	100 %	100 %	100 %	170

STRATEGIC OBJECTIVE 6: PROMOTION OF PHYSICAL EDUCATION												
Expected results	Activities	Indicators	Respon-sible	Partner	Base-line	Target	2013	2014	2015	2016	2017	Costs RwF Millions
	health education.											
3. Schools have sports facilities and equipment	To provide and maintain sports facilities and equipment to all basic education schools	Number of schools with sports facilities	REB	MINESPOC	-	70%	-	30%	60%	90%	100 %	850
TOTAL FOR OBJECTIVE 6												1,420

STRATEGIC OBJECTIVE 7: PROMOTION OF MENTAL AND PSYCHOSOCIAL WELLBEING												
Expected results	Activities	Indicators	Respon sible	Partner	Basel ine	Target	2013	2014	2015	2016	2017	Costs RwF Millions
1. Students dealing with mental health issues are assisted	To establish teacher and peer-educator counselors, as focal points, to assist students with mental health issues	Number of schools with operational counseling system	REB	MoH/ WHO	-	100%	-	Up-date tool	100 %	100 %	100 %	-

STRATEGIC OBJECTIVE 7: PROMOTION OF MENTAL AND PSYCHOSOCIAL WELLBEING												
Expected results	Activities	Indicators	Responsible	Partner	Baseline	Target	2013	2014	2015	2016	2017	Costs RwF Millions
2. Operational referral health system with schools	To set up referral mechanisms between health facilities and schools	Number of schools with operational referral system	schools	MoH	-	-	-	Update tool	100 %	100 %	100 %	-
3. Alcohol, tobacco or other drug abuse managed at school level	Raising awareness campaigns about drug abuse	Number of schools participating in campaigns	MoH	WHO/ WFP	-	100%	-	100 %	100 %	100 %	100 %	170
	Setting up monitoring mechanisms to rehabilitate children with drug/alcohol abuse	Number of schools with monitoring system	REB/ schools	MoH/ Mental health	70%	100%	-	Update tool	100 %	100 %	100 %	150
TOTAL FOR OBJECTIVE 7												320
TOTAL GENERAL												136,498

4. IMPLEMENTATION PLAN

4.1. INSTITUTIONAL FRAMEWORK

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

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

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

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

4.2. MONITORING AND EVALUATION

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

GoR, the establishment of robust monitoring and evaluation mechanisms for SH strategies is of great importance.

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

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

4.2. MONITORING AND EVALUATION FRAMEWORK

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

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

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

5. CONCLUSION

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

BIBLIOGRAPHY

African charter on the rights children Millennium Development Goals (MDGs)

Government of Rwanda. Economic Development and Poverty Reduction Strategy 2013-2018-Kigali/Rwanda

Kanyoni M, Gishoma D, Ndahindwa V (2011). Prevalence of psychoactive substance use among youth in Rwanda. School of Public Health, Kigali/Rwanda

MIGEPROF (2013). Gender Based Violence in Primary and Secondary Schools in Rwanda.

MINECOFIN (2000). Rwanda Vision 2020, Kigali

MINEDUC (2011). Education Management Information System Report

MINEDUC (2010). Education Sector Strategic Plan 2010-2015

MINEDUC (2011). Integrated Early Childhood Development Strategic Plan 2011/12-2015/16

MINISANTE. Health Sector Strategic Plan III, Ministry of Health-Kigali/Rwanda

UNESCO, UNICEF, WHO, World Bank and International Education (2002). FRESH, a holistic approach to school health for the prevention of HIV and AIDS and improve learning outcomes, 2002, ED-2002/WS/8.

UNCRC (1996). United Nations' Convention on Rights of the Child

UNICEF (2004). The state of the world's children. New York.

WHO (2003). Physical school environment document II

WHO (n/d). The World Health Organization's Information Series on School Health Document 2 The Physical School Environment an Essential Component of a Health-Promoting School environment document II.

ANNEX I: SH COORDINATION CHART