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Analyzing and evaluating school health nutrition policy of ministry of education in Zambia

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Abstract
The development of any nation or community entirely depends on the education gained by the people in a particular country. It is further believed that the basis for any real development must start with the development of human resources; this is main reason for each and every country worldwide is trying to provide quality education to all citizens. It has been argued that health is an important factor for academic achievements at school level and even in higher education. Therefore, understanding the nature of the causal relationship between health and education is cardinal in order to develop effective interventions to nutritional deficiency in learners in order to provide quality education. From a SHN policy point of view understanding the relationship between health and education is essential to formulate new possible policy interventions targeted to the improvement of children's status in developing countries.
School health and nutrition programmes have a contribution to achieve Education for All objectives by helping to ensure that children benefit from quality education and reach their educational potential. The reveal has established that between 2000 and 2019, the presence and scope of school health and nutrition has been encompassed in the four Pillars (components) that were incorporated substantially in ESPs. Three of these pillars have large upfront costs and the fourth pillar requires recurring huge annual budgetary allotments. The main thrust of this review was to evaluate the SHN policy, critically understanding the components of the policy, to what extent the policy is effectively being implemented by educational institutions in the country.

Keywords: education, nutritional status, social economic, academic performance, malnourished, hygiene, sanitation, micronutrient

Introduction
Evidence reveals that some of the most common health conditions of school-age children in low and middle-income countries affect their access to education as well as learning outcomes (Bundy, 2011) [1]. Such conditions include malaria, worm infection, hunger, anemia tooth decay, diarrhea, and respiratory disease. Health and nutrition programmes offered through the school platform can serve to prevent and treat these conditions and disproportionately benefit the poor and vulnerable who are more likely to suffer from ill health or poor nutrition. Through leveraging the education system to deliver simple treatments for common conditions, school health and nutrition (SHN) programmes can be highly cost effective (Jukes, *et al*., 2008) [5].
The recogniti on of SHN policy as a key component of education systems began in the 1980s when child mortality rates declined and the international health community began to shift focus to the development of the post survival child. A body of evidence revealed that demonstrated the need for a broad range of inputs from health, education, food and community support as well as demonstrating the potential of schools as an effective means of delivery. In the 1990s, the increased research across the sector supported policy dialogue and development of policy framework, global alliances, and national health policies. Therefore, by the dawn of the New Millennium SHN programmes were becoming part of development policy throughout the world (Partnership for Community Development, 2012).
UNESCO, WHO and UNICEF (2000) [8] point out that the launch of a Framework that viewed at Focusing Resources on Effective School Health (FRESH) at the World Education Forum in Dakar in 2000 was a landmark achievement in the recognition of the importance of SHN for the education sector. The Dakar Framework For Action to address Education for All (EFA) was also launched in 2000 and called on many governments to develop education sector plans (ESPs) by 2002 to support the achievement of EFA goals and targets by the Dakar Framework (Dakar Framework, 2002). SHN was considered as a priority area in the Dakar Framework as a means to support the achievement of these goals and targets and continues to be reinforced. This would be in line with the considerations made at the World Education Forum.
Most importantly during the period of the Millennium Development Goals, great strides were made in getting more children into schools, with primary enrollment rates in developing countries increasing from 83% in 2000 to 91% in 2015 (MDG, 2015). Nonetheless, these gains were lower among the poor and vulnerable. For instance, children from the poorest households have been four times more likely to be out of school than those from high-income households (MDG & PCD, 2012) [6]. In addition, children with disabilities from poor communities, orphaned by disease or from conflicts area are the least likely to attend school. Therefore, this policy analysis is meant to evaluate and assess the SHN policy in Zambia, the effectiveness and the implementations and possibly identify what might be the gaps in the policy.

Statement of the problem
Malnutrition is a major problem in both developed and developing countries and deficiencies in some nutrients have been reported to cause diseases which could lead to impaired cognitive development among learners. Many studies have related lifestyle of students, particularly

breakfast consumption to their cognitive abilities as reflected in their academic performance. However, most of these studies have excluded young adults in tertiary institution. Undernourished children have shown to have decreased attendance, attention and academic performance as well as experience more health problems compared to well-nourished children (World Bank, 2006). More recently studies have examined the impact of breakfast on cognition, behaviour and academic performance of school-age children. The potential for health to improve cognitive function, learning and academic achievement in children has received attention from researchers and policy-makers (World Health organization, 2014). It has been widely accepted that health and well-being are essential elements for effective learning and vice versa, education is a strong predictor of life long health and quality of life in different populations, settings and times (35). Several studies have demonstrated the relationship between poor health, nutrition and school achievement. In addition, iron-deficiency anemia, missing breakfast and helminthic infections have also been reported to affect school performance. Many nations throughout the world have been thinking of practices that can provide interventions to nutritional status of learners attending schools in order to provide quality education. This has prompted the devising and implementation of the SHN policy by many counties throughout the world in order to provide intervention to health issues of learners in schools.

The significance of the study

This policy analysis is relevant because the findings are going to be used to provide vital information to the following stakeholders for further actions in order to enable disadvantaged learners acquire basic education. The school administrators and teachers are to understand benefits that can be derived from effective implementation of the SHN policy in educational institutions. Policy makers, NGOs and donors are to gain insight as to what extent the policies are meeting the needs of the desired clientele, effectiveness and coverage of the policy. For the policy makers upon gaining insight might be in position of improving on the package of the policy in order to realize the desired goals. The established information will enable the government to understand fully on how best scale-up can be done and which measures can be necessary for sustainability of the policy.

Main objective of the analysis of the SHN policy

The main goal of the review of this education policy is to assess the effectiveness of the implementation and document implementation strategies, analyses policy performance against the set objectives and identify lessons learnt during implementation. The review aims to assess the relevance, effectiveness and efficiency and suggest any needed modifications for further programming.

Objectives of the study

1. To investigate and establish the effective implementation of the SHN policies in the country.
2. To analyze the impact of the SHN policy whether it is meeting the needs of the desired learners.
3. To critically examine the package provided by the policy and is the package relevant possibly make suggestion to some measures.

Questions of the study

This reveal of the SHN policy seeks to answer the following questions

1. How has been the implementation of the SHN policy in educational institutions?
2. Are the SHN policies making any impact that is helping the intended learners to acquire basic education?
3. What are the shortfalls of the policy and if there are some which measures should be included in the policy for effectiveness?

Theoretical framework

The policy analysis will be grounded on Social and Behaviour Change Communication Approach (SBCC) because whatever the social-economic maybe people must consider nutrition and health as their priority. To ignite change and improve nutrition at all levels, a comprehensive SBCC approach is needed. SBCC is a planned, systematic process of identifying the most important barriers and motivators to behaviour change, and then designing and implementing a comprehensive set of interventions and activities to support and encourage positive behaviours and gain social and political commitment. SBCC addresses change at the individual level and at the broader environmental and structural levels to create an enabling environment for nutrition.

In the SBCC approach, three key components are necessary;

1. Advocacy to increase resources and gain political and social commitment for desired changes at all levels.
2. 2. Social mobilization for water participation, collective action, and ownership.
3. Behaviour change communication to encourage changes in knowledge, attitude and practices at the individual and community levels.

This approach focuses on the first component- advocacy; this implies to obtain support for desired changes and ultimately create an enabling environment for nutrition. Advocacy at national, regional, and district levels help galvanise support for implementation of effective nutrition services and interventions. In Zambia, taking a unified and harmonized approach to nutrition advocacy will maximize the effectiveness of efforts by the government and partners. The second and third third components- social mobilization and behaviour change communication- focus on igniting change at the community, household, and individual levels. These components build on existing interventions that target on people most affected by malnutrition (pregnant and lactating women, children under five, adolescents, and people)

SPCC Approach

Source: Adapted from Mckee, N. 1992. Social Mobilization and Social Marketing in Developing Communities.

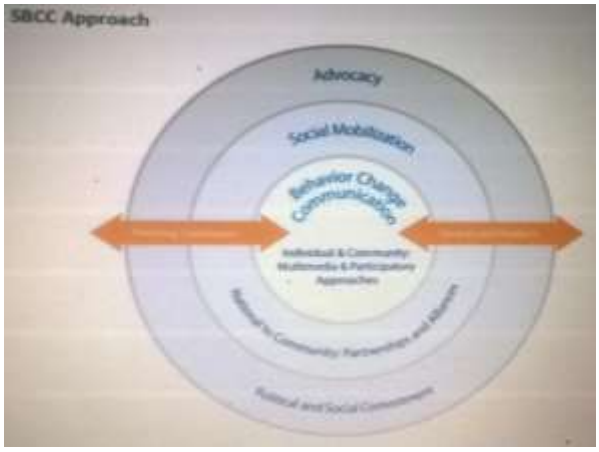

Fig 1

Literature review

Nutrition is a cornerstone of human health and development. Good nutrition plays an important role in people's health and well-being; conversely, poor nutrition can lead to poor health as well as impaired physical and mental development (WHO, 2014). Malnutrition leads to reduced immunity, impairing an individual's ability to fight and recover from illness. At the same time, repeated infections lead to malnutrition. The impact of malnutrition-infection cycle on the immune system is particularly important in countries like Zambia where HIV prevalence is high 13 per cent of adults in Zambia (15 per cent of women and 11 per cent of men) are HIV positive (Central Statistical Office Zambia *et al*., 2014). Meanwhile, HIV is 7 per cent among Zambian youth 15 to 17 years of age, increasing to 12 per cent among youth 23 to 24 years of age (Population Council, 2017). Investing in nutrition is economically sound and considered a best investment to save people and children's lives and possibly improve children's education outcome. These improvements in turn boost economic productivity (Copenhagen Consensus, 2012).

The children from the less strong privileged sector of society (who are in school) in Africa hold 0n lower opinion of themselves or of their future because of their family's lower economic status. This is in contrast to industrialized societies where children from families of lower economic status tend to have lower opinion of them. A comprehensive strategy for delivery primary education to all eligible children in the current demographic and economic circumstance must therefore include provision for enhancing the nutritional status of the children who are at risk (SHN Handbook, 2006). The Ministry of Health and the Ministry of Community, Culture and Social Services are key in identifying areas or schools where nutritional interventions are mostly urgently needed.

The policy document (1996) equally has had much emphasis on the impact of health problems on education of learners. It states that a two-way relationship exists between health and education. Teaching and learning is affected by the personal health of members of the community, while school activities and what is learned can be powerfully influential factors in promoting the health and well-being of learners. The relation between health and education is of great importance to life style-related sexually transmitted diseases, and other health problems on education posing the education system with the challenge of coping with its effects and empowering both teachers and pupils to avoid infections. The document further states that an essential prerequisite for effective learning is that a child comes to school health and ready to learn. Good school facilities, abundant materials and high quality teaching cannot result in the intended learning if children are too sick or too weak to learn.

Ministry of Education with the view of improving the nutritional status of the school going children introduced School Health and Nutrition (SHN). According to Dakar Framework (2000) School Health and Nutrition is one of the components of the Basic Education Sub Sector Investment Programme (BESSIP) in the Ministry of Education (MOE). BESSIP is an initiative taken by government of the Republic of Zambia as part of its on- going education reforms. The main objective of this component is to promote healthy and well-nourished children attending basic education through community and inter-sectorial collaboration. The implementation strategy for the SHN component is based on Focusing Resources on Effective Start Health (FRESH) start approach.

SHN Policy Brochure (2005), states that SHN has the following objectives in supplementing for the vulnerable learners; promotes a healthy environment conducive to learning, supported by a SHN policy; provide health and nutrition services for school children to improve their holistic development, provide health and nutrition education including psycho-social life skills, guidance and counseling to affect behaviour change and modification; improve water, sanitation and hygiene practices of school children; and strengthen community schools to other government ministries and organizations like Parents and Teachers' Associations, Health neighborhood committees and others; integrate HIV/AIDS strategies in SHN interventions; and develop a SHN school-based information system to be integrated in the main education information system; and develop an Information Education and Communication Strategy to create social awareness for SHN issues (SHN Brochure, 2005).

SHN Handbook (2006) contends that a health promoting school views health and education as being inseparable. Health promoting schools define health in terms of a person's physical social and emotional well- being. Health promoting schools strive to build health into all aspects of school and community life. This means finding opportunities to develop policies, practices and structures that include health promotion in everything done by the school collaborating towards common goals.

Findings of the study

Education sector plans (ESPs) plans set country priorities are deemed essential to meet a country's education objectives and highlights areas where funding is needed. In addition, education sector plans provide insight into how a country's priorities school health and the key areas of concern. The plans are normally developed by the government in consultations with relevant stakeholders. A participatory process involving various sub-sectors of the Ministries in charge of education, finance, labour, social development, PTA, and non-governmental organizations (NGOs) helps to ensure national ownership. This study reveals findings from Zambia that were developed since 2000, after the World Education Forum meeting in Dakar. The ESPs can easily be accessed from educational institutions and the documented policies are supported by

the Global Partnership for Education.

The ESPs were reviewed to identify SHN sub-components following the FRESH framework (UNICEF, 2000) [8]. FRESH has been developed based on good practices in SHN programming and was launched at the World Education Forum in 2000 as a mechanism to support the development of effective school health policies, programmes and services. FRESH, also underscored school health as a critical component toward the achievement of universal primary education in the country. The framework for the SHN policy includes four pillars (components); (1) health-related school policies; (2) safe learning environments; (3) skill-based health education and (4) school-based health and nutrition services. Health-related school policies have been made inclusive and gender sensitive, promoting the physical and psychosocial health not only of children but also teachers and other school staff. Safe learning environment refers to access to safe water and provision of separate sanitation facilities for girls, boys and teachers. Skill based health education refers to the development of knowledge, attitudes and skills that promote positive health behaviour. SHN services include low-cost, effective interventions such as the provision of deworming tablets, micronutrient supplements or school meals.

The ESP analysis was complemented by an analysis of information obtained from School Central Statistics Forms for some schools that were compiled using Systems Approach for Better Education Results (SABER). SABER is a policy gap analysis tool that was launched by the World Bank in 2011. The SABER program collected comparable data on the SHN policies around schools and benchmarked them against good practices. SABER's aim was to provide stakeholders with an objective, clear and comprehensive firsthand information of how well a country's education system is oriented toward delivering learning. In this study the SABER survey tool was used to analyze at the effectiveness and implementation of SHN policies in schools in the country.

Review findings

The review gave evidence that since 2000, SHN has been on the education sector agenda. The SHN policy utilizes pillars or components as its targets. For Pillar 1, states that the establishment of the health-based school policy typically required significant upfront investment. In the inception of SHN policy the study reviewed that most countries in Africa including Zambia most of the developed policies sought to develop in the early period as the study revealed were focused on HIV, as a response to the pandemic underway on the continent which was threatening to reverse gains made in education and development during the previous years. By 2007, the country had an education sector specific for HIV/AIDS strategy respectively (Bundy, *et al*., 2009). Countries that sought to develop a school health policy in the later period were often different countries than those which developed a policy in the early period. However, there are some countries that had intentions to develop SHN policies so as to provide quality education to disadvantaged learners in the country.

Similar to Pillar 1, Pillar 2 required sizeable and fixed costs at the on- set for infrastructure and later on the educational institutions required lower costs in the following years to maintain the initial investment. Zambia among the countries in the region that develop SHN policy prioritized Pillar 2 in the early ESD and still prioritized these activities included rehabilitating classrooms, building latrines and sanitation facilities and provision of water supply to schools. Establishing SHN education may costly in terms of developing the resource and curriculum; however, overtime the costs are more minimal. In Zambia, the priority has been on developing HIV education while skill- based health education more generally been receiving less attention or considered as less priority. Unlike, the other three pillars, activities under Pillar 4 typically required a sizeable and recurring annual budgetary allotment. In the early phase schools in the country provided or continued to deliver SHN services such as school meals and deworming. By the later phase, evidence revealed the increase from the earlier to the later phase highlights the universal presence of SHN gain over the 15-years period. Under Pillar 4 School feeding was the most common intervention followed by deworming, while health screening in particular has been identified as an important and cost-effective intervention (Bundy, 2011) [1]. Both deworming and school feeding were increasing prioritized and were the drivers behind the scale-up in SHN as revealed by the study.

With regards to Pillar 3, SHN policy provided basic, accurate health, HIV and nutrition, and hygiene information in the school curriculum. Furthermore, participatory approaches have been part of the curriculum and were used to teach key age-appropriate and gender life skills for health themes. This may be a result of the efforts led by government and partners to address HIV. The inclusion of a line in the education sector budget for SHN activities may support sustainability and scale-up as has been observed for school feeding (Drake *et al*., 2016) [3].

Discussion

Since the World Education Forum was held in Dakar in 2000, SHN policy has been mainstreamed in the education sector in the country. This reveal presents qualitative evidence from the country's implementation of the SHN policy highlighting the scope of SHN policy as well as the adaptation to the country context. The ESP reveal highlighted the increasing priority that government has placed on SHN policies and its role in achieving education sector goals. As education policies shifted from provision of quality education for the few to ensuring EFA during the 1990s, countries invested in building schools to accommodate the vast increase in enrollment (UNESCO, 2015) [8]. School health and nutrition components of education sector plans generally focused on water, sanitation and hygiene; the policy also addressed gender violence and psychosocial issues under this Pillar. Furthermore, the policy provided communication strategy to inform learners on the children rights charter and related issues; develop and implemented strategies that dealt with sexual exploitation and violence in schools issues; ensuring the involvement of PTAs and the community. The policy addressed issues of safety and security of learners with disability in schools (Alderman and Bundy, 2011) [1].

The scale-up in school feeding programmes reflected heightened attention to the policy's role as a social safety net was following the multiple challenge disadvantaged learners face and activates in deworming been taking place in school too. Nonetheless, drug procurement policies which are typically the domain for the health sector remained at a very Lo level. The review has revealed on regarding how

the drugs donation can be accessed as well as limited engagement between the education and health sectors might be factors limiting the scale-up in deworming activities over the long period. The government recognizes the vales represented in mainstreaming comprehensive and integrated SHN into education sector plans. The government through annual school census conducts analysis of the integration of school feeding with deworming and water, and sanitation and hygiene activities normally taken to support budget planning. Effective cross sectorial policies and muti-sectoral steering committees have be providing promoted integrated comprehensive programming.

While the focus of the present reveal was un education sector plans, but poverty reduction strategy papers (PRSPs) would be a potential useful Tool for the integration and scale-up of SHN, PRSPs, developed in conjunction with development partners inclusive of the international monetary fund and the World Bank acting as acting as overarching policy documents and define national priority areas four investment. However, to date SHN as a cross-cutting issue has not been routinely included in PRSPs, a situation which would be worth reconsidering. In the Strategic Development Goals (SDG) era, SHN promises to help draw more children to school including the last 10% of drop-outs. SHN has been able to address multiple needs for the vulnerable children and provide the support needed tour benefit from the education system. The gathered evidence demonstrates that SHN not only can draw children to school but also help them learn and reach their potential (Bundy, 2009) [2].

A limitation to the current study is that education sector plans do not report on programme implementation on quality. This problem is demonstrated by the fact that many education statistical bulletins produced by the government partially report on school health activities and that development partners investing in school health are often the primary source of SHN implementation data. The data revealed in this study provide a useful overview of national priorities in Zambia and what the country plans to achieve and also indicate key gaps in forward planning but on- the-ground surveys are required to confirm the programmatic realities.

In conclusion, the education sector has made remarkable progress during the MDGs era and the impact of national SHN programmes during this time has had an impact on the health and educational outcomes of the millions of school-aged- children. Using schools as a platform to deliver multiple interventions has proven to be effective in contributing to education sector goals. As the world now is inspired to address the muti-sectora L and social development contexts of the strategic development goals the question might be no longer whether school health and nutrition programmes are necessary to meet the goals but how to make the programmes more scalable and sustainable moving to 2030.

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