

Case Study 4C.

Zambia — WASH in a school health and nutrition program

Context

In Zambia, school health and nutrition (SHN) is implemented in line with the global Focusing Resources on Effective School Health (FRESH) Framework, in which UNICEF is a core partner. The FRESH Framework includes the four pillars of (i) health-related school policies, (ii) skills-based health education, (iii) health and nutrition services in schools and (iv) a safe and supportive school environment, including safe water and sanitation.

While school health and nutrition interventions had been in place in Zambia from the 1990s, it became a standard element of education programming in about 2000. School health and nutrition programming in Zambia has developed substantially since then and is now included in the main education policy. A draft school health and nutrition policy in existence since 2005 is currently under review. The general objective of SHN policy is to improve and provide equitable services in learning institutions through integrated health and nutrition interventions, in collaboration with the learners, households, community and other partners.

The key objectives of the school health and nutrition program are

- Creating conditions that promote equal learning opportunities for all
- Promoting the health and wellbeing of learners' immediate and global environments
- Establishing and expanding comprehensive school health programs
- Ensuring coherence in the implementation of equity policies and strategies
- Integrating the school health and nutrition program into the core education and skills training inputs

The role of WASH education (WASHE) and menstrual hygiene management (MHM) in schools

Zambia's rural population is characterized by poor access to basic services facilities, including schools, health centers, safe water supply and sanitation facilities. Adequate water, sanitation and hygiene (WASH) practices are necessary for healthy and productive living. These are particularly essential for the proper growth and development of children as exposure to incidences of water- and sanitation-related diseases, which can result in malnutrition and or

death, is greatly reduced. In schools, adequate water, sanitation and hygiene education are important as they form part of a healthy school environment that contributes to effective learning and the achievement of desired learning outcomes.

Evidence suggests that WASH in schools programs that include menstrual hygiene management increase school attendance and retention, particularly for older girls. Further, the provision of safe water and improved sanitation to schools, coupled with properly structured hygiene education in the classroom, not only impacts on children's physical and cognitive development, but also imparts life skills, attitudes and knowledge for a healthy lifestyle in the longer term. Research has shown that skills for positive hygiene behavior and practices acquired during childhood become lifelong household, family and community practices whose benefits affect society as a whole. For these reasons, school WASH is referred to as a key intervention of school health and nutrition policy and programming in Zambia.

The 2016 school health and nutrition policy framework review provides for a comprehensive health in education strategy with explicit WASH, menstrual hygiene management and Nutrition integration into broader school health programming. The strategy focuses on an integrated approach to improving the quality and capacity of the Ministry of General Education (MoGE) to implement SHN programming. This includes upgrading the evidence basis for health delivery in the education sector, with stronger MoGE leadership and coordination.

Activities and channels

Based on evidence generated from a bottleneck analysis conducted jointly between the Ministry of General Education and UNICEF (2012), the Education Management Information System (EMIS) data analysis and several menstrual hygiene management dedicated research studies supported by UNICEF (2014 and 2016) and USAID (2015), key issues and barriers were identified, which informed the activities to be implemented on both upstream and downstream levels.

In alignment with the FRESH Framework, Zambia's school health and nutrition program is focused on upstream and downstream activities. **Upstream** activities are centered on the first FRESH pillar of developing a costed and holistic school health and nutrition policy. Enabling activities to support this policy development and implementation include (i) standardization of implementation, (ii) advocacy, (iii) monitoring and evaluation strengthening (specifically of the EMIS) (iv) strengthening of the institutional framework and coordination and finally (v) building capacity through the provision of training and material.

Downstream, interventions focus on the remaining FRESH pillars: (i) skills-based health education, including hygiene education, HIV prevention education, comprehensive sexuality education, nutrition education, malaria prevention education, etc.; (ii) health and nutrition services in schools, including deworming, micronutrient supplementation, school feeding, and disability screening; and (iii) a safe and supportive school environment, including the provision

of new or improved water points at schools, the provision of child friendly and gender sensitive sanitation facilities, and the provision of handwashing facilities.

Under this last pillar, specific cost-effective WASH and menstrual hygiene management packages have been developed and piloted in order to implement more effectively a holistic school health and nutrition program on a larger scale.

A long-running activity is School Health Month (SHM) which engages communities and the public in the delivery of services such as immunization and drug administration. Schools also carry out mobilization and sensitization on specific, pertinent issues. Teachers lead the implementation of programs and interventions are influenced by evidence and local conditions.

Results

Contribution of UNICEF WASH to school health and nutrition implementation

School-led total sanitation (SLTS) guidelines and 3 star certification procedures and a SLTS training manual have been developed and were adopted by the MoGE in 2014 as official working documents. Menstrual hygiene management guidelines and a MHM toolkit designed for schools have been available since September 2016 and have also been adopted by the MoGE. The MoGE has agreed to include the MHM toolkit as a resource material in the school curriculum.

Learning, advocacy and monitoring

EMIS data analysis on female dropout rates and access to sanitation in schools in Zambia showed a significant correlation between the availability of toilets and keeping girls in school. Not only did toilet availability reduce dropout rates but it also increased female enrollment. The combined benefit resulted in a 50% increase in the retention of girls in Grade 9. With UNICEF support and technical support from Emory University, the Ministry of General Education has led a qualitative formative research study investigating the barriers to menstrual hygiene management, which have informed the development of national MHM guidelines.

A school-led total sanitation and menstrual hygiene management training of trainers (ToT) course has prepared 32 national coaches, all government employees, to provide the human capacity cornerstone for institutionalizing and scaling up WASH in Health and Education.

UNICEF is supporting the strengthening of the Education Management Information System: key WASH indicators in line with the national school-led total sanitation guidelines have been adopted in the EMIS and a pilot project to move the EMIS from a paper trail system to a more cost-effective mobile-to-web interface, allowing more operational and regular data analysis, is being supported in 50 schools.

Institutionalization and capacity building

UNICEF has successfully provided technical input for the school health and nutrition policy framework review conducted by the MoGE with UNESCO funding. WASH and menstrual hygiene management priorities are fully integrated with the proposed reviewed school health and nutrition policy framework.

Increasing value for money for scaling up school health and nutrition downstream service delivery

In search of better value for money and in order to scale up school sanitation in Zambia, UNICEF has, jointly with the MoGE, supported the development and piloting of a cost-effective school WASH package that includes designs for grouped handwashing facilities and latrines — with private washing areas for adolescent girls — and software standards with a WASH club, an outreach and a menstrual hygiene management program. In 2013, MoGE adopted an interim latrine design at less than half the cost of previously supported designs (USD 1,000 per drophole, compared to USD 2,500 for older designs) for implementation in government schools. Since the end of 2014, a lower-cost design has been adopted by the MoGE for implementation in community schools (at approximately USD 600/drophole). By lowering the construction costs significantly, the school parent-teacher associations have the ability to finance these facilities using their own fundraising mechanisms, hence raising the sanitation and MHM status of their school and the community. Since 2010, UNICEF has supported the roughly 1,300 schools with WASH and MHM packages.

Although service provision is sometimes inconsistent, the school health and nutrition program is an additional vehicle for increased coverage of deworming, bilharzia screening and treatment, and micronutrient supplementation (iron and vitamin A), not only in schools but also in the larger communities during School Health Month. However, there are several stakeholders involved and this cannot be attributed to UNICEF alone.

Lessons learned

Standards and expectations

Standards for water and sanitation in schools were fragmented, partly contradictory or absent. Interim standards and school-led total sanitation and menstrual hygiene management guidelines were developed and adopted by the Ministry of General Education as part of a WASH package, assisting in the clarification of standards and harmonizing the WASH and menstrual hygiene management implementation. In order to close the gap in sanitation coverage at Zambian schools faster, low-cost infrastructure designs have been introduced. Moreover, revisions were proposed which included a reduction in the expected pupil-to-toilet ratio (in line with other countries).

Coordination

The lack of coordination has been identified as a key bottleneck in the implementation of school health and nutrition. In order to clarify roles and responsibilities across sectors and

ministries, several coordination mechanisms led by the Ministry of General Education have been put in place and are still functional: the school feeding, WASH and MHM technical working groups. These have played a crucial role in the standardization and institutionalization efforts. Additional quarterly partner meetings (NGOs, the MoGE and line ministries) provided significant learning opportunities through exchanges. Stronger coordination between the Education and WASH sections has allowed actors to avoid the duplication of tasks and has contributed to UNICEF's ability to successfully support the government's school health and nutrition program.

Communication

In order to raise the profile of school health and nutrition and to communicate its key objectives to stakeholders, a school health and nutrition month was created. SHN activities are intensified and different stakeholders are encouraged to interact with schools in their catchment area. School Health Month attracts support from policy makers and strengthens collaboration among key partners.

Public-private partnership

The involvement of private companies, as part of their corporate social responsibility, has led to expansion of the services provided in the school health and nutrition program and the program's ability to reach more vulnerable communities. By linking local masons through a sanitation marketing program in twenty Zambian districts, the expansion of the sanitation program is sustained. The masons use the schools as their demonstration sites, to market their toilets.

Monitoring and evaluation

Adequate monitoring and evaluation is vital to understand the impact of inputs and to support advocacy, ownership and evidence based implementation. The MoGE has been supported in and trained to lead a qualitative formative research study on barriers to menstrual hygiene management and has thus taken ownership of the menstrual hygiene management program. The mobile 2 Web EMIS currently being piloted is expected to provide a cost-effective, more regular and more reliable monitoring of indicators which can be directly linked to learning outcomes (such as gender-segregated pupil-teacher contact time).

Institutionalization

UNICEF's strong support for the institutionalization of the school health and nutrition program since 2005 has transformed an environment which once was typically project-driven and characterized by fragmentation of efforts and lack of sustainability of interventions into one with stronger government coordination and ownership. The ongoing school health and nutrition policy framework review is based on these accomplishments.