



## **NATIONAL SCHOOL HEALTH AND NUTRITION POLICY**

# **FINAL DRAFT**

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**August 2015**

## Foreword

This School Health and Nutrition Policy (SHNP) guides us in the inclusion and realisation of health and nutrition issues in our education institutions. The policy aligns with and amplifies the intent of the National Agricultural Policy, National Nutrition Policy, Water Policy, Sanitation Policy, Environmental Health Policy, Malawi Growth and Development Strategy II (MGDS II) and National Education Policy and its strategies including regional and international protocols on education, school health and nutrition. The policy makes it explicit that school health and nutrition are the pillars for improved access and equity at the levels of Early Childhood Education (ECD) as well as primary and secondary education. The nominal age of children targeted by this policy is thus 2 to 18 years – however, as our schools in fact have learners older than 18 years, the age group truly covered is even larger. All in all, the policy attaches great importance to the realisation of the National Education Policy that is based on expanded access and equity, improved quality and relevance, and improved governance and management of education.

The SHN Policy is a document of the Government of Malawi that justifies and prioritises health and nutrition interventions in our learning institutions. It outlines the sector's priorities and defines the country's school health and nutrition policies that will guide specific health and nutrition strategies as well as their implementation in Malawi. While the government recognizes that education is the backbone for socio-economic development, economic growth and a major source of economic empowerment for all people especially women, the youth and the physically challenged – this cannot happen if the health and nutrition of our learners is left to chance. Health and nutrition matters have a direct bearing and impact on school attendance, completion and academic achievements; and schools are the perfect place to help our children acquire relevant knowledge, skills and positive behaviour in terms of nutrition, hygiene, and health seeking and promoting habits, as well as reproductive, maternal and child health, and not least with respect to HIV and AIDS.

Not least, the SHN Policy takes into account the Government's commitment to related international protocols on school health and nutrition including the Education for All (EFA), Jomtien (1990), Dakar (1991), Ouagadougou (1993) and Copenhagen and Beijing (1995), as well as the inter-agency initiative on Focussing Resources on Effective School Health (FRESH), the Millennium Development Goals and not least the new Sustainable Development Goal of ensuring inclusive and equitable quality education for all. We therefore expect that the coming together of all key players (education, health, agriculture and nutrition, among others) on the platform of this policy will make a significant difference in Malawi, and thereby respond to our national and international aspirations and expectations.

I, therefore, call upon all stakeholders and development partners to use this policy as a guideline for school health and nutrition interventions to realize the expected educational development in Malawi.

Hon. Dr. Emmanuel Fabiano M.P.  
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## Preface

Since the introduction of school health and nutrition in Malawi, the education system has been operating without a formal school health and nutrition policy. While there have been strategies and activities for nutrition, health, water, sanitation, introduction of life skills into curricula, etc., these were fragmented, and often borne by the interest of partners, who sustained these interventions for a limited time. The present SHN Policy is a milestone in and for the education sector, as it offers an opportunity for concerted and coordinated mobilization of efforts and implementation of activities in the areas of school health, meals, hygiene, sanitation, child protection and related mainstreaming in the curriculum. In addition, this policy calls for a deliberate participation of the other key players; therefore, their inclusion will help in fulfilling the aspirations of the national education long term vision and provision of guidelines for early childhood development, primary and secondary education.

The Government has identified the education sector as one of nine main development priorities. In pursuing this priority, it is imperative for the Ministries of Agriculture, Health, Education, Science and Technology and Gender, Children Disability and Social Welfare and Department of Nutrition and HIV/AIDS to work together as one force in improving the education of learners through provision of health and nutrition interventions, and in mainstreaming relevant cross-cutting issues into education: such joint action will not only enhance educational outcomes, but also contribute to improvement in other crucial areas for the development of the nation, including nutrition, agriculture, health, and resilience to disasters and the effects of climate change. Furthermore, by joining hands with various relevant institutions of the government, civil society organizations/non-governmental organizations, donors and development partners, the Ministry of Education, Science and Technology is realizing the required commitment to the education sector. Likewise, through this policy the Education Sector Wide Approach (ESWAp) will have a concrete base for school health and nutrition interventions.

The SHN Policy guides the education sector and its partners to pursue five main priorities to adequately integrate school health and nutrition into the education sector: (1) school nutrition including school meals; (2) school health, hygiene and sanitation; (3) child protection; (4) institutional set-up – linkages, integration and coordination; and (5) mainstreaming of cross-cutting issues into school and teacher training curricula. It is, therefore, important for all sectors of the economy to play their roles towards the realization of the policy's objectives. We expect that our coming together, as key players in the implementation of the SHN Policy, will make a significant difference in Malawi and respond to the national and international aspirations and expectations. Finally but not least this policy recognizes the critical roles of local communities, development partners, the private sector and government itself.

The SHN Policy was developed through an extensive consultative process that involved key stakeholders who assisted to identify and determine critical issues. It builds on and enhances policies and protocols already developed for other, related sectors.

We wish to acknowledge all the people involved and consulted in developing this policy. Special appreciation goes to the World Food Programme for the financial support, and to all partners who provided technical support to the whole exercise.

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## List of Acronyms and Abbreviations

AIDS	Acquired Immuno-Deficiency Syndrom
ARI	Acute Respiratory Infections
ASWAp	Agriculture Sector Wide Approach
CBCC	Community Based Child Care
DHS	Demographic and Health Surveys
DNHA	Department of Nutrition and HIV/AIDS
ECD	Early Childhood Development
EMIS	Education Management Information System
ESIP	Education Sector Implementation Plan
ESWAp	Education Sector Wide Approach
FISP	Farm Inputs Subsidy Programme
GDP	Gross Domestic Product
GiZ	Gesellschaft für Internationale Zusammenarbeit – German International Cooperation
GNI	Gross National Income
HDI	Human Development Index
HDR	Human Development Report
HDRO	Human Development Report Office
HIV	Human Immuno-Deficiency Virus
HMIS	Health Management Information System
IMF	International Monetary Fund
MDHS	Malawi Demographic Health Survey
MGDS	Malawi Growth and Development Strategy
MOEST	Ministry of Education, Science and Technology
MOGCDSW	Ministry of Gender, Children Disability and Social Welfare
NAP	National Agriculture Policy (NAP)
NCDs	Non communicable diseases
NDRMP	National Disaster Risk Management Policy
NDRMP - TC	National Disaster Risk Management Technical Committee
NEHP	National Environmental Health Policy
NESP	National Education Strategic Plan
NGP	National Gender Policy
NNP	National Nutrition Policy
NSMP	National School Meals Programme
NSP	National Sanitation Policy
NSSP	National Social Support Policy
NWP	National Water Policy
OVC	Orphans and other vulnerable Children
PLHIV	Persons living with HIV
PSLCE	Primary School Leaving Certificate of Education
SHN	School Health and Nutrition
SUN	Scaling up Nutrition
TWG	Technical working group
UNDAF	United Nations Development Assistance Framework
UNDP	United National Development Programme
UNSD	United Nations Statistics Division
WFP	World Food Programme

# 1. Introduction

The School Health and Nutrition Policy intends to specify the commitment of the Government of Malawi with respect to ensuring the rights and the opportunities of learners in the area of school health and nutrition (SHN). In doing so, the policy builds on the analytic and policy formulation work already undertaken in the areas of nutrition, health, education, agriculture, gender, social and child protection, water, sanitation and hygiene, and disaster risk management.

The policy contextualizes the policies developed under these sectoral and cross-cutting policies, and amplifies them for the area of SHN by providing a comprehensive framework for strategic prioritisation of interventions and resources within the area of schooling, ranging from Basic (Early Childhood Development to primary) to secondary education.

It is the intention that the SHN-policy will form the basis of well-coordinated interventions by Government actors at central, district level, institution/school level, communities and parents as well as by development partners, civil society, private sector across the country.

## 1.1 Background and context

Malawi is a low-income landlocked country with an estimated population of about 16.1 million people. Malawi's Human Development Index (HDI) of 0.418 ranked 170<sup>th</sup> of 186 countries in the Human Development Report 2013, with a Gross National Income (GNI) per capita in the same year of 774 US\$. The average Gross Domestic Product (GDP) growth rate has increased from 3.5 percent (2002 – 2005) to 7.5 percent in the period 2006 – 2011, with a simultaneous decline of the average rate of inflation to single digits. Since mid-2012, inflation has reverted to double digits.

Agriculture continues to be the backbone of the Malawian economy, providing income and employment to about 80 percent of the work force, and contributing about 28 percent of Gross Domestic Product (GDP). About 84 percent of the population live in rural areas, are involved in smallholder agriculture and have limited access to basic social services such as health, education and transport infrastructure.

Due to a number of Government strategies of pursuing pro-poor growth, in particular the Farm Input Subsidy Programme (FISP) introduced in 2005, the share of the population living from less than one US\$ per day has been reduced from 52 percent in 2004 to 39 percent in 2010. The share of ultra-poor had decreased from 22 percent in 2005 to 15 percent in 2009, but resurged to 24 percent in 2014. In terms of food security, the FISP, targeted at small-scale farmers, has resulted in major maize production increases from 1.2 million metric tonnes in 2004/05 up to 3.4 million metric tonnes in 2009/10, meaning a national surplus of about 1 million tons. Food security at household level, however, remains vulnerable, mainly due to widespread poverty, strong dependency on rain-fed maize production, and thus vulnerability to droughts, and floods, to which the country is prone and which are exacerbated by climate change.

Also in other areas, despite many improvements, the development challenges for Malawi remain serious and numerous. The most important issues relevant for the area of school health and nutrition are summarised below.

**Population:** Due to the high fertility rate of 5.0 (2014, down from 6.0 in 2005), as well as increasing life expectancy, Malawi's population increases by 2.8 percent per year. If this trend continues the country's population will reach 40 million by 2050, which would seriously undermine any achievements in terms of poverty reduction, access to social services, and not least the maintenance and promotion of the natural resource basis for the development and prosperity of the nation.

**Health:** Between 2004 and 2014, the infant mortality rate decreased from 76 to 53 per 1,000; similarly, the under five mortality rate decreased from 133 to 85 per 1,000; and the maternal mortality rate from 984 to 574 per 100,000. One of the reasons for this development is that the share of births attended by skilled personnel increased from 38 percent in 2005 to 87 percent in 2014.

Diarrheal diseases remain one of the leading killers of children under five. Malaria accounts for about 43 percent of all causes of morbidity followed by sore throat and flu, diarrheal diseases and Acute Respiratory Infections (ARI) at 12, 11 and 8 percent respectively. A high share of school-aged children (age 5 – 10) suffer from illness: 52 percent of boys and 48 percent of girls show poor health and nutrition indicators; 34 percent reported having an illness within the past two weeks, 20 percent had malaria parasites, 19 percent had bilharzias and 9 percent were infected by intestinal worms.

The state of sexual and reproductive health in Malawi gives reason for concern, with high rates of teenage pregnancy (up to 44 percent, decreasing with increasing levels of education), high maternal mortality rate (574 deaths per 100,000 live births), high neonatal mortality rates (29 deaths per 1,000 live births) and high prevalence of sexually transmitted diseases. The prevalence of HIV/AIDS decreased from 11.8 percent in 2004 to 9 percent in 2011. The HIV pandemic contributes to poor health status of school aged children. About 70,000 children under the age of 15 are living with HIV and 20 percent of all households in Malawi take care of one or more orphans, and this figure is expected to have grown since then.

**Malnutrition**, with its negative effects on the intellectual and physical ability of an individual to achieve academic and professional performance and work productivity, is a major factor adversely contributing to low human capacity development and economic growth in the country. Not least, child malnutrition contributes considerably to inefficiencies in education, causing absenteeism, drop-out and class repetition. While having decreased in recent years, rates of malnutrition in Malawi remain high.

About 58.7 percent of children under five are stunted (low height for age), which is significantly above the WHO threshold for 'critical' of 40 percent. The rate of wasting (low weight for height) has been fluctuating between three and five percent the 1990 and 2004. 54.8 percent of under-five children, 25.4 percent of school aged children, 32 percent of non-pregnant and 13 percent of pregnant women suffer from anaemia.

Micronutrient deficiencies remain alarmingly high: 22.9 percent children under five suffer from Vitamin A deficiency (down from 59 percent in 2001), and 48.1 percent from anaemia (down from 80 percent in 2001). For school-aged children, rates are 38 percent for Vitamin A (2001), 54 percent for anaemia (2006, up from 22 percent in 2001), and 50 percent for iodine (2006, down from 64 percent in 2001).

**Education:** Some progress has been made in recent years: Pupil to teacher ratio has decreased from 92 in 2009 to 78 in 2014. Net enrolment in primary education had increased from 73 percent in 2006 to 86 percent in 2012, but dropped again to 79.5 percent in 2014. Between 2005 and 2014, the drop-out rate at grade 1 decreased from 23 percent to 15 percent.

However, the primary and secondary education still achieve only weak outcomes and are highly inefficient in Malawi. In terms of education outputs, the Primary School Leaving Certificate of Education (PSLCE) pass rates have been declining each year between from 74.4 percent in 2006 to 62.2 percent in 2014. Each year, between 11 percent (standard 3) and 21 percent (standard 7) of pupils drop out of education altogether, while between 14-15 percent fail to progress to the next standard and have to repeat the year. The repetition rate has increased from 19 and 20 percent for girls and boys respectively in 2008 to 24.1 and 25 percent in 2013. In standard 7 and 8, dropout rates for girls reached 25 percent.

As a result, while the survival rate to grade 8 had gone up 26.1 in 2005 to reach 52.1 in 2008, it decreased to 31.5 in 2014. Repetition is so frequent that on average, it takes 23 student-years to produce one primary school graduate instead of 8 years with perfect efficiency. Only 36 percent of those who complete primary education continue with secondary education.

This inefficiency entails high costs to the nation, and is one reason for overcrowded classrooms and insufficient school infrastructure. Underlying reasons for drop-out, repetition and poor performance include poor learning environments (including e.g. sanitary conditions for girls), malnutrition and frequent sickness, household food insecurity, domestic demands on learners' labour force, in particular for girls and e.g. orphan heads of households, early pregnancies and marriages, etc.

**Gender and protection:** While girls' participation in education is improving, adolescent girls face challenges due to cultural prejudice and practices as well as economic pressures which continue to result in a low share of girls completing primary, let alone secondary education. 49.9 percent of girls in Malawi are married or in union before the age of 18. 65 percent of girls and 35 percent of boys report experiencing some form of abuse and violence during their lifetime. Furthermore, not least due to the impact of HIV/AIDS in the country, 28.3 percent of children in Malawi is either orphaned or otherwise growing up without parental care. 27.8 percent of households in Malawi are female headed. Most of these households are vulnerable to food insecurity. Chronic under-nutrition and periodic food shortages seriously impair their health status. Young children in these households are the worst affected.

39.3 percent of children aged 5-17 years are involved in various forms of child labour, predominantly in rural areas and in agriculture. Abuse of as well as demands for children's work (care for sick household members, taking care of household chores, or simply labour to generate food or income) are major causes for low school performance, repetition and drop-out.

**Sanitation and hygiene:** Between 2005 and 2014, the share of the population with access to safe potable water increased from 73 percent to 86 percent. However, still only 40.2 percent live in households with **improved sanitation**. It is estimated that about 45 percent of primary schools have protected water sources (boreholes or piped water) and 40 percent have permanent latrines. On average, one latrine is shared by 140 students. Schools and other institutions commonly have unsafe hygiene practices and unimproved sanitation facilities. Often facilities are over stretched and poorly looked after, with ownership and responsibility for maintenance un-clearly defined. In addition, school curricula have inadequate content on sanitation and hygiene promotion.

Water, sanitation and hygiene services help reduce morbidity and mortality of the population, in particular children and the entailing burden on social services (health and education). Improved water supply, sanitation and hygiene facilities in schools significantly contribute to the quality of education by reducing disease burden among children and staff, improving school attendance and retention particularly among girls. Furthermore, such improvements attract and lead to retention of teachers and provide more effective learning through a safe and conducive environment. Adequate water and sanitation infrastructure allows learners acquire health promoting practices and habits they will take home to their households.

**Disasters:** 14 of Malawi's 28 districts are classified as being prone to disasters, predominantly droughts and floods, which are further exacerbated by climate change. The impact of these disasters on the population are particularly devastating for the population due to the high dependence of a large share of the population on subsistence farming, over-reliance on rain-fed agriculture, poverty, limited crop diversity, and a lack of disaster risk management infrastructure and systems. During food and nutrition



emergencies caused by such disasters, the school absenteeism and subsequent drop-out of learners increase significantly. Furthermore, population driven from their homes by droughts often seek shelters in schools, disrupting learning and leading to untenable sanitary conditions. At the same time, schools could be the prime channels for learners to acquire knowledge on disaster risks, and skills to manage these at household and community level. Most district councils in affected areas do not have adequate contingency plans or capacity to mitigate the impact of the water-related disasters.

**Conclusion:** Helping young people – and in particular girls – obtain better health and nutrition and greater academic skills and not least life skills and habits, including with respect to nutrition and health, has a direct positive impact on the health and nutritional status of their children, and is thus a crucial element of breaking the cycle of hunger and malnutrition. Retaining children, and in particular girls, in school for a longer time and achieve higher levels of education would also contribute to reducing the fertility rate and thus help to slow down population growth.

## 1.2 Linkages to other policies

The present SHN-policy encompasses the entire area of child education from early childhood care (ECD) to secondary education, i.e. the age group of 2 – 18 years, which corresponds largely to half of the population of Malawi. The critical issues summarised above are partially addressed by a wide range of national regulations and policies, which directly link to the present policy.

### 1.2.1 The Constitution of the Republic of Malawi (latest amended in 2001)

**Article 13** obliges the state to actively promote the welfare and development of the people of Malawi by progressively adopting and implementing policies and legislation aimed at achieving gender equality, and access adequate health, nutrition and education services, and to encourage and promote conditions conducive to the full development of healthy, productive and responsible members of society.

The Constitution guarantees human rights to all its citizens in its Chapter 5, including articles 15 – 46.

**Article 23** stipulates that children are entitled to be protected from economic exploitation or any treatment, work or punishment that is, or is likely to be hazardous, interfere with their education or be harmful to their health or to their physical, mental or spiritual or social development.

**Article 25** confirms that all persons are entitled to education. The **Education Act of 2013** further specifies that “the provision of primary education in Government schools shall be free of tuition to all and compulsory for every child below eighteen years of age” (part V § 13).

### 1.2.2 Vision 2020

To address the prevailing gender inequality, the Vision 2020 states that moral values that accord equal opportunities to and respect for men and women and boys and girls at work, at school and in society must be promoted, including by direct affirmative action (p. 48 and 78).

Vision 2020 urges for measures to enhance the reliable supply of safe drinking water as well as improved sanitation for all Malawians (p. 56)

With respect to enhancing food security, the Vision 2020 promotes – among other things – agricultural diversification of smallholder farmers (p. 59), improved market access and strengthened disaster risk management (p. 60).

Not least with respect to enhancing education, Vision 2020 calls for greater investments in the education sector, providing better access to primary, secondary and tertiary schools (in particular for girls), and ensuring better school infrastructure, and more and better trained teachers (p. 66f). The vision identifies as one way of reducing the country's staggering rate of population growth the increase of women's literacy rate (p. 69).

### **1.2.3 The Malawi Growth and Development Strategy (MGDS) II (2011 – 2016)**

According to the MGDS II, to achieve socio-economic development, Malawi requires a healthy and educated population that grows at a sustainable rate (p. 38). With respect to achieving social development, and in responding to challenges posed by demographic dynamics, Government will – among other strategies – advocate girls' education and delayed marriage (p 40). With respect to education, Government wishes to ensure better access and equity, relevance and quality, good governance and efficient management in all education sub-sectors (p. 41). One strategy to expand equitable access to education is to scale up school meals programmes (p. 89).

To address malnutrition, one key strategy is to promote access to at least one nutritious meal and related health and nutrition services for the school-going children (p. 45).

With respect to gender equality, one key strategy of the MGDS II is the promotion of access to quality education for girls (p. 72).

With the goal to increase agriculture productivity and diversification, the MGDS II proposes among others to strengthen linkages of farmers to input and output markets (p. 75).

With the goal of improved hygiene practices and increased access and usage of improved sanitation facilities, the MGDS II foresees providing improved sanitation facilities in schools, health care centres, community based child care centres, markets and all other public places (p. 95)

With respect to child protection and development, the MGDS II foresees to promoting access to education, nutrition, health, counselling and HIV prevention services, and to early childhood development and pre-primary education (p. 104).

### **1.2.4 The Education Sector Implementation Plan 2013/14 – 2017/18**

A draft Education Policy exists, however, it is yet to be approved. While this policy is still pending, the Education Sector Implementation Plan (ESIP II) endeavours to promote the national education goals of expanded equitable access to education, improved quality and relevance of education and improved governance and management quality education by among others empowering the school. For Basic Education, the ESIP II wants to ensure that 50 percent of children reach Standard 4 literacy and numeracy levels by 2017. Means to this end include longer school days for lower standards, increased textbook availability; a reduced pupil-classroom-ratio; enhanced teacher motivation; and reduced repetition rates. For secondary education, main intervention strategies aim at improved access (including by introducing more double-shifts), emphasis on the adherence to quality standards; school-based textbook procurement; and cost-sharing between neighbouring schools.

### **1.2.5 The Education Act of 2013 and National Education Standards of 2015**

Besides the provision for free and compulsory primary education, the Education Act also establishes that the national curriculum shall be comprehensive, balanced, flexible, integrated, diversified and relevant to the needs of the student and society. This includes among others the requirement for the curriculum to prepare students for the world of work, and their social and political participation in the context of a rapidly changing and dynamic global economy and society; to encourage the active participation of students in the learning process; to develop necessary understanding, values and skills for sustainable development; to take into account cross-cutting and emerging issues; and prepare students for life-long learning (§ 76). The curriculum for teacher training has to take into account the national school curriculum and shall be diversified to meet the needs of education for all (§ 77).

The National Education Standards of 2015 identify minimum requirements which all schools in Malawi should aim to achieve with respect to the outcomes which all students should achieve as a result of being educated in school; the key aspects of the teaching process which lead to students achieving these outcomes; and the leadership and management processes which need to function effectively for good teaching and learning to take place. The present policy endeavours to support the application and promotion of these standards by policy makers, Government staff and its partners, and education practitioners.

### **1.2.6 National Nutrition Policy 2013 - 2018**

The expected outcomes of the National Nutrition Policy (NNP) include, among others, the improved health and life style of school-aged children, as well as the improved nutrition of school-aged children (p. 17).

Specific objectives of the Nutrition Policy include – among others – the prevention and control of the most common nutrition disorders with emphasis on under-five children, pregnant women, lactating mothers, persons living with HIV (PLHIV) and other vulnerable groups; the prevention, timely detection, access, support, effective treatment and management of nutrition related non communicable diseases (NCDs); the enhanced protection, participation and empowerment of women, children and orphans and vulnerable children (OVCs); and the improved coverage and quality of school health and nutrition services (p. 17f). Not least, the NNP promotes the mainstreaming of nutrition in all key sector policies and strategies and programmes (p. 21). In this respect, the NNP obliges the Ministry of Education, Science and Technology (MOEST) to promote school health and nutrition programmes by among others including nutrition lessons in the school syllabus at all levels of education (p. 27).

### **1.2.7 National Social Support Policy 2012 - 2016**

The National Social Support Policy (NSSP) is based on the fundamental international instruments of which Malawi is a signatory, including the Universal Declaration on Human Rights (UDHR), the Convention on the Rights of the Child (CRC), the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW) and the Livingstone Call for Action on Social Protection (from Social Support Policy 2012). It does not encompass strategies directly inside the area of school health and nutrition, but includes the policy outcome of human capital formation (p. 8) as one of the preconditions to raise poor and marginalised households out of poverty. The retention of learners in school, in particular girls, OVC, children from poor households and those affected by disasters thus constitutes a direct support and complementation to the interventions foreseen in the NSSP.

### **1.2.8 National Agriculture Policy 2011-2015 and Agriculture Sector Wide Approach 2011 – 2018**

The National Agriculture Policy (NAP) highlights the importance of increased crop diversification as a means to increase farmers' productivity and to reduce risks to crop failure (p. 10). The NAP pursues among others the objective to improve food security and nutritional status of all people in Malawi through sound policies, plans and programmes for provision of quality nutrition services (p. 13). For this, the NAP foresees the promotion of diversification of food crops, promoting the adoption of healthy lifestyle and dietary habits across all gender categories, and not least promoting diversification of eating habits at household level (p. 14). The NAP also calls for a greater integration of smallholder farmers into markets (p. 25). In order to ensure that the long term goal of government is to significantly reduce the degree and severity of malnutrition in all its forms in the country is achieved, the Agriculture Sector Wide Approach (ASWAp) promotes the diversification of food production and diets for improved nutrition and risk reduction (p. 34 f), including through nutrition education (p. 37).

### **1.2.9 National Policy on Early Childhood Development 2005**

The integrated policy goals of the Early Childhood Development (ECD) policy encompass, among others, the protection of children against any forms of abuse and discrimination; the protection and safeguarding of children in difficult circumstances; the reduction of malnutrition and micronutrient deficiencies and improved food security; as well as the increased access to safe drinking water and adequate sanitation (p. 13). Raising awareness on the importance of good nutrition and micronutrients, exclusive breastfeeding for the first six months of life, and the timely introduction of complementary food is among the strategies to provide good nutrition to pregnant women, and the best start for children's life (p. 13). For the protection of children in difficult circumstances, the policy suggests, among others, to provide basic education and vocation skills training; and to provide equal opportunities to children with disabilities for their survival, growth and development (p. 15). Finally, to reduce malnutrition, the burden of micronutrient deficiencies and to improve food security, the ECD policy proposes to raise awareness on growth monitoring and nutrition education; and to strengthen surveillance mechanisms to monitor iron, iodine and vitamin A deficiencies (p- 16).

### **1.2.10 The Integrated Management of Child Illnesses Approach Policy for Accelerated Child Survival and Development of 2006**

The IMCI Approach policy was devised as a means to reduce childhood morbidity and mortality by two thirds between 2000 and 2015. It pursues the holistic management of children suffering from common diseases. For this, the policy aims at securing – among others - at least two IMCI trained health service providers at each health facility, supplied with relevant essential drugs and adequate transportation, and that 80 percent of households practice key IMCI care practices. One of the key IMCI partner institutions is the Ministry of Education with the role of participating if technical working groups and multi-sectoral training, supervision, monitoring and evaluation teams; and not least of mobilising and empowering children in schools to adopt positive health behaviours.

### **1.2.11 National Gender Policy 2011**

The National Gender Policy (NGP) promotes equal access to quality education to all school age children at early childhood, primary, secondary and tertiary levels; the development and usage of gender responsive curriculum, educational materials and equipment at all levels; and the reduction of dropout rates of girls and boys at all levels of education (p. 3). The NGP also calls for a reduction of nutritional disorders among women, men and children (p. 4). It requests all line Ministries and departments to mainstreaming gender in their policies and programmes using various gender mainstreaming guidelines (p. 8). In its implementation plan, the NGP assigns to MoEST an important responsibility with respect to ensuring equal access to education and training (p. 28).

### **1.2.12 National Sanitation Policy 2009**

One of the guiding principles of the National Sanitation Policy (NSP) is that children and youth shall be given early exposure to sanitation and hygiene (p. 8). The policy pursues – among others – the goal of increasing access to improved sanitation, promoting safe hygiene practices and proper management of waste in schools by building capacities for sanitation and hygiene promotion in schools (p. 22), including issues and life skills concerning sanitation and hygiene into teacher training as well as primary school curricula. This should be accompanied by providing infrastructure for improved sanitation services and sustainable environmental management (p. 23). The NSP assigns to the ‘Ministry responsible for Education’ the responsibility – among others – to facilitate training of primary and secondary school managers on practical life skills curriculum and hardware maintenance; to ensure adequate provision of separate improved sanitation facilities with adequate security and privacy for boys and girls at each learning institution; to ensure provision of at least one improved sanitation facility for boys and girls with disabilities at each school as the situation might determine; and to ensure adequate provision of improved sanitation facilities for staff at schools including toilets or latrines as well as hand washing facilities with water and soap (p. 31).

### **1.2.13 National Water Policy 2005**

The overall goal of the National Water Policy (NWP) is the sustainable management and utilization of water resources, in order to provide water of acceptable quality and of sufficient quantities, and ensure availability of efficient and effective water and sanitation services that satisfy the basic requirements of every Malawian and for the enhancement of the country’s natural ecosystems (p. 4). One of the overall policy objectives is to ensure that all persons have convenient access to sufficient quantities of water of acceptable quality and the associated water-related public health and sanitation services at any time and within convenient distance (p. 5).

The first guiding principle of the policy is that all people shall have access to potable water and sanitation services to reduce the incidence of water related diseases (p. 6). The NWP requests the ‘Ministry responsible for Education’ to liaise with the Ministry responsible for Water Affairs in curriculum development and capacity building programmes that would support efforts in water resources management, development and utilization; and to provide water demand requirements for its institutions (p. 21).

#### **1.2.14 National Environmental Health Policy 2010**

The National Environmental Health Policy (NEHP) includes the policy that Government shall promote the availability of sanitary facilities for management of solid and liquid wastes at all levels (households, institutions, community), and that Government shall ensure that all public institutions and business premises have adequate, gender and disability friendly sanitary facilities (p. 14). This would obviously also include all public and private education institutions. For its implementation, the policy assigns the Ministry of Education with the responsibility to plan and implement school sanitation activities; and to maintain environmental health issues in school curriculum. (p. 24).

#### **1.2.15 The National HIV/AIDS Policy (2012) and the National HIV/AIDS Strategic Plan 2015 – 2020**

The National HIV/AIDS Policy pursues the goals of preventing the further spread of HIV infection; and of mitigating the impact of HIV/AIDS on the socioeconomic status of individuals, families, communities and the nation by improving the provision and delivery of prevention, treatment, care and support services for PLWAs; reducing individual and societal vulnerability to HIV/AIDS by creating an enabling environment; and strengthening the multi-sectoral and multi-disciplinary institutional framework for coordination and implementation of HIV/AIDS programmes. The policy particularly calls for sustained action at district and community level in all sectors of development. The National HIV/AIDS Strategic Plan specifies that by 2020 Malawi will have 90 percent of people living with HIV knowing their status, 90 percent of those known to have HIV on treatment and 90 percent of patients on treatment are retained in care and adhere to antiretroviral therapy (ART). The strategy advocates for a targeted and integrated approach to the delivery of interventions for highest impact. Special target will be for vulnerable population through strengthened social networks and community systems.

#### **1.2.16 National Disaster Risk Management Policy (2015 - 2020)**

As limited knowledge and skills in disaster risk management at national, district and community levels affect both safety and resilience in communities. With a view to promoting of a culture of safety, and adoption of resilience-enhancing interventions, the NDRMP strives to ensure that disaster risk management is integrated into primary, secondary and tertiary curricula (p. 8). A specific sub-committee under the National Disaster Risk Management Technical Committee (NDRM TC) serves as an advocate of disaster risk management; provides advice and technical support; and is the coordinating mechanism for mainstreaming disaster risk management into sustainable development policies, planning and programmes in the area of education.

### 1.3 Problem statement

As shown in section 1.1 above, there are many developing challenges facing Malawi relevant for schooling and education, and on which SHN-interventions can have a positive impact. In particular the NNP pursues the improved coverage and quality of school health and nutrition services, and requests the MOEST to promote school health and nutrition programmes by among others including nutrition education in the school syllabus at all levels of education. However, the first years of NNP implementation have – with respect to SHN – revealed a number of shortcomings, which partially impede efficient and effective, comprehensive and well-coordinated action on behalf of MOEST:

- Policy statements with respect to SHN are fragmented, being embedded in many different policies. As shown in section 1.2 above, a host of national policies etc. relate to SHN, and include to a greater or lesser degree SHN-related tasks for MOEST. However, it is hard for the education sector to be fully aware of all of these.
- The ownership of these policies by the education sector is limited. The sources of SHN-related tasks are to date policies sanctioned by other government institutions and ministries. While these assign SHN-related roles to MOEST, they are often unclear about the concrete mandate of MOEST (e.g. HOW is MOEST supposed to support improved coverage and quality of school health and nutrition services?), and deny MoEST the mandate to channel required funds and assistance towards SHN, as they are not reflected as a direct responsibility of MoEST. This means that when education planners have to prioritise scarce resources, SHN-related activities will often not be among the activities chosen.
- Accountability of implementation of these policies by the education sector is limited. As a consequence of the weak internal ownership and responsibility, SHN-activities are not yet seen as ‘core business’ of the education sector, and thus rarely make it into work plans against which MOEST reports its performance.
- Comprehensive implementation action – and the resources for it – are difficult to ensure on a fragmented basis. As the policy sources for SHN are fragmented and the mandate of the SHN-directorate within MOEST is not fully clarified, it is difficult for the directorate to play a fully instrumental role with respect to the coordination of relevant actors and leadership in the formulation of joint resourcing plans for SHN-related investments.

### 1.4 Purpose of the SHN policy

It is the purpose of the present policy to address and overcome the above mentioned shortcomings. In this respect, the SHN-policy will

- Combine the existing policy fragments into one comprehensive policy – fully owned by MOEST and supported by other relevant Ministries – for the area of SHN;
- Form the basis of a clear definition of the specific mandate and role of the SHN-Directorate within MOEST;
- Form the basis for strategic action and use of resources to address SHN; and
- Form the basis for comprehensive monitoring and accountability with respect to SHN.

## **2. Broad Policy Directions:**

### **2.1 Policy vision**

The vision of this policy is that all children acquire the skills, attitudes and habits for a healthy, well-nourished, productive and resilient life during their education life cycle process and apply these at home, in their communities, and in society at present and in their future.

### **2.2 Policy Goal**

The overall goal of this policy is by 2030 to ensure that all learners acquire education (as specified in the National Education Standards) and are equipped with skills, attitudes and habits that allow them to maintain a healthy and productive lives and ensure resilient households and communities.

### **2.3 Policy Objective(s)**

The realisation of the above policy goal will follow the achievement of five specific objectives, which are to be achieved as a direct result of policy implementation, and within 5 to 10 years starting with the approval of the policy. These objectives are the following:

- Government ensures good nutrition during the education life cycle by managing a National School Meals Programme and providing complementary nutritional interventions.
- Activities and infrastructures at school (i.e. at all institutions and centres where learning occurs for 2 – 18 year olds) are conducive to safeguard and promote learners' health and nutrition, and health-seeking habits.
- All children, including specific vulnerable groups such as girlsOVC, and learners with special needs, have equitable access to education at all times, and have access to protection from violence and abuse.
- Integrated and coordinated intervention strategies and an efficient use of resources promote effective SHN-interventions.
- Learners acquire life skills with respect to nutrition, health, hygiene and sanitation as well as cross-cutting issues relevant for SHN, including, gender and protection, environment and disaster risk management.

### **2.4 Policy Outcomes**

Each of the above objectives will materialise as a consequence of the achievement over 3 – 5 years of the following specific policy outcomes:

- A National School Meals Programme, complemented by micro-nutrients and productive school environments, is established, which applies different models of school meals to maximise reliability, cost-efficiency and effectiveness, nutritional outcomes and community benefits.
- Basic health support is provided at school, and investment plans for sanitation infrastructure in primary and secondary schools are prepared and included in the national budget.
- Specific programmes are devised and resourced that aim to help vulnerable groups to access – and stay in – school.
- Clear tasks are assigned to relevant SHN-actors, and adequate coordination structures and procedures are established and formalised at all levels.
- Issues of relevance for SHN are mainstreamed into primary and secondary school as well as teacher training curricula, and teachers have the capacity to teach these in effective and participatory ways.



### 3. Policy Priority Areas

While the SHN-policy addresses issues from a wide range of thematic and cross-cutting areas, as shown above in sections 2.1 and 2.2, it focusses its attention of policy intervention within five specific priority areas, which are the following:

- 1<sup>st</sup> School nutrition, including school meals;
- 2<sup>nd</sup> School health, hygiene and sanitation;
- 3<sup>rd</sup> Child protection;
- 4<sup>th</sup> Institutional Set-up – Linkages, integration and coordination; and
- 5<sup>th</sup> Mainstreaming life skills with respect to nutrition, health, hygiene and sanitation as well as cross-cutting issues relevant for SHN, including, gender and protection, environment and disaster risk management.

The subsequent sub-sections elaborate these priority areas, each providing a short introduction, and presenting the specific policy statement for the priority area in question.

For each priority area, a number of key strategies have been identified that will be pursued for ensuring that the policy is implemented in good time and quality. These strategies are specified in section 4.2 as well as in the implementation plan attached as Annex 1 to this policy.

#### 3.1 Priority Area 1: School nutrition, including school meals

The provision of school meals, officially launched in 1999, is the oldest and most widespread SHN intervention in Malawi. In 2007, due to the proven impact of school meals on education, health and nutrition, social protection and agriculture, a Presidential Cabinet Directive called for an expansion of school meals across the country, with the long term target of universal coverage; a shift to government ownership; and the development of government policies emphasizing education and social protection.

In the same year, MoEST began to provide school meals in about 16 of Malawi's 34 Educational Districts, covering approximately 900 of Malawi 5,200 primary schools. Further to this, a number of partners<sup>1</sup> also provide school meals, reaching an additional 1,000 schools and about 30 percent of all primary school learners in 23 districts.

The SHN Strategic Plan 2009 – 2018 foresees the provision of nutritious meals at schools; the provision of conducive infrastructure (including water, sanitation and school gardens), as well as the expansion of curricular with health and nutrition relevant subjects. Under the systematic of this policy, the latter is included in the policy in priority area 5 (mainstreaming).

While a draft 'Malawi School Meals Programme document was prepared in 2011, there is to date no policy foundation for a national school meals programme. Each partner applies a different model of school meals, with diverse objectives (education, nutrition, agriculture, community development, etc.), some providing fortified porridge directly to schools, others supporting communities to produce adequate crops that farmers then provide to schools as a basis for school meals, and others providing schools with cash, which schools then use to purchase the food required for school meals from local farmers. Each of these models has advantages and disadvantages in terms of cost-efficiency, cost-effectiveness and reliability, depending on the area, the season, normal or emergency times, emphasis on nutritional outcomes, agricultural development, etc. For the time being, no comprehensive review of the existing models and their respective strengths and weaknesses has been carried out. National ownership as well as the sustainability of school meals in Malawi are still limited.

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<sup>1</sup> WFP (681 schools), Mary's Meals (302 schools), the Millennium Village Project (6 schools), GIZ (technical support), and faith based organizations, private companies, NGOs, individuals etc. (17 schools) (data from 2011).

## **Policy Statements**

The policy will ensure that

- a) Government will establish a National School Meals Programme;
- b) the best (combination of) school meals model(s) is instituted in different situations;
- c) the school meals programme is increasingly managed and resourced by national actors; and
- d) Complementary nutrition interventions with respect to micronutrients provision, productive school environments etc. are implemented

### **3.2 Priority Area 2: School health, hygiene and sanitation**

It is one of the core strategies of Government to ensure universal and equal access to school for all children of Malawi. Concentrating large numbers of learners in a confined space for a considerable time of the day obliges Government not to expose children to an increased and more than tolerable risk of becoming sick. At present, this obligation is only partially fulfilled, as not all schools have access to safe drinking water; the number and the quality of latrines is vastly inadequate; and washing facilities are by no means a regular sight at schools.

These inadequacies do not only expose learners to undue health risks. They also lead to increased rates of sickness among learners, and cause unnecessary absence from education due to such sickness. Not least, not offering adequate health, sanitation and hygiene infrastructure undermines efforts of sensitising learners on the importance and the benefits of proper sanitation and hygiene, as without such infrastructure learners are not able to practice any acquired consciousness and skills, and develop health seeking and promoting habits.

On the other hand, schools provide an excellent channel to reach learners at a young age, and to provide them with both direct health interventions and opportunities to acquire health seeking and promoting habits that will have positive impacts on themselves, their households, and their future children. However, it is difficult for health workers in rural areas to attend all the schools in their area regularly and frequently. This leaves schools and learners under-served, and misses good opportunities for reaching young Malawians.

## **Policy Statements**

The policy will ensure that

- a) learners stay in good health at school;
- b) learners are seeking and acquiring health promoting skills, attitudes and habits; and
- c) teachers are empowered to identify basic health issues (including mental health, e.g. increased stress), provide first aid, address some identified issues and refer others to more specialised agents; and provide guidance and counselling on health matters, including HIV/AIDS.

### **3.3 Priority Area 3: Child protection**

Child protection has to be considered by a SHN-policy under several aspects. On one hand, school must ensure that children are not in any way excluded from participating in schools. On the other, schools can be an excellent – and may, depending on circumstances, be the only – place where cases of child abuse, violence etc. can be detected outside their households. In line with priority area 1, there will be targeted support for a school meals programme as part of social support . Such school meals will take into account nutrition impact and energy saving approaches and technology that help to contain climate change and environmental degradation.

With respect to the first aspect, schools must be accessible for all children at all times. Structural disadvantages exist in normal times for girls (due to societal prejudice), in protracted crises for orphans and other vulnerable children (OVC) (regardless of the reason of their orphanhood or vulnerability), for all children affected by emergencies, and for learners with special needs.

With respect to the second aspect, a child's teacher is probably the one adult outside the child's household that maintains the most direct, regular and active contact with the child. This fact offers a good opportunity to strengthen society's outreach to children suffering from domestic and other violence and any other form of physical or psychological abuse, and will help Government to live up to its obligations laid down in the Convention of the rights of the Child, of which Malawi is a signatory.

#### **Policy Statements**

The policy will ensure that

- a) all children, including vulnerable groups, can access education at all times;
- b) school environments are conducive to the participation and protection of all children in normal times and during crises; and
- c) teachers and other school staff can provide enhanced protection and care for children suffering from violence and abuse.

### **3.4 Priority Area 4: Institutional Set-up - Coordination, integration and linkages**

Under this priority area, the policy addresses the observed shortcomings of policy fragmentation, weak institutional ownership and in particular securing comprehensive action in the area of SHN by all relevant actors.

To become effective, SHN actors inside and outside the area of education have to join forces around clear strategies, align activity plans, and secure resources. This, however, is difficult to achieve as long as mandates are unclear, and in particular the roles of coordination among actors with respect to institutional action plans and budget preparation are not clearly defined.

#### **Policy Statements**

The policy will ensure that

- a) structures and procedures are in place to secure that minimum education standards as well as adequate measures to promote school health and nutrition are implemented in a concerted, efficient and effective way,
- b) relevant stakeholders have an opportunity to discuss and agree on coherent intervention strategies, and
- c) concerted action plans are developed and executed for effective SHN-interventions.

### 3.5 Priority Area 5: Mainstreaming of cross-cutting issues

School is the optimal forum where learners can be informed of and become practically involved in applying lessons with respect to health and nutrition, as well as cross-cutting issues that enhance their life skills. Besides standard educational curricula, such issues include among others

- basic nutritional messages (six food groups, cultivation and consumption of diverse and nutritious (and drought-resistant) food crops, the importance of micronutrients and how to obtain them, etc.);
- basic health messages and skills (how to identify and address cases of sickness; HIV/AIDS prevention; the importance of safe water, hygiene and sanitation;
- gender and protection; , and not least
- how to achieve resilience to threatening disasters, in particular droughts and floods.

To date, these issues of crucial relevance for school health and nutrition are often subject to ad hoc training of teachers in selected areas, with the training being provided by various Government or partner organisations. As a result, there is no universal coverage of such training. Furthermore, such training is often short-term, and is focussed mainly on the content of issues, and less on adequate methodologies that allow learners to actively participate in such lessons. Not least, teachers often perceive such issues as additional and beyond their 'normal' tasks. This undermines their ownership, and puts the sustainability of training efforts in question. A more universal and systematic approach is required to secure increased impact and sustainability of the mainstreaming of cross-cutting issues into school curricula and learning.

#### Policy Statements

The policy will ensure that learners

- a) learners acquire relevant knowledge and practical skills, attitudes and habits in nutrition, sanitation and hygiene, and health,
- b) learners acquire relevant skills, attitudes and habits with respect to relevant cross-cutting issues such as including gender and protection, HIV/AIDS prevention, disaster risk management and resilience; and
- c) teachers acquire the required knowledge, attitudes and skills to teach learners in an adequate way through classroom lectures and practical exercise adequate to the level and age of learners, and presenting themselves as role models.

## **4. Implementation Arrangements**

This section falls into three parts:

- Institutional arrangements
- The policy implementation plan; and
- Monitoring and evaluation.

### **4.1 Institutional Arrangements**

The SHN Policy provides a functional and coordinated framework that facilitates the establishment of strategic relationships and linkages among relevant stakeholders. Below are key institutions that will be instrumental in ensuring the implementation of this SHN policy.

#### **NATIONAL LEVEL**

##### **4.1.1 Ministry of Education, Science and Technology**

MoEST will be a regulatory, facilitating and implementing body of this policy through its Directorate of School Health Nutrition and HIV/AIDS. This department will coordinate the provision of high quality SHN to primary and secondary school learners and work in conjunction with Basic and Secondary Directorates of MoEST, the Directorates of Planning and Curriculum Development, and with other partners including SHN providers within and outside the Government. The Ministry, through the same directorate, will be responsible for quality assurance, management and administration, provide relevant input for planning, assessment, health and nutrition mainstreaming, and will work with relevant authorities in regulating the implementation of SHN programmes.

##### **4.1.2 Ministry of Gender, Children Disability and Social Welfare**

The Ministry of Gender, Children Disability and Social Welfare (MoWCSW) will work in conjunction with the MoEST to regulate, facilitate and implement SHN policy under Early Childhood Development. Furthermore, its Department of Nutrition and HIV/AIDS will liaise with relevant directorates in its ministry, mainly Social Welfare and other providers of Community Based Child Care (CBCC) in quality assurance, management and administration, provision of inputs for planning, assessment, health and nutrition mainstreaming and regulating the implementation of SHN and child protection programmes.

##### **4.1.3 Ministry of Health**

The Ministry of Health will work with MoEST to ensure a safe and supportive physical and psychological environment for children by:

- I. Creating a healthy environment conducive to learning;
- II. Providing adequate support systems for promoting healthy life styles (including securing the required drugs for health campaigns); and
- III. Making essential health (physical) and nutrition assessment services that are appropriate to the nursery/school aged children accessible and available; and
- IV. Helping to empower permanent school staff to provide first aid, carry out basic health assessments and refer learners to the right support structures as required.

#### **4.1.4 Ministry of Agriculture, Irrigation and Water Development**

The Ministry of Agriculture, Irrigation and Water Development will work with MoEST in ensuring that home grown meals in learning institutions builds on and promotes sustainable access to adequate, diverse and drought-resilient nutritious food at both school and household level. Furthermore, through its water and sanitation activities, the Ministry it will ensure that learning institutions have access to safe potable water and acceptable sanitation infrastructure.

#### **4.1.5 Department of Nutrition and HIV/AIDS (DNHA)**

The DNHA will provide support to MoEST, MoGCDSW and other SHN providers through its nutrition committees and other Development Government Committees to ensure an inclusive policy implementation with proper focus on nutrition issues in the education sector. Such an approach will in turn facilitate nutrition implementation at nursery, school and community levels. Specifically, to facilitate the promotion of adequate nutrition to all Malawians, the DNHA will ensure that all players in education adhere to the seven priority areas of: prevention, treatment, enabling environment, nutrition related Non Communicable Diseases (NCDs), targeted nutrition programming, nutrition research and surveillance and protection, participation and empowerment. The adherence of these seven priority areas will recognize the Scaling up Nutrition (SUN) approach.

#### **4.1.6 Technical Working Group and Steering Committee**

The Technical Working Group (TWG) and Steering Committee, which includes both private and public institutions in SHN programmes, will include all SHN-issues as central part of their agenda and:

- I. Provide policy direction on SHN matters;
- II. Ensure the alignment of SHN programmes to local, regional, and international standards; and
- III. Provide a platform for reviews of SHN challenges and possible solutions.

Donors, development partners and civil societies, as part of the technical working group, will have an opportunity to contribute towards SHN implementation. It is imperative that any intervention should be pursued as a concerted effort of all players. Thus the policy encourages team work and complementary efforts rather than duplication and redundancies.

### **DISTRICT LEVEL**

#### **4.1.7 The District Council**

At district level, the district council will coordinate the SHN through the education committee whilst taking into account the contribution from the agricultural officers, forestry officers, community development workers, social welfare officers, health personnel, NGOs (civil societies) among others in the district as technical committee for district education activities. The District Education Manager and its staff will be the secretariat.

#### **4.1.8 District SHN coordinators**

Within the District Education Manager's Office, a District SHN Coordinator will liaise with all relevant stakeholders through established mechanisms, including advisory committees under the district councils. Purpose of this effort will be to ensure well-coordinated district strategies and plans with respect to health and nutrition interventions, school meals, infrastructure investments, etc. and not least concerted budget requests from the different sector partners. Specific and detailed Terms of Reference for the District SHN coordinators will be prepared on the basis of the functional review of the SHN Directorate and related services which will be carried out under priority area 4.

The district SHN coordinator will liaise with the schools who in turn will work with the School Meals Committee as sub-committee of the School Management Committee(SMC) .The SMC will be the main link with the community and society within the school's education zone.

#### **4.1.9 Other district authorities**

The district health office will mobilize resources for screening and have an overall sight of SHN programmes. Any technical requirements on SHN will be addressed through this office. Key staff involved in this task include the district health coordinator, the district nutrition officer, the district environmental health officer and health surveillance assistants.

For agriculture, the district agriculture office will provide necessary back –up on all school gardens, nutrition related homegrown planting and land conservation.

The water and irrigation office will also support the work of agriculture, hygiene health and sanitation for education. As school meals demand firewood, the district forestry office will provide technical support on how to conserve natural resources and its proper use.

Furthermore, extension workers in both agriculture and health are key players in ensuring that schools have the knowledge and skills to adhere to government standards.

### **COMMUNITY LEVEL**

Each school has a learner catchment area covering several villages. Parents from these communities participate in Parent-teacher Associations and School Management Committees that assist in the management of school level SHN activities, and help to mobilise moral and material support from the communities to school meal programmes and e.g. to a productive school environment.

Village leaders have also a key role to play in mobilizing their subjects and supporting the expected SHN activities.

### **AT SCHOOL LEVEL**

#### **4.1.8 SHN Providers**

SHN providers shall be public and private education institutions, which provide short, medium, and long term programmes. Each provider shall be required to meet national minimum standards set by the Government of Malawi that are relevant for SHN. The updated SHN Strategic Plan and Guide be instrumental in clarifying these for all SHN providers.

Each school shall have a school management committee, with a sub-committee on school meals where such are provided, and at least one dedicated person with the responsibility to manage and oversee day-to-day SHN activities.

## 4.2 Implementation Plan

The policy statements pronounced in section 3 will not by themselves bring about the desired change. It is crucial that for each priority area of the policy, a number of specific strategies are pursued. These strategies have been identified as follows:

### Priority Area 1: School nutrition, including school meals

- Carry out a comprehensive review of the different models of school meals presently implemented, including home-grown school meals, with relevant partners;
- Identify the respective strengths and weaknesses of each model in different areas and seasons;
- Design a National School Meals Programme (NSMP), with clear objectives (education, nutrition, agriculture, community development or otherwise), that capitalises on the various models' strengths, including the phasing and potential mix of models, according to conditions (including e.g. the capacity for a potential surge or programme expansion in emergencies); and that ensures the reliable provision of nutritious and diverse meals to all learners that correspond to national standards in terms of nutrition and food safety;
- Ensure that complementary activities, e.g. Vitamin A supplementation or other micro-nutrient supplementation, are provided if and as required;
- Ensure that teachers acquire skills for basic nutritional assessments and record keeping (including growth and weight monitoring for each learner);
- Ensure that school environments are conducive to habits of seeking good nutrition, including the establishment of productive school environments where the cultivation of diverse, nutritious and ideally drought-resistant food crops can be demonstrated and taught to learners and community members; or the avoidance of offers of unhealthy drinks and food at or near school;
- Enter into agreements with relevant partners on how the NSMP will be implemented and resourced, how national capacities can be strengthened, and how a gradual hand-over to full national ownership can be promoted; and
- Develop a medium-term financing plan that lays out how the NSMP will increasingly be resourced by national actors.

### Priority Area 2: School health, hygiene and sanitation

- Carry out deworming and other relevant health campaigns at adequate and regular intervals as defined by the Ministry of Health. For this, increasingly empower permanent school staff to administer e.g. required drugs provided by the health sector;
- Ensure that teachers have the required skills for simple health assessments (e.g. detecting audio or sight impairments, problems of mental health, etc.), provide first aid, and refer learners to the right health service as required;
- Clarify the national standards for the provision of health, sanitation and hygiene related infrastructure at schools (including access to safe drinking water, latrines, washing-facilities etc.) and oblige all relevant stakeholders to promote their application;
- Ensure that school environments are conducive to practical application of cross-cutting learning (see priority 3.5) with respect to health, sanitation and hygiene. This includes provision of safe drinking water as well as the construction and maintenance of latrines and washing



- facilities in adequate quality and quantity in relation to the number of learners enrolled at each school; and
- Ensure that learners understand and are involved in the maintenance of adequate and safe water, sanitation and hygiene infrastructure and equipment.

### **Priority Area 3: Child protection**

- Identify and prioritise ways of encouraging the participation of girls and OVCs in education from ECD to the end of secondary education (e.g. increased number of female teachers, take-home rations or conditional cash transfers, etc.) – and agree with relevant stakeholders on how resources for the most adequate measure can be secured and sustained;
- Identify and prioritise ways of encouraging the participation of children in school during emergencies (e.g. increased number of meals, conditional cash transfers to affected households, etc.) - and agree with relevant stakeholders on how resources for the most adequate measure can be secured and sustained;
- Identify and prioritise ways of integrating learners with special needs as far as possible into normal school life and learning (e.g. campaigns to overcome prejudice, a system of regular assessment of the extent of special needs and how they can be accommodated);
- Ensure that teachers are sensitised and have the skills to detect signs of abuse and violence against children (at home, at school, or otherwise), and to refer potential cases to the right institution; and
- Ensure that school environments are child-friendly and conducive to the inclusion of all learners (e.g. number and condition of toilets for girls, access to school infrastructure for learners with physical handicaps, etc.).

### **Priority Area 4: Institutional Set-up - Linkages, integration and coordination**

- Establish clear roles of actors with respect to coordination, monitoring and implementation. This will in particular include a functional review of the SHN-Directorate.
- Integrate the SHN-Directorate, while being maintained under the common service of the DNHA – OPC, into the organisational structure of MoEST. This formalisation of the SHN-Directorate will build directly on the functional review, lessons learned, and the agreements reached with other SHN-relevant stakeholders and actors.
- Agree on clear job-descriptions of all SHN actors at national and at district level – including their role in relation to other actors and decision-making bodies such as national committees, district councils as well as technical working groups at national, district, community and school level;
- Reinforce technical working groups (TWG) and committees at national and district level that oversee and discuss strategies, action plans, and concerted budget proposals of the relevant actors with respect to SHN.
- Ensure agreement among relevant actors on strategic priorities and linkages.
- Establish plans of action that integrate all relevant policies – and that form the basis for coordinated sectoral and district budget proposals.

### Priority Area 5: Mainstreaming of cross-cutting issues

- Identify jointly with Government and other stakeholders the relevant learning to be integrated into primary and secondary school curricula;
- Based on this, identify the relevant learning (content as well as methodologies and ways of practically involving learners) to be integrated into teacher training curricula; such learning should empower future teachers to integrate academic learning with practical involvement and experience (e.g. involve higher classes in the preparation of school contingency plans) for optimal learning effects;
- Ensure that the above is well integrated into school and teacher training curricula;
- Ensure that existing teachers have access to the relevant training modules, e.g. through regular re-cycling / up-qualifying measures; and
- Consider additional ways of strengthening teachers' capacity to provide up-to-date teaching on the identified cross-cutting issues, e.g. the provision of a national help line; establishment of a peer-network among teachers, etc.

From these strategies it is clear that the SHN-policy promotes and requires broad partnership between Government at national and district level, development partners, civil society, the private sector, and not least communities. The roles of the various stakeholders have been specified in sub-section 4.1 above. The more detailed implementation plan, attached as *Annex 1* to this policy, lays out how the various actors will under Government leadership combine their respective contributions, and by when, in relation to the specific strategies mentioned above.

### 4.3 Monitoring and Evaluation

The terms monitoring and evaluation (M&E) are usually applied as single expression. However, the two terms in fact have two very distinct meanings, and address highly distinct questions. Monitoring is an on-going effort to gather data, analyse it and report on results. By this, it tracks developments and alerts management as to whether results are being achieved as planned. To be able to do so, a monitoring system must be based on an agreed-upon results framework and defined performance indicators. The detailed results framework for the SHN Policy is attached as Annex 2. Once the policy is approved, the MOEST will elaborate a concrete monitoring plan that will specify for each indicator included in the results framework, who exactly will collect, summarise and report on which information, and how this information will be used.

By contrast, evaluations are carried out as needed (during or after the time-frame set for an operation). Evaluations regularly address very specific aspects of an operation, namely relevance, effectiveness, efficiency and sustainability.<sup>2</sup> Evaluations also address specific issues identified during performance monitoring in more depth and with 'external eyes'.

Regular **internal reviews** allow SHN-partners to take a step back, discuss progress and lessons learned and agree on any potential course adjustments. Under the auspices of the SHN-Directorate, MOEST and its partners will jointly review the progress of this policy at the end of each year.

MOEST foresees to carry out joint evaluations of the SHN policy implementation with its core partners every three to five years. These evaluations will feed directly into potential policy revisions, and in particular into the preparation of new and specific strategic plans.

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<sup>2</sup> These are the international standard evaluation criteria established by e.g. OECD-DAC, UNEG and others.

## Annex I: Implementation Plan

<b>Policy Priority Area 1: SCHOOL NUTRITION, INCLUDING SCHOOL MEALS</b>		
<p><b>Policy Statement:</b> The policy will ensure that</p> <ul style="list-style-type: none"> <li>a) Government will establish a National School Meals Programme, defining the model of school meals to be applied and providing oversight;</li> <li>b) the best (combination of) school meals model(s) is instituted in different situations and</li> <li>c) the school meals programme is increasingly managed and ultimately resourced by national actors.</li> </ul>		
<b>Strategy</b>	<b>Responsibility</b>	<b>Time Frame</b>
Carry out a comprehensive review of the different models of school meals presently implemented with relevant partners	<i>MoEST, other relevant stakeholders (TWG)</i>	<b>2015/16</b>
Identify the respective strengths and weaknesses of each model in different areas and seasons	<i>MoEST and other stakeholders (TWG)</i>	<b>2015/16</b>
Design a National School Meals Programme (NSMP) that capitalises on the various models' strengths, including the phasing and potential mix of models, according to conditions (including e.g. the capacity for a potential surge or programme expansion in emergencies); and that ensures the reliable provision of nutritious meals that correspond to national standards in terms of nutrition and food safety	<i>MoEST and other relevant stakeholders including WFP, GIZ, MoH MoA and DNHA</i>	<b>2016</b>
Ensure that complementary activities, e.g. Vitamin A supplementation or other micro-nutrient supplementation, are provided if and as required	<i>MoEST, MoH, DNHA and other stakeholders</i>	<b>2016 - 2021 on going</b>
Ensure that teachers acquire skills for basic nutritional assessments and record keeping (including growth and weight monitoring for each learner)	<i>MoEST, DHNA, MoH, MoA, DoDMA, EP&amp;D</i>	<b>2017</b>
Ensure that school environments are conducive to habits of seeking good nutrition, including the establishment of productive school environments where the cultivation of diverse, nutritious and ideally drought-resistant food crops can be demonstrated and taught to learners and community members; or the avoidance of offers of unhealthy drinks and food at or near school;	<i>MoEST, Ministry of Energy, MoA, MoGCDSW</i>	<b>2017-2018</b>
Enter into agreements with relevant partners on how the NSMP will be implemented and resourced, how national capacities can be strengthened, and how a gradual hand-over to full national ownership can be promoted	<i>MoEST, Development Partners (WFP, GIZ Mary Meals others)</i>	<b>2016 / 2017</b>
Develop a medium-term financing plan that lays out how the NSMP will increasingly be resourced by national actors	<i>MoEST and partners</i>	<b>2016 - 2017</b>

<b>Policy Priority Area 2: SCHOOL HEALTH, HYGIENE AND SANITATION</b>		
<b>Policy Statement:</b> The policy will ensure that		
<ul style="list-style-type: none"> <li>a) learners stay in good health at school,</li> <li>b) learners are seeking and acquiring health promoting habits; and</li> <li>c) learners are seeking and acquiring health promoting attitudes.</li> </ul>		
<b>Strategy</b>	<b>Responsibility</b>	<b>Time Frame</b>
Carry out child-health days and other relevant health campaigns including de-worming at adequate and regular intervals to be determined by the Ministry of Health. For this, increasingly empower permanent school staff to administer e.g. required drugs provided by the health sector	<b>MoEST, MoH and development partners</b>	<b>2016 - 2020</b>
Health workers to conduct periodic health interventions in schools.**	<b>MoH</b>	<b>2016 - 2018</b>
Ensure that teachers have the required skills for simple health assessments (e.g. detecting audio or sight impairments, problems of mental health, etc.), provide first aid, and refer learners to the right health service as required;	<b>MoEST, MoH and DNHA</b>	<b>2017 – 2020</b>
Clarify the national standards for the provision of health, sanitation and hygiene related infrastructure at schools (including access to safe drinking water, latrines, washing-facilities etc.) and oblige all relevant stakeholders to promote their application	<b>MoEST, MoH, MoA (Department of Water and Sanitation), DNHA, WHO &amp; other development partners</b>	<b>2016</b>
Ensure that school environments are conducive to practical application of cross-cutting learning (see priority 3.5) with respect to health, sanitation and hygiene. This includes provision of safe drinking water as well as the construction and maintenance of latrines and washing facilities in adequate quality and quantity in relation to the number of learners enrolled at each school	<b>MoEST, MoH, MoA (Dept Water &amp; Sanitation), WHO, UNICEF UNAIDS, UNFPA, etc</b>	<b>2017 - 2021 ongoing</b>
Ensure that learners understand and are involved in the maintenance of adequate and safe water, sanitation and hygiene infrastructure and equipment.	<b>MoEST, MoWCDSW, MoA, MoH</b>	<b>2016-2018</b>

\*\* Health interventions are here understood as health assessment by screening of communicable and non-communicable diseases, such as dental, eye, ear or skin, etc. or issues of mental health, treatment of minor ailment, or prevention activities.

<b>Policy Priority Area 3: CHILD PROTECTION</b>		
<p><b>Policy Statement:</b> The policy will ensure that there is</p> <ul style="list-style-type: none"> <li>a) full participation in education,</li> <li>b) protection of all children in normal times and during crises, and</li> <li>c) protection and care for children suffering from violence and abuse.</li> </ul>		
<b>Strategy</b>	<b>Responsibility</b>	<b>Time Frame</b>
Identify and prioritise ways of encouraging the participation of girls and OVC in education from ECD to the end of secondary education (e.g. increased number of female teachers, take-home rations or conditional cash transfers, etc.) – and agree with relevant stakeholders on how resources for the most adequate measures can be secured and sustained	<i>MoEST, MoWCSW, EPD, UNICEF, UNFPA, and other TWG members</i>	<b>2016 - 2017</b>
Identify and prioritise ways of encouraging the participation of children in school during emergencies (e.g. increased number of meals, conditional cash transfers to affected households, etc.) - and agree with relevant stakeholders on how resources for the most adequate measure can be secured and sustained	<i>MoEST, DoDMA, EPD, MoWCSW, Red Cross, White Crescent, UNICEF, WFP etc</i>	<b>2016 - 2017</b>
Identify and prioritise ways of integrating learners with special needs as far as possible into normal school life and learning (e.g. campaigns to overcome prejudice, a system of regular assessment of the extent of special needs and how they can be accommodated)	<i>MoEST, MoWCSW, Sight Savers, development partners/donors</i>	<b>2016/17</b>
Ensure that teachers are sensitised and have the skills to detect signs of abuse and violence against children, and to refer potential cases to the right institution	<i>MoEST, MoWCSW</i>	<b>2016/17</b>
Ensure that school environments are child-friendly and conducive to the inclusion of all learners (e.g. number and condition of toilets for girls, access to school infrastructure for learners with physical handicaps, etc.)	<i>MoEST, MoWCSW, Sight Savers, MoPW</i>	<b>2016 – 2021 ongoing</b>

<b>Policy Priority Area 4: Institutional Set-up - Linkages, integration and coordination</b>		
<b>Policy Statement:</b> The policy will ensure that		
<ul style="list-style-type: none"> <li>a) structures and procedures are in place to secure that minimum education standards as well as adequate measures to promote school health and nutrition are implemented in a concerted, efficient and effective way,</li> <li>b) relevant stakeholders have an opportunity to discuss and agree on coherent intervention strategies, and</li> <li>c) concerted action plans are developed and executed for effective SHN-interventions.</li> </ul>		
<b>STRATEGIES</b>	<b>Responsibility</b>	<b>Time Frame</b>
Establish clear roles of actors with respect to coordination, monitoring and implementation. This will in particular include a functional review of the SHN-Directorate	<b>DHRMD – OPC, MoF and MoEST (HRM)</b>	<b>2016</b>
Integrate the SHN-Directorate, while being maintained under the common service of the Ministry of Health and continuing to secure the required integration of HIV/AIDS aspects, into the organisational structure of MoEST. This formalisation of the SHN-Directorate will build directly on the functional review, lessons learned, and the agreements reached with other SHN-relevant stakeholders and actors	<b>DHRMD - OPC, DN&amp;HA and MoEST (HRM)</b>	<b>2016</b>
Agree on clear job-descriptions of all SHN actors at national and at district level – including their role in relation to other actors and decision-making bodies such as national committees, district councils as well as technical working groups at national, district, community and school level;	<b>DHRMD – OPC, DN&amp;HA and MoEST (HRM)</b>	<b>2016</b>
Reinforce technical working groups (TWG) and committees at national and district level that oversee and discuss strategies, action plans, and concerted budget proposals of the relevant actors with respect to SHN	<b>MoEST (DSHNHA)</b>	<b>2016</b>
Ensure agreement among relevant actors on strategic priorities and linkages	<b>MoEST &amp; other relevant stakeholders (TWG)</b>	<b>2016/17</b>
Establish plans of action that integrate all relevant policies – and that form the basis for coordinated sectoral and district budget proposals	<b>MoEST &amp; other relevant stakeholders (TWG)</b>	<b>2017 and forward</b>

<b>Policy Priority Area 5: MAINSTREAMING OF CROSS-CUTTING ISSUES</b>		
<b>Policy Statement:</b> The policy will ensure that learners		
<ul style="list-style-type: none"> <li>a) acquire relevant knowledge in nutrition, sanitation and hygiene, and health,</li> <li>b) acquire relevant skills and practical experience in nutrition, sanitation and hygiene, and health, and</li> <li>c) acquire health seeking behaviour, and routinely promote disaster risk reduction and resilience.</li> </ul>		
<b>Strategy</b>	<b>Responsibility</b>	<b>Time Frame</b>
<p>Identify jointly with Government and other stakeholders the relevant learning to be integrated into primary and secondary school curricula</p> <p>Based on this, identify the relevant learning (content as well as methodologies and ways of practically involving learners) to be integrated into teacher training curricula; such learning should empower future teachers to integrate academic learning with practical involvement and experience (e.g. involve higher classes in the preparation of school contingency plans) for optimal learning effects</p>	<b>MoEST, MoWCSW, MoH, MoA, DODMA, EPD, MIE, UN bodies (UNHCR, WFP, UNICEF, UNFPA, UNAIDS, FAO), Mary Meals, CSOs (World Vision International and Save the Children) and donors</b>	<b>2016/2017</b>
Ensure that the above is well integrated into school and teacher training curricula;	<b>MoEST, MIE</b>	<b>2016 – 2018</b>
Ensure that existing teachers have access to the relevant training modules, e.g. through regular re-cycling / up-qualifying measures	<b>MoEST, MIE</b>	<b>2017-2018</b>
Consider additional ways of strengthening teachers' capacity to provide up-to-date teaching on the identified cross-cutting issues, e.g. the provision of a national help line; establishment of a peer-network among teachers, etc.	<b>MoEST (DIAS, DTED and SHNHA), MIE</b>	<b>2017 -2018</b>

## Annex II: Results Framework

Result	Indicator	Baseline	Target	Means of Verification	Assumptions
<b>Overall Goal:</b>	The overall goal of this policy is by 2030 to ensure that all learners acquire education (as specified in the National Education Standards) and are equipped with skills, attitudes and habits that allow them to maintain a healthy and productive lives and ensure resilient households and communities.				
<b>Objective 1:</b> Government ensures good nutrition during the education life cycle by managing a National School Meals Programme and providing complementary nutritional interventions.	Government has full overview of all school meals provided, and guides partners with respect to models to be applied, standards to be used, complementary activities to be ensured, and capacities to be strengthened.	2015: Government management covers 20% of learners	By 2025: Government management covers 100% of learners	Annual SHN reports	No major economic or political crisis takes place  Political prioritisation of universal school meals is sustained
<b>Outcome 1:</b> A National School Meals Programme, complemented by micro-nutrients and productive school environments, is established, which applies different models of school meals to maximise reliability, cost-efficiency and effectiveness, nutritional outcomes and community benefits.	Approved NSMP	2015: No national school meals programme exists	By 2020: NSFP exists and aims at universal coverage	NSFP document Annual SHN reports	
<b>Output 1.1:</b> Joint review of different models of school meals carried out, that identifies strengths and weaknesses of each model in different areas and seasons	All school meals stakeholders participate and contribute to review	2015: No comprehensive review exists	2016: Comprehensive review carried out	Report of joint review Annual SHN reports	Partners provide technical and financial support
<b>Output 1.2:</b> National School Meals Programme (NSMP) designed	NSMP that describes the different models to be applied in Malawi, how and when these should be used and potentially combined, standards, complementary activities, resourcing and M&E	2015: No comprehensive NSMP exists	2017: Comprehensive NSMP is approved	NSMP document Annual SHN reports	Political prioritisation of universal school meals is sustained



Result	Indicator	Baseline	Target	Means of Verification	Assumptions
<b>Output 1.3:*</b> Programme of complementary activities (e.g. micronutrient supplementation, campaigns, productive school environments etc.) designed and resourced	Relevant complementary activities identified, prioritised and integrated into comprehensive programme that includes roles of actors and an implementation and financial plan	2015: No comprehensive programme exists	2017: Comprehensive programme is approved	Programme document Annual SHN reports	Government has and prioritises resources
<b>Output 1.4:*</b> Agreements on NSMP short, medium and long-term implementation and resourcing, strengthening of national capacities, and hand-over plans	A NSMP Sustainability Plan identifies required national capacities (central and district, government, civil society, private sector and communities) and existing gaps, and proposes how these will be addressed	2015: No Sustainability Plan exists	2017: Comprehensive NSFP Sustainability Plan is approved	NSFP Sustainability Plan document Annual SHN reports	Partners provide technical and financial support
<b>Output 1.5:*</b> Medium-term financing plan developed that lays out how the NSMP will increasingly be resourced by national actors	A medium-term financing plan that shows how NSMP is increasing its coverage, and how the share of resources provided by Government and other national actors is increasing	2015: No financing plan exists	2017: Medium-term NSMP financing Plan is approved	Medium term NSMP Financing Plan document Annual SHN reports	
<b>Objective 2:</b> Activities and infrastructures at school are conducive to safeguard and promote learners' health and nutrition, and health-seeking habits.	Share of CBCC, primary and secondary schools that live up to national SHN standards in terms of infrastructure and SHN activities	2015: < 5 percent	By 2025: 50 percent	Annual SHN reports	No major economic or political crisis takes place
<b>Outcome 2:</b> Basic health support is provided at school, and investment plans for sanitation infrastructure in primary and secondary schools are prepared and included in the national budget	Health campaigns are carried out according to plans Share of resource requirements for sanitation investments (as stipulated by investment plans) that is included in national budget and actually provided	2015: < 5 percent	By 2020: 100 percent	Annual SHN reports Investment plans, national budgets, and actual disbursements	Government sustains commitments and SHN priorities
<b>Output 2.1:</b> Child-health-days and other relevant health campaigns, including de-worming, are carried out	Coverage and frequency of campaigns	2015: Coverage: < 5 percent Frequency: 1/year	By 2020: Coverage: 100% Frequency: 2/year	Annual SHN reports based on reports by district SHN coordinators	Resources available for drugs; cooperation with teaching staff

Result	Indicator	Baseline	Target	Means of Verification	Assumptions
<b>Output 2.2:</b> Teachers trained for health campaigns, basic nutritional assessments and records, first aid, simple health assessments, and referrals	Share of teachers trained for <ul style="list-style-type: none"> <li>- Managing deworming at school</li> <li>- Nutritional assessments and record</li> <li>- First aid</li> <li>- Health assessments and referrals</li> </ul>	2015: <1 percent	By 2020: 10 percent	Annual SHN reports, using own records and reports from teacher training colleges	New teachers are absorbed, and partners support training of existing teachers
<b>Output 2.3:</b> National standards for the provision of health, sanitation and hygiene related infrastructure at schools clarified	Extent to which all relevant stakeholders (MOEST, FEP, MOH, DNHA, etc.) refer to ONE standard per issue	2015: unclear or different standards are referred to	By 2018: All stakeholders refer to one set of standards	Updated SHN Strategic Plan Annual SHN reports	Commitment to SHN is sustained across sectors
<b>Output 2.4:</b> Improved infrastructure for sanitation and hygiene at CBCC, primary and secondary schools	Share of CBCC, primary and secondary schools at which the actual infrastructure corresponds to the agreed upon national standards	2015: < 5 percent	By 2025: 50 percent	Annual SHN reports Discussions at MOEST and DEM offices Site visits	Government secures required resources from own income and partners
<b>Objective 3:</b> All children, including specific vulnerable groups such as girls, OVC, and learners with special needs, have equitable access to education at all times, and have access to protection from violence and abuse.	Share of girls, OVC and learners with special needs** that are actually participating in school (net enrolment and attendance over 80 %)	2015: NER: TBD for each group Attendance: TBD	By 2025: NER: 80 Attendance: 100	EMIS	No major crisis that puts and additional burden on girls and OVC
<b>Outcome 3:</b> Specific programmes are devised and resourced that aim to help vulnerable groups to access – and stay in – school	Existence of specific national programmes (including social protection) aimed at enabling target groups to participate in school	2015: minimal	By 2020: Programmes exist that reach 80 % of the target group	MGDS III Annual SHN reports	Government sustains its commitment to child protection
<b>Output 3.1:</b> Ways of encouraging the participation of girls and OVC in education identified and prioritised	Existence of a plan proposed by the TWG (SHN advisory committee) that identifies possible options, discusses their strengths and weaknesses, and proposes best options and costs	2015: Plans exist, but hardly any funding, coordination or implementation	By 2018: A plan is agreed on by TWG and integrated into MGDS III	MGDS III Annual SHN reports	Government sustains its commitment to child protection  Government manages to secure own and

Result	Indicator	Baseline	Target	Means of Verification	Assumptions
<b>Output 3.2:</b> Ways of encouraging the participation of children in school during emergencies identified and prioritised	Existence of a plan proposed by the TWG and DRM stakeholders that discusses different options, and proposes best options and costs	2015: No such plan exists	By 2018: A plan is agreed on and integrated into MGDS III	MGDS III Annual SHN reports	partner resources to fund programmes
<b>Output 3.3:</b> Ways of integrating learners with special needs as far as possible into normal school life and learning identified and prioritised	Existence of a plan proposed by the TWG that discusses different options, and proposes best options and costs	2015: Plans exist, but are not comprehensive and integrated	By 2020: Plan is incorporated into MGDS III	MGDS III Annual SHN reports Discussions with MOEST and DEM offices Site visits	New trained teachers are absorbed and existing teachers stay in the school system
<b>Output 3.4:</b> Teachers are sensitised and have the skills to detect signs of abuse and violence against children, to address these and to refer other cases to the right institution	Share of existing and new teachers that are sensitized and trained	2015: TBD	By 2020: New teachers: 100 percent Existing teachers: 50 percent	Annual SHN reports, based on own records and reports from teacher training colleges	
<b>Output 3.5:</b> Ensure that school environments are conducive to the inclusion of all learners	Share of schools that live up to national standards concerning physical accessibility	2015: Standards: no standards	By 2017: Standards exist By 2020: 10 percent of schools live up to them	Annual SHN reports Discussions with MOEST and DEM offices Site visits	
<b>Objective 4:</b> Integrated and coordinated intervention strategies and an efficient use of resources promote effective SHN-interventions	Share of CBCC, primary and secondary schools which provide regular school meals and complementary support (nutrition, health) and adequate quantity and quality of teachers and infrastructure	2015: < 5%	By 2025: > 25%	Annual SHN reports provided by the SHN directorate	No major economic or political crisis takes place
<b>Outcome 4:</b> Clear tasks are assigned to relevant SHN-actors, and adequate coordination structures and procedures are established and formalised at all levels	All relevant actors at national, district and institution level know what their and the other actors roles are, and how they coordinate their work in relation to SHN	2015: Unclear	By 2020: All actors know, agree and adhere	Interviews with stakeholders during regular reviews; Annual SHN reports	The present basic mandates and distribution of roles continues
<b>Output 4.1:</b> Clear roles of actors for coordination, monitoring and implementation	Functional review of SHN Directorate in relation to other actors is available and agreed on by stakeholders	2015: No review	2016: Review finalised	Report on functional review	The support of stakeholders to SHN apparent during the policy process is

Result	Indicator	Baseline	Target	Means of Verification	Assumptions
<b>Output 4.2:</b> SHN directorate integrated into the organisational structure of MoEST	All directorates and departments within MOEST know the role of the SHN directorate and work with it.	2015: Unclear	2017: Completely clear	Organisation chart and description of MOEST	sustained
<b>Output 4.3:</b> Clear job-descriptions of SHN-coordinators at district level established	All SHN partners at district level are clear about the role of the SHN coordinators and work with them	2015: Unclear	2017: Completely clear	Approved TOR of SHN coordinators Stakeholder interviews	Development partners provide technical and financial support
<b>Output 4.4:</b> Relevant fora (committees, TWG, etc.) at national and district level strengthened	Relevant committees are clear about their roles and meet at regular, adequate intervals	2015: Fora meet rarely	2018: Fora meet at agreed intervals	Committee TOR Meeting records Annual SHN reports	
<b>Output 4.5:</b> Plans of action that integrate all relevant policies established	Integrated plans of action that are agreed on by relevant committees and stakeholders exist	2015: No inte-grated plans	2018: 1 national and 34 district level PoA	PoA documents Annual SHN reports	
<b>Output 4.6:</b> Agreement among relevant actors on strategic priorities and linkages	SHN Strategic Plan is reviewed and updated	2015: SHN Strategic Plan of 2009	2016: SHN Strategic Plan updated to cover 2017 - 2021	Updated SHN Strategic Plan Annual SHN reports	
<b>Objective 5:</b> Learners acquire life skills with respect to nutrition, health, hygiene and sanitation as well as cross-cutting issues relevant for SHN, including, gender and protection, environment and disaster risk management.	Share of learners with satisfactory learning results in SHN-related issues	2015: Issues are not part of curricula and exams	By 2025: 50 percent	EMIS Annual SHN reports	No major crisis that impedes learners from participating in school
<b>Outcome 5:</b> SHN-related issues are mainstreamed into primary and secondary school curricula and teachers have the capacity to teach these in effective and participatory ways.	Extent to which SHN-related issues are taught at primary and secondary school and in teacher training colleges	2015: Some aspects are covered under Life Skills and/or Home Economics, but limited	By 2020: SHN-related issues are part of the regular curriculum and of exams at primary and secondary school and for teacher training	Curricula for primary and secondary schools and for teacher training Annual SHN reports based on reports from teacher training colleges	Teachers can be motivated and retained in the school system, and infrastructure allows practicing acquired skills

Result	Indicator	Baseline	Target	Means of Verification	Assumptions
<b>Output 5.1:</b> Relevant learning to be integrated into primary and secondary school curricula identified	Proposal by the TWG (SHN advisory committee) on the SHN-related issues to be integrated into primary and secondary school, and how these could be taught	2015: No proposal exists	By 2016: Proposal is submitted to and approved by MOEST	Annual SHN reports	TWG and SHN-advisory committee functions with full participation of relevant stakeholders  Government manages to secure own and partner resources to fund enhanced training / recycling
<b>Output 5.2:</b> Relevant learning to be integrated into teacher training curricula identified	Proposal by the TWG (SHN advisory committee) on the SHN-related issues to be integrated into teacher training, and how these could be taught	2015: No proposal exists	By 2016: Proposal is submitted to and approved by MOEST	Annual SHN reports	
<b>Output 5.3:</b> Integrate identified learning into school and teacher training curricula	Number of hours per year spent on each issue as percent of the number of hours proposed by the TWG (SHN advisory committee)	2015: n/a	By 2020: 100 percent	Annual SHN reports, based on EMIS and teacher training reports	
<b>Output 5.4:</b> Relevant training / recycling modules are provided to existing teachers	Share of existing teachers that has participated in training / recycling modules	2015: 0	By 2020: 50 percent	Annual SHN reports	
<b>Output 5.5:</b> Comprehensive strategy to strengthen teachers' capacity to provide up-to-date and relevant SHN (and other) teaching	Extent to which the updated SHN-Strategic Plan incorporates a strategy to secure on-going updates on SHN-issues and their integration into teacher training and recycling	2015: Issue is not included	By 2018: Issue is SHN Strategic Plan Costs are included in MGDS III	Updated SHN Strategic Plan MGDS III	

\* Complementarity activities, sustainability plan and medium term financing plan should ideally be integrated into one NSMP Implementation Plan

\*\* to the extent that the special needs do not completely exclude participation in normal schools