



Government of Zimbabwe

# Zimbabwe School Health Policy

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Produced by the Ministry of Primary and Secondary Education  
in collaboration with Ministry of Health and Child Care





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## Preface

Guided by the Constitution of Zimbabwe (2013), the Education Act and the Public Health Act, the Ministry of Primary and Secondary Education, in collaboration with the Ministry of Health and Child Care, embarked on the development of the School Health Policy. The need for a school health policy was highlighted in the 1999 report by the Presidential Commission of Inquiry into Education and Training which inspired the design of the Curriculum Framework (2015 – 2022). Furthermore, this policy fulfills the recommendation of Health Commission Report of 1999 which highlighted the need for the provision of comprehensive health services for schools. As a result, the school health education content in the Zimbabwe curriculum for primary and secondary schools has been strengthened.

According to Section 29 Subsection 1 and 3 of the Zimbabwe Constitution;

1. The State must take all practical measures to ensure the provision of basic, accessible and adequate health services throughout Zimbabwe
2. The State must take all preventive measures within the limits of the resources available to it, including education and public awareness programmes, against the spread of disease.

Section 64 Subsection 1 of The Education Act, as amended in 2006, stipulates that the Minister of Primary and Secondary Education in consultation with the Minister responsible for Health shall make regulations for the purposes of safeguarding the health of learners.

This policy provides a broad frame of reference to guide the implementation of a number of health related interventions relating to the welfare of learners in the school system, such as nutrition, water, sanitation and hygiene, additional needs of learners with disabilities, mental health, sexual and reproductive health concerns, and the care and support provisions including guidance and counseling services for all learners.

Through this policy, the Ministry of Primary and Secondary Education is better placed to collaborate with other sector Ministries on cross cutting matters such as Gender, Physical Education and Sport, the School Feeding Programme, Water, Sanitation and Hygiene, adaptation to Climatic Change, Disaster Risk Reduction, support for Orphans and Vulnerable Children, Violence prevention as well as Drug use prevention and HIV and AIDS.

The success of this policy heavily depends on effective coordination, implementation linkages, learner participation, community participation and ownership, monitoring and evaluation.

We therefore call upon the health sector and all other stakeholders to continue collaborating with the Ministry of Primary and Secondary Education and the Ministry of Health and Child Care towards the common goal of achieving optimal learning and health outcomes for all learners in Zimbabwe.



**Dr. S.J Utete-Masango**  
**Secretary for Primary and Secondary Education**



**Major General (Dr) G. Gwinji**  
**Secretary for Health and Child Care**





## Foreword

The Zimbabwe School Health Policy (ZSHP) emanates from the recognition of the inseparable relationship between education and health and the fact that many ailments can be prevented through appropriate interventions at the earliest stages of human life. Education plays a key role in ensuring healthy lives and promoting well-being, as well as being fundamental to enabling individuals to fulfill their potential and participate fully in society. The Global Education First Initiative identifies health as one of the core outcomes of good quality education and the Incheon Declaration states that quality education ‘develops the skills, values and attitudes that enable citizens to lead healthy and fulfilled lives, make informed decisions, and respond to local and global challenges’.

Zimbabwe population attending primary and secondary school stands at 30% and the school setting is therefore very important for health interventions. There is consensus on the need for close collaboration between the two ministries, Ministry of Primary and Secondary Education (MoPSE) and Ministry of Health and Child Care (MoHCC) for the achievement of their common vision in this regard.

In the context of the African Union Agenda 2063 and Sustainable Development Goals, the ZSHP is a critical component of the Continental Education Strategy which addresses the health and nutrition requirements for quality education for all.

The Ministry therefore acknowledges the support received from UNICEF, UNFPA, UNESCO and WHO in the alignment of this document to the common framework for School Health - Focusing Resources for Effective School Health (FRESH) which was agreed by international agencies during the World Education Forum in Dakar in 2000. While many school health programme activities have been implemented in Zimbabwe in the past, the need for a coherent policy framework could not be deferred any longer.

The aim of this ZSHP is to operationalize comprehensive school health programming from the time children enter school at Infant Education level to their exit upon completion of secondary education.

The policy provides a framework for the implementation of school health education and promotion in schools in order to ensure that young people develop positive health behaviors, which they will carry throughout their lives.

This policy was developed in tandem with the Curriculum Framework (2015-2022) with the objective to mainstream health topics into the syllabus content at all education levels. Hence, the components of the comprehensive school health include skills-based health education, psychosocial support services, safe and sanitary school learning environment, disaster management and risk assessment, school based health and nutrition services, family and community health services, children with special needs and health promotion for school staff.

The Zimbabwe School Health Policy was developed in a participatory process led by MoPSE in collaboration with MoHCC, with technical support from United Nations agencies and with the active involvement of learners, parents and a wide spectrum of stakeholders, including other sector ministries as well as non-state actors.





This policy therefore confirms government's commitment towards the provision of school health services to all learners and school staff in the context of optimizing learning outcomes while contributing towards the broader developmental objectives of Zimbabwe.

Accordingly, the policy provides a framework for the development of school health strategic plans and related programmes for Zimbabwe. It is our expectation that all partners and stakeholders will use this policy document to engage and support the Ministry of Primary and Secondary Education on school health programming in Zimbabwe.

We urge all stakeholders to carefully read and apply this policy to ensure a well-coordinated and efficient system for the implementation of school health activities that equitably benefit all learners in Zimbabwe.



Hon. Prof Paul Mavima  
**Minister of Primary and  
Secondary Education**



Hon. Dr P.D Parirenyatwa, Senator  
**Minister of Health and  
Child Care**

## Acronyms and Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
ARV	Antiretroviral Drugs
BCG	Bacillus Calmette-Guerin (BCG) Vaccine
BMI	Body Mass Index
CCORE	Center for Collaborative Operational Research & Evaluation
CIET	Commission of Inquiry on Education and Training
DPT3	Diphtheria, Pertussis and Tetanus
ECD	Early Childhood Development
EFA	Education for All
ESA	Eastern and Southern Africa
FRESH	Focusing Resources on Effective School Health
GoZ	Government of Zimbabwe
HIV	Human immunodeficiency virus
ICT	Information and Communication Technology
IEC	Information, Education and Communication
MCH	Maternal and Child Health
MoHCC	Ministry of Health and Child Care
MOPSE	Ministry of Primary and Secondary Education
NFSI	Nutrition Friendly School Initiative
NGO	Non-Governmental Organization
PCIET	Presidential Commission of Inquiry into Education and Training
PEP	Post-Exposure Prophylaxis
PMTCT	Prevention of Mother to Child Transmission
PPP	Public Private Partnerships
SADC	Southern Africa Development Community

SDC	School Development Community
SHP	School Health Policy
SRH	Sexual and Reproductive Health
TB	Tuberculosis
UNICEF	United Nations Children's Fund
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
WHO	World Health Organization
ZDHS	Zimbabwe Demographic and Health Survey
ZSHP	Zimbabwe School Health Policy
ZimASSET	Zimbabwe Agenda for Sustainable Socio-Economic Transformation
ZIMSTAT	Zimbabwe National Statistics Agency





### Glossary

#### Topic

This Policy shall be known as the ZIMBABWE SCHOOL HEALTH POLICY. Interpretation of this policy shall rest with the Ministry of Primary and Secondary Education.

#### Definitions

In this document, unless otherwise stipulated, the following definitions relate more specifically to the Zimbabwe School Health Policy (ZSHP).

#### Health

A state of complete, physical, mental, spiritual and social well-being and not merely the absence of disease or infirmity (WHO, 1948)

#### Health Promotion And Disease Prevention

It is the aggregate of all purposeful activities designed to improve personal and public health through a combination of strategies, including the competent implementation of behavioural change strategies, health education, health protection measures, risk factor detection, health enhancement and health maintenance.

#### Healthy Life-Style

It is a set of health-enhancing behaviours, shaped by internally consistent values, attitudes, beliefs and external social and cultural factors.

#### Health Education

Is a process of imparting health information for the purposes of creating awareness, enhancing knowledge, decision making and influencing attitudes and positive behaviour change.

#### Health Educator

A practitioner who is professionally prepared in the field of health education, who demonstrates competence in both theory and practice and who accepts responsibility to advance the aims of the health education profession.

#### School Health Educator

A practitioner who is professionally prepared in the field of school health education and



demonstrates competences in development, delivery and evaluation of curricula for learners and adults in the school setting that enhance health knowledge, attitudes and problem solving-skills.

### **School Health Programme**

An organized set of policies, procedures and activities designed to protect, promote and support the health and well-being of learners and staff which is traditionally included in health services, healthy school environment and health education. It should also include but not limited to guidance/counseling or social services, physical education, nutrition services, community and family involvement, psychological services and health promotion for learners and staff.

### **Sanitary Conditions**

Environments and conditions that are clean, safe and not dangerous/injurious to human health

### **Public-Private Partnerships (Ppp)**

Public-Private Partnerships (PPP) in the school health refers to any cooperative or collaborative effort on the part of individuals, groups, agencies, or business with Government in the provision of education and school health services.

### **School Health Education**

It is one of the components of the School Health Programme which includes the development, delivery and evaluation of a planned instructional programme and other activities for learners from Early Childhood Development (ECD) through Form 6, for parents and for school staff, and is designed to positively influence the health knowledge, attitudes and skills of individuals.

### **School Health And Nutrition Services**

It is that part of School Health Programme provided by physicians, community nurses, dentists, health educators, Environmental Health Technicians (EHTs)/Environmental Health Officers (EHOs), other allied health personnel, nutritionists, social workers, teachers and others to appraise, protect and promote the health of learners and school personnel. These services are designed to ensure access to and appropriate use of primary care services, prevent and control communicable diseases, provide emergency care of injury or sudden illness, promote and provide optimum sanitary conditions in a safe school facility and environment and provide concurrent learning opportunities which are conducive to maintenance and promotion of individual and community health.

### **School Health Instruction**

This instruction is intended to motivate health maintenance and promote wellness and not



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merely prevent disease. It refers to the development, delivery and evaluation of a planned sequenced curriculum for Infant, Junior and Secondary educational levels. The goals, objectives, content sequence, and specific classroom lessons include, but are not limited to the following major content areas; (a) mental and emotional health, (b) family living, (c) consumer and community health, (d) environmental health, (e) growth and development, (f) nutrition, (g) personal health, (h) communicable and non-communicable diseases, (i) injury prevention and safety, (j) substance use and abuse.

### **Competency Based Health Education**

Is an approach to creating or maintaining healthy lifestyles and conditions through the development of knowledge, attitudes and skills using a variety of learning experiences, with an emphasis on participatory methods.

### **A School Health Package**

Often refers to the health and education related programmes available within a specific school community which includes prevention, promotion, treatment and referrals; with a focus on health education, a safe environment, quality health services, referrals and advocacy for healthier lifestyles.

### **Non-Communicable Diseases**

These are diseases that are not transmitted from person to person. Non-communicable diseases occurrence is associated with peoples' lifestyle and the modification of these lifestyle is the hallmark of prevention and control of these diseases.

### **Communicable Diseases**

This refers mainly to infectious diseases with a potential of spreading from person-to-person. These diseases are monitored regularly by the Ministry of Health and Child Care using the weekly disease surveillance system for purposes of preventing outbreaks.

### **Psycho-Social Environment**

This refers to the psychological and social factors that have consequences for satisfaction, health and ability to perform at learning places. The term psycho-social refers to the close connection between psycho-social aspects of one's experiences (e.g. thoughts, emotions, and behavior) and the wider social experience (e.g. relationships, tradition and culture). Learners and teachers are psychologically affected by the surrounding social conditions that may disrupt or enhance the quality and effectiveness of learning. Learners and teachers require an environment that is physically safe, emotionally secure and psychologically enabling in relation to their gender, physical ability and socio-economic status.



## **Gender**

Gender refers to the socially constructed differences between men/boys and women/girls such as norms, roles and relationships of and between groups of women/girls and men/boys. These distinct differences in roles and behavior may give rise to gender inequalities in health status and access to education and health care.

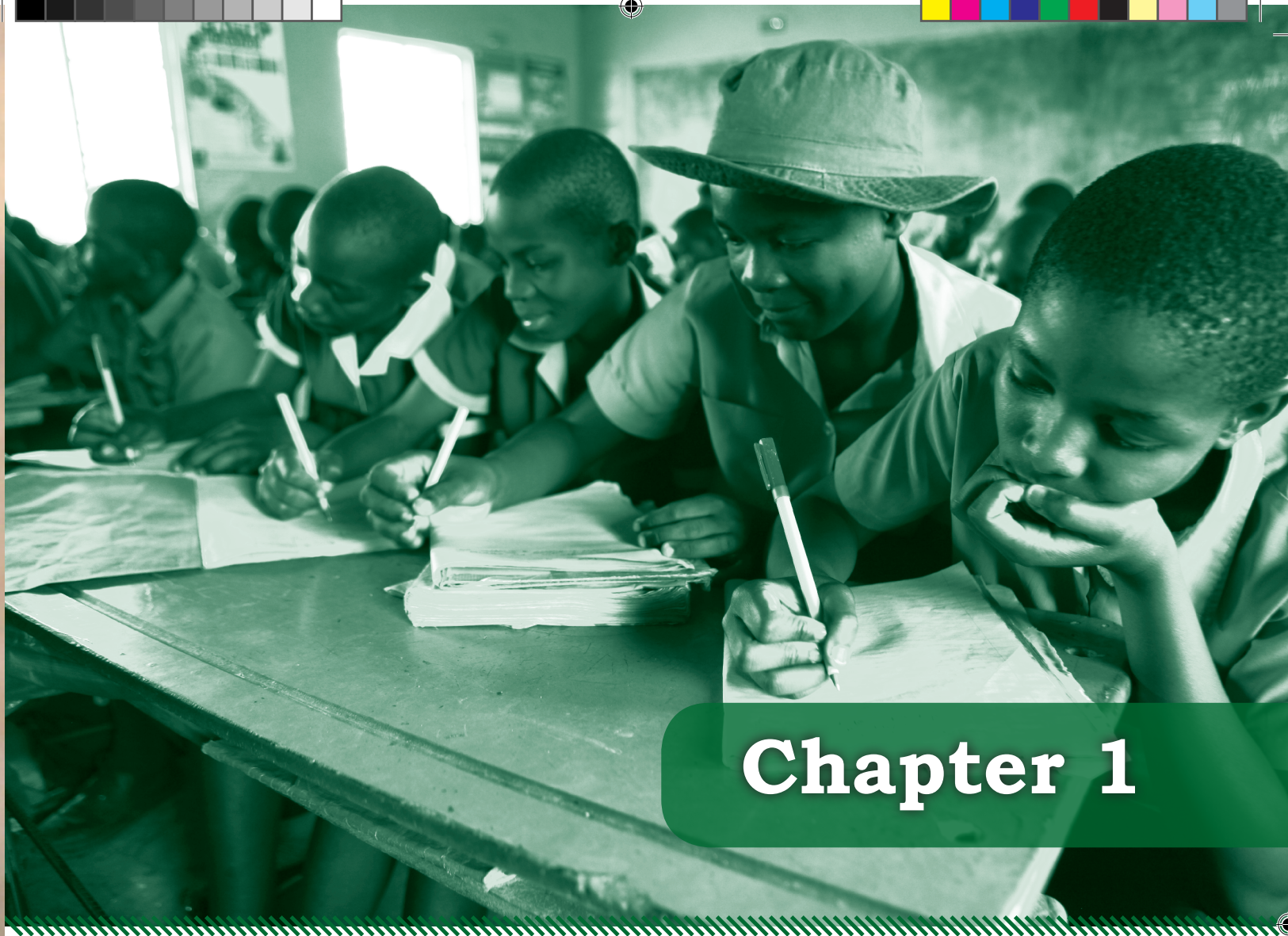
## **Neglected Tropical Diseases**

NTDs) are a diverse group of tropical infections which are especially common in low-income populations in developing regions of Africa, Asia, and the Americas. They are caused by a variety of pathogens such as viruses, bacteria, protozoa and helminths.

## **Comprehensive Sexuality Education**

A formal curriculum that is part of a comprehensive school health education approach which addresses age-appropriate physical, mental, emotional and social dimensions of human sexuality.





# Chapter 1

## Introduction

The Zimbabwe School Health Policy (ZSHP) provides a broad frame of reference to guide the implementation of a number of health related issues relating to the welfare of learners in the school system, such as health and nutrition, education services, water, sanitation and hygiene, needs of learners with disabilities, mental health, sexual and reproductive health concerns, and the care and support provisions as well as guidance and counseling needs of all learners.

## Background

This Policy is a culmination of the process that began with the adoption of the 1999 Presidential Commission of Inquiry into Education and Training report in which issues of school health enhancement were highlighted. It has also benefited from the Curriculum Review process which was launched in October 2014. The Policy is therefore building on the resultant Curriculum Framework for Primary and Secondary Education (2015-2022) which Government approved on 22 September 2015.

Other reviews and studies carried out on school health characterize high incidence of communicable diseases including neglected tropical diseases and high prevalence of non-communicable diseases including malnutrition and injuries as occurring in schools.





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- School health is also influenced by concerns on the observed trend of specific diseases in adult populations that could have been prevented earlier, high incidence of lifestyle disease conditions, HIV and AIDS, sexually transmitted diseases, teenage pregnancies, illegal abortions, oral-ill health, disability issues, drug abuse including alcohol and tobacco use, mental ill health prevalence, behaviour that results in injury and violence, as well as the effects of inadequate health education at community level.

Health has been identified among the key prerequisites for regular school attendance, retention and completion rates and subsequent positive learning outcomes.

Some of the multi-sectoral approaches that have been supported and documented by the World Health Organization, UNICEF, and UNESCO including the child friendly, and health promoting schools initiatives have been shown to have made substantial contributions to learners' health, wellbeing and development

### Policy Vision

A primary and secondary education system with an enabling environment for the provision of equitable, sustainable and quality health services for all learners .

### Mission

To ensure optimal health in the school environment through promoting and facilitating the equitable provision of quality, holistic school health programmes in all primary and secondary education institutions.

### Goals

The Zimbabwe School Health policy aims to improve education outcomes of access, completion and optimal learning achievement for all. Its specific goals are to -:

- equip learners with comprehensive life skills for healthy living
- reduce health barriers to learning
- contribute towards a reduction in common childhood illnesses
- provide a common framework for all school health intervention programme activities and the monitoring and evaluation of the School Health Programme

### Objectives

The policy objectives seek to -:

- Provide competency-based health education, including life skills that are age appropriate, culturally relevant and scientifically accurate in the school setting;



- Improve access to and use of health and nutrition services at school;
- Promote safe school environments that are stimulating, socially supportive and hygienic for learners, teachers and community in the school setting;
- Strengthen the organizational structure and professional capacity development of teachers to enable the development, implementation and evaluation of a Comprehensive School Health programme;
- Strengthen multi-sectoral collaboration and coordination in School Health programming;
- Provide opportunities for physical education and recreation to enable access of young people to constructive activities and strengthen school programmes for counselling, social support and mental health promotion.

### Guiding Principles

The following principles shall guide the implementation of the Zimbabwe School Health Policy

**Unhu/Ubuntu** - The Pan-African philosophy of humanism which nurtures respect for human dignity and promotes values such as empathy, honesty, fairness, good neighbourliness and hard work among other virtues.

**Human rights based approach** - Providing school health services, including the rights of all persons to the highest attainable standard of health.

### Collaboration

Recognizing that effective implementation depends on collaboration between the education and health sectors including all other stakeholders working in health and education in Zimbabwe. The health sector shares responsibility for the health of children, while the education sector is responsible for the implementation of school health programmes.

### Equity and inclusivity

Understanding, identifying, addressing, and eliminating the biases, barriers, and power dynamics that limit prospects for learning, growing, and fully contributing to society. These barriers and biases (broad determinates of rules), whether overt or subtle, intentional or unintentional, need to be identified and addressed.

### Learner participation

Intended beneficiaries must actively participate in the design, implementation, monitoring and evaluation of service delivery efforts for ownership and sustainability;





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### **Best interest of the learner**

The interests of the learners will take precedence in deciding the interventions that best address the issues affecting the learners.

### **Gender sensitivity**

Promoting and educating learners and staff on gender related practices that affect young boys and girls. The policy will ensure that the concerns and experiences of girls and women as well as of boys and men are an integral part of the school health programme design, implementation, monitoring and evaluation.

### **Adherence to principles of social justice**

The policy will ensure that the rights of all target population groups are considered in a fair and equitable manner, including marginalized and disadvantaged learners irrespective of geo-location, cultural, religious or socio-economic status of the school.

### **Partnerships, networking and alliance building**

The MoPSE shall strive to make partnerships with its key stakeholders and provide a platform for regular networking meetings for purposes of sharing experiences and establishing partnerships with non-traditional partners.

### **Public and private sector participation (social responsibility)**

Within the partnerships, networking and alliance building mechanism, the MoPSE and MoHCC shall create partnerships with private partners who have an interest on health and education.

### **Integration of school health in all school activities**

Policies, strategies and programmes shall promote integrated and comprehensive service delivery and inter-sectoral collaboration at all levels.

### **Adherence to professional standards and ethics**

The MoPSE, MoHCC and partners shall strive to provide comprehensive school health services in a professional manner and within the acceptable ethical standards of Zimbabwe.



## Values

Guided by the philosophy of Unhu/Ubuntu (Humanism), the Zimbabwe School Health Policy upholds the fundamental core of respect for human life and harmonious co-existence through the following values-: **Transparency** and the Implementation of the school health activities will be open to scrutiny, communicated to all partners. The MoPSE and MoHCC will be accountable.

## Integrity

The school health programme will be consistently implemented in a principled and moral manner.

## Teamwork

Cooperation and partnership to achieve a common goal will be fostered by MoPSE. This will ensure that sector ministries and partners work together as one complementing system to achieve and take responsibility for the outcomes of the school health programme.

## Empathy

The MOPSE, in collaboration with the MOHCC, shall implement the School Health programme activities in a compassionate manner for the benefit of both in and out of school learners and school personnel.

## Commitment

The MOPSE, is dedicated to implementing the School Health programme activities, in collaboration with the MOHCC, for the achievement of quality, equitable learning, nutritional and health outcomes for all.

## Respect for human rights

Ensuring that all people are accorded rights inherent to all human beings, whatever the nationality, place of residence, sex, national or ethnic origin, colour, religion, language in line with the Constitution of Zimbabwe.



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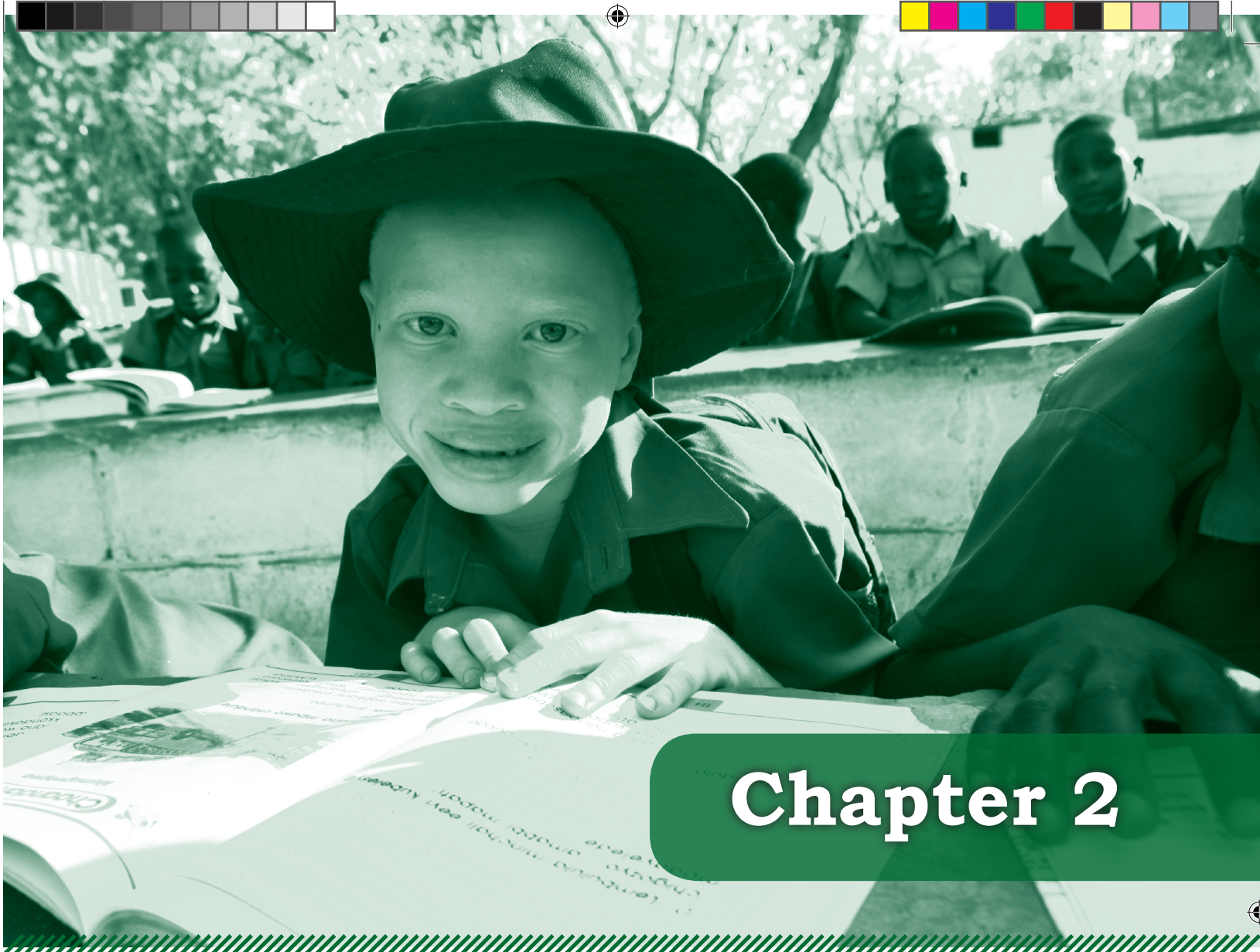
### **Safe and conducive learning environment**

Ensuring compliance with safety and protection measures at all schools in line with Constitutional provisions on the rights of children.

### **Prevention of violence and abuse in educational settings**

Ensuring that all learners are protected from all forms of physical, sexual, and emotional violence and abuse, neglect or negligent treatment, maltreatment or exploitation.





## Chapter 2

### Policy And Legal Environment For School Health

Zimbabwe is a signatory to a number of international global frameworks that promote school health. These include the following:

1. Alma Ata Declaration (1978)
2. The Ottawa Charter (1994)
3. The Jakarta Declaration (1996)
4. The World Conference on Education for All in Jomtein, Thailand (1990)
5. Education for All (EFA) / Dakar Framework of Action (2000)
6. The Sustainable Development Goals (2015)
7. The UN Convention on the Rights of the Children ( 1989)

The GOZ is a signatory to regional frameworks that promote the welfare of children in and out of school.

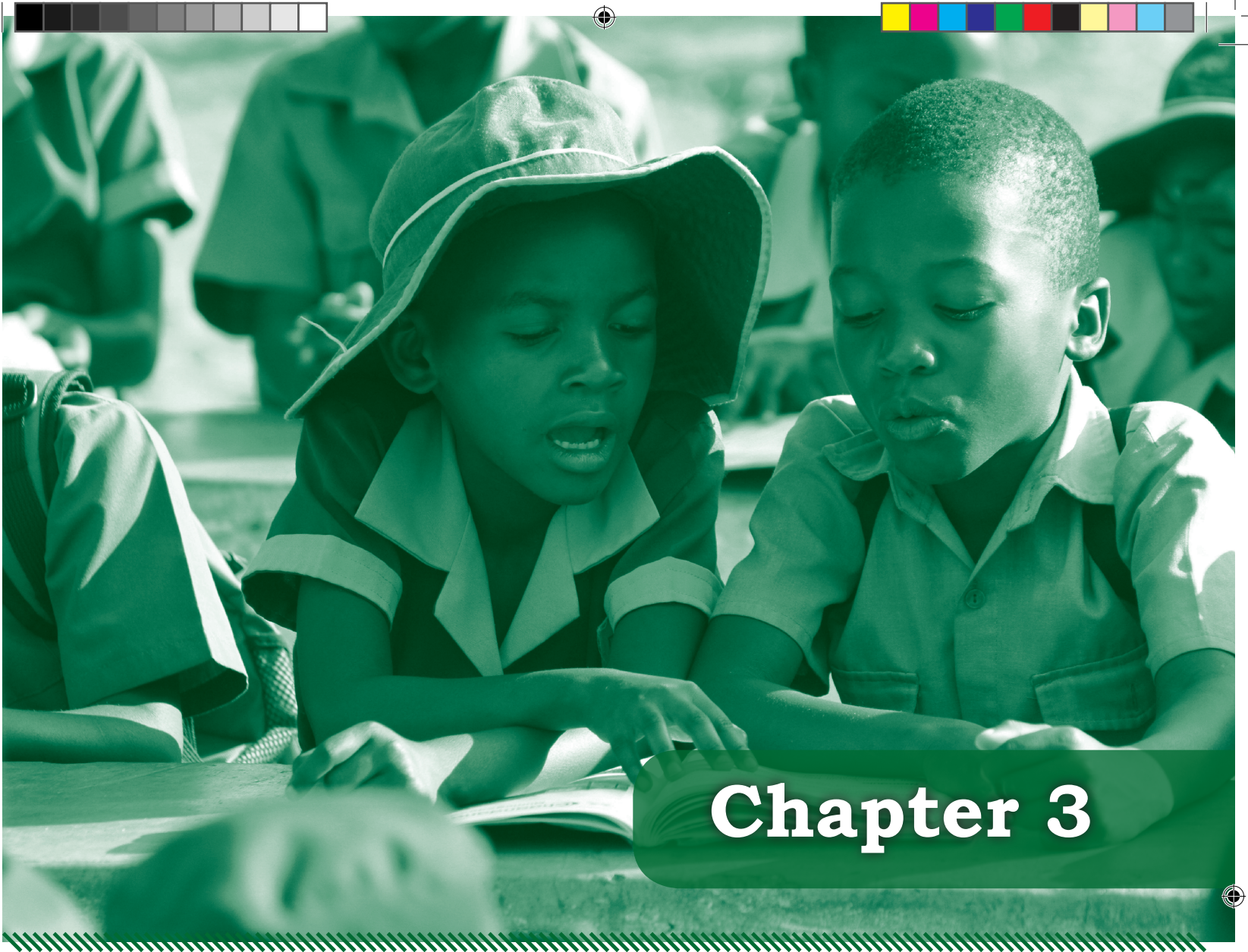
8. Maputo Plan of Action (2006)
9. International Conference on Population Development (ICPD) (1994)

10. Southern African Development Community (SADC) Protocol on Gender and Development (2008)
11. Abuja Declaration and Framework for Action on HIV/AIDS (2001)
12. The African Youth Charter (2006)
13. African Union Second Decade for Education in Africa (2006)
14. East and Southern Africa (ESA) Ministerial Commitment (2013)
15. The African Charter on Rights and Welfare of the Child (1999)
16. The Constitution of Zimbabwe provides for every child to have access to basic education and health services (2013)
17. The Education Act [Chapter 25:04]
18. The Public Health Act [Chapter 15:09]
19. The Children's Act [Chapter 5:06]
20. The Mental Health Act [Chapter 15:12]

In the document "Planning for Equity in Health Policy," The Government of Zimbabwe (GOZ), through the Ministry of Health and Child Care, clearly articulated the need to provide resources (human, financial, and time) to those in greatest need. A number of policy statements have operationalized these legal instruments and key among the policy statements include:

21. The National Sanitation and Hygiene Strategy (2011-2015) and the National Water Policy of 2013
22. The Food and Nutrition Policy (2012) and the National Nutrition Strategy (2014-2018) ,
23. The Zimbabwe National HIV and AIDS Strategic Plan II (2011)
24. The National Adolescent Sexual and Reproductive Health Strategy (2010)
25. The National Youth Policy (2013)
26. The Protocol on the Multi-sectoral Management of Sexual Abuse and Violence in Zimbabwe of 2012 and the Girls and Young Women Empowerment Framework of 2014
27. National Gender Policy (2013)
28. The Life Skills, Sexuality, HIV and AIDS Education Strategy (2012-2015)

This level of involvement demonstrates the commitment by the Government of Zimbabwe to provide a supportive environment, facilitate access to information and life skills education to school age populations in an effort to promote and protect health and enhance learning potential. This Policy therefore provides direction and guidance for the harmonization of the above instruments.



## Chapter 3

### Implementing Strategies

Three strategies will be employed to implement the Zimbabwe School Health Policy. The strategies are:

- i. Mainstreaming of health topics into the curriculum for all schools
- ii. Provision of comprehensive school health package
- iii. Strengthening of inter-ministerial linkages and coordination of all stakeholder support for Enhanced System Management, Coordination, Monitoring and Evaluation, encouraging Public-Private Partnerships

Each of these strategies has sub-strategic activities that are critical for the successful implementation of the Zimbabwe School Health Policy. The mainstreaming of health topics into the curriculum for all schools is critical for ensuring competency based health education

Therefore existing and emerging health issues are addressed in skills based health education activities including but not limited to the following -:

- i. All learners shall acquire theoretical and practical health education through the school curriculum.
- ii. Children shall be given an opportunity to take part in physical education including those with disabilities in order to promote wellness.
- iii. Inclusion of the tenets of education for sustainable development and environmental awareness in the curriculum.
- iv. Institutionalised school nutrition programme at every primary and secondary school.
- v. Guidance and counselling, life skills orientation exposure as well as individualised mentorship and counselling services.
- vi. Age appropriate sexual and reproductive health (SRH) and life skills education will include Comprehensive Sexuality Education and information on available sexual and reproductive health services, in line with the government approved Curriculum Framework for Primary and Secondary Education.

### School health instruction

- i. School health instruction shall be planned and sequenced within the relevant learning areas of the Infant, Junior and Secondary education curriculum in order to address learners' needs and current and emerging health concepts and social issues;
- ii. School Health instruction shall provide opportunities for learners to develop and demonstrate health related knowledge, attitudes, practices and skills as well as integration of physical, mental, emotional, social and spiritual dimensions;
- iii. School health instruction shall develop specific programme goals and objectives, formative and summative evaluation procedures, an effective management system, and sufficient resources including budgeted instructional materials, time, management staff and teachers.
- iv. Concepts shall be covered in an age-appropriate sequence and in harmony with the full curriculum menu
- v. All learners shall be required to participate in compulsory activities that promote health
- vi. The content of health instruction shall be based on evidence from research findings, age appropriateness and cultural relevance

### Provision of the comprehensive school health package

A comprehensive school health package is the standard for all schools. Eight components of the comprehensive school health package are:

- i. Competency based health education
- ii. Psychosocial support services
- iii. Safe and Sanitary School Environment
- iv. Disaster Risk Management
- v. School Based Health and Nutrition Services
- vi. School –Family-Community Health Linkage Services
- vii. Support facilities and services for learners with Special Needs
- viii. Health Promotion for School Staff

This is the main strategy that describes all the components through which the Ministry of Health and Child care will collaborate with and support the Ministry of Primary and Secondary Education in the implementation of health promoting activities in Zimbabwean schools.

The school health package focuses on prevention, detection, and control of communicable and non-communicable diseases as well as promotion of health and nutrition. The following prerequisites are essential for the successful implementation of the comprehensive school health package:

- i. School health services must be available at all school settings, irrespective of ownership, economic status, and religious beliefs and shall be the standard in any school health programme in Zimbabwe;
- ii. School health services shall be integrated with the health instructional component in order to ensure and facilitate equal access to the health care system by all learners;
- iii. The Ministry of Health and Child Care shall deliver school health services in two modes-:
- iv. Clinical Health Management Services to school clusters within accessible distance from each clinic whilst designing appropriate modalities for schools in more remote areas;
- v. Public Health preventative screening and treatment, either clinic-based or through school visits by multidisciplinary healthcare teams. This shall include growth monitoring for under five-year olds.
- vi. Depending on the type of intervention, the Ministry of Health and Child Care shall engage the Ministry of Primary and Secondary Education on mechanisms to mobilize community support and partnerships to provide services to more school children;
- vii. Provincial Education Directors and District School Inspectors shall ensure that every school effectively utilizes available opportunities for preventive health



- screenings as a measure for early diagnosis or referral to a trained specialist;
- viii. The Ministry of Primary and Secondary Education shall ensure that all school Administrators and teachers are familiar with Public Health Act regarding communicable disease control and Ministry of Primary and Secondary Education rules regarding infectious diseases and temporary exclusion of infected learners from the classroom;
  - ix. The Ministry of Primary and Secondary Education shall ensure that all School administrators and teachers are familiar with the relevant protocols, regulations as well as the roles and responsibilities of the Ministry of Primary and Secondary Education towards protection of the rights of learners in schools;
  - x. Appropriate health service delivery modalities shall be established to ensure the inclusion of learners with unmet needs, including diagnosis, counseling, mental health support and treatment.

### **Psycho-Social Support Services**

Schools will strengthen the provision of Guidance and Counselling services to empower learners with life skills and to aid learners in distress through appropriate psycho-social support and referral to and through the Schools Psychological Services. Internal support and onward referral systems shall be periodically reviewed to ensure effectiveness and efficiency of service delivery.

### **Safe School Environment**

This is a broad component of the Comprehensive School Health programme, which refers to a healthy physical and emotional environment for school personnel and learners. Every school shall establish a positive, supportive, and safe environment to enhance learning.

A safe school environment shall include the following considerations:

- i. Selection for new buildings sites and grounds as guided by present and future needs, safety and other concerns;
- ii. Ensuring the safety of playground space (location and surface) through the inspection and immediate repair of equipment;
- iii. Systematic supervision of learners when on the playground;
- iv. Physical Education teachers and Sport Coaches to be trained on how to manage sports injuries and administer first aid;
- v. Key school personnel to be trained on Safety procedures including dealing with hazards and emergencies and provided with written procedures for reference;

- vi. Traffic safety, adaptation to climatic change, general survival skills (including swimming/water safety) shall be promoted as vital elements of a Comprehensive School Health programme;
- vii. All schools shall uphold the principles of disability friendliness as well as gender equity and ensure the availability of safe water and age-specific appropriate and adequate sanitation amenities (toilet, hand washing facilities, facilities for ensuring menstrual hygiene)
- viii. Taking measures to prevent and address different forms of bullying, victimization, sexual harassment or/and other forms of child abuse and neglect;
- ix. Ensuring the full implementation of curriculum requirements on children's rights, the law, and the school health policy;
- x. As part of the physical environment of the school, disability friendly structure, classroom lighting and ventilation, sanitation, temperature and humidity shall be properly maintained and monitored in order to support learning;
- xi. The promotion of environmental awareness, conservation and sustainable waste management shall be emphasized at all school levels.
- xii. Engaging health and education officials, teachers, teachers' unions, students, parents, health providers and community leaders in efforts to make the school a healthy place.

### Disaster Risk Management

Disasters, by nature occur unexpectedly and the likelihood of unforeseen climate-induced disasters requires appropriate responsiveness in every school. It is therefore critical for each school to have functional early warning and response systems for locally relevant disasters. Four of the key requirements are highlighted for creating an environment of disaster management and risk assessment in each school setting.

Each school shall-:

- i. establish a disaster- preparedness and response committee to address school security and emergencies;
- ii. regularly assess the risk to health of both learners and staff within and outside the school, the learning environment, playground, social amenities, natural disasters and major disease outbreaks;
- iii. develop an Emergency Operational Plan that is understood by all within the school and community and
- iv. conduct regular disaster preparedness drills.

## School Based Health And Nutrition Services

This is a broad component of the School Health programme, which refers to the provision of school health and nutrition. Learners shall be required/assisted to have a school health card upon enrolment and throughout the learning duration. The following are a minimum package of interventions:

- i. Screening for common communicable and non-communicable diseases, mental health, malnutrition and developmental challenges by all staff
- ii. Provision of preventive, diagnostic, care, treatment and support services for common diseases, chronic conditions and in emergency situations
- iii. Immunization against the vaccine preventable diseases using schools as centres of immunization campaigns
- iv. Carry out mass drug administration for specific diseases where applicable for example bilharzia, deworming
- v. Oral health screening and education
- vi. Screen for mental health conditions including drug and substance abuse, depression, anxiety and suicidal tendencies. Assess for withdrawal among school children (inactive, not socializing with other learners and poor classroom participation)
- vii. Growth monitoring and assessments
- viii. The nutrition services shall be an integral part of the broader School Feeding Programme and shall incorporate approved meals that meet the nutritional requirements of all learners while upholding optimal food hygiene and safety standards.
- ix. Health and Hygiene Education for food safety, potable water supplies, sanitation services and waste management including personal hygiene shall be actively promoted.

## Learners With Special Needs

As part of the Zimbabwe School Health Policy, institutional capacity shall be strengthened for-:

- i. the systematic identification screening and assessment of learners for the necessary, inclusive support to individual learners with visual, speech and hearing impairment, physical disabilities, emotional and behavioural problems as well as different degrees of intellectual challenges.
- ii. The provision of requisite assistive devices, specialised teaching and learning resources and infrastructural adaptations.
- iii. The support of learners with health conditions that may affect school attendance,

participation and learning, such as epilepsy, asthma, diabetes, chronic heart disease, HIV and AIDS.

- iv. Effective internal referral and external linkages for further case management.

### **School-Family-Community Health linkage Services**

Provision of school health should extend beyond the school setting to include family and community.

Schools should continue working closely with community leadership in which they are based.

- i. School, family, and community health services should be coordinated with clear roles and responsibilities for the various duty bearers.
- ii. Guidelines for the collaboration between schools, health care providers, and community structures shall be provided through implementation circulars from the Ministry of Primary and Secondary Education.
- iii. The consent of the parents or guardians of learners attending school shall be obtained, in writing, by the Ministry of Health and Child Care for any invasive health interventions initiated through schools.

### **Health Promotion For School Staff**

While the policy is primarily focused on learners, it also seeks to promote health-enhancing behaviors among teaching and non-teaching staff as part of the workplace health and safety requirement.

In line with the Public Service Regulations, the Public health Act, relevant statutory labour obligations, the National AIDS Policy and emerging health trends the ZSHP shall ensure that:-

- iv. Each school implements a school health promotion programme for staff;
- v. The programme content shall be chosen based on needs and interests of the group and could include blood pressure screening, anti-smoking interventions, prevention and other interventions against harmful substance use/abuse, stress management, increase physical exercise or other health enhancing behaviours.
- vi. The programme shall utilize print and audiovisual materials, health assessments, counseling, classes conducted by experts, the school nurse, health educator, computer software (when available) and employee assistance programmes.
- vii. Psychosocial support shall be provided to staff with disabilities and those living with HIV and other chronic or mental health conditions.

## **Strengthening of Inter-Ministerial Linkages and Coordination of all Stakeholder Support for Enhanced System Management, Coordination, Monitoring And Evaluation**

The Ministry of Primary and Secondary Education is accountable for the implementation of the School Health Policy with technical support from the Ministry of Health and Child Care.

- The Ministry of Primary and Secondary Education, shall, in collaboration with the Ministry of Health and Child Care, include major ZHSHP programme activities on the annual school calendar.
- Ensure that all stakeholders in school health are guided by programme objectives and agreed operational parameters.
- Coordinate annual programme for the joint planning, monitoring and evaluation of as well as reporting on ZHSHP activities.
- Utilise the findings from Monitoring and Evaluation to influence the modification, strengthening and review of Zimbabwe School Health Policy. This shall include but not limited to assessing values, needs and interests, social and health problems, content, objectives, teaching strategies and techniques, curriculum development process and structure, the school environment and evaluative process.

The MoHCC is a core technical partner in the implementation of the ZSHP. The Ministry will be responsible for providing technical support on health, nutrition, sanitation, hygiene, the provision of health services, screening and outreach services.

Such support shall include:-

- i. Micronutrient supplementation, the Nutrition Friendly School Initiative and production of IEC materials to complement the School Feeding Programme;
- ii. Initiate the inclusion of health screening and immunization programme activities on the annual School Calendar;
- iii. Provide specialized input in the capacity building of the MoPSE and other relevant stakeholders in provision of school health services to learners;
- iv. Assist in the design and production of health record cards, manuals and guidelines for school health programmes;
- v. Mobilize material and financial resources for health related activities;
- vi. Participate in the joint monitoring, supervision and evaluation of school health programmes;

- vii. Advise The Ministry of Primary and Secondary Education on the provision and maintenance of safe learning structures and other health-promoting facilities, including ventilation, lighting, environmental, gender equity, approved and recommended technologies for toilets , handwashing facilities, including disability-friendly toilets, safe water, safe play, safe recreational facilities and security at individual schools;
- viii. In consultation with the Ministry of Primary and Secondary Education, formulate and recommend enactment of relevant bylaws to promote safety and health standards for schools;
- ix. Enforce public health regulations for the protection of the school children and staff;

A comprehensive monitoring and evaluation framework for the ZSHP shall:

- i. Establishment of a monitoring and evaluation framework with relevant indicators.
- ii. Well defined strategic objectives, outputs, outcomes and health status indicators.
- iii. Inclusion of the selected ZHSP indicators in the Education Management Information System (EMIS)

### **Encouraging Public Private Partnerships**

The participation of non-State players as well as the design of Public Private Partnerships on school health initiatives shall be guided by prevailing the laws of Zimbabwe.

### **Financing Of Zimbabwe School Health Activities**

The Ministry of Primary and Secondary Education and that of Health and Child Care shall each be responsible for mobilising resources for school health requirements under their separate mandates. Such resources include human, material, financial, equipment and operational costs.

The United Nations agencies, other developmental partners and private sector shall provide technical and financial support towards the implementation of the Zimbabwe School Health Policy.

### **Review And Updating Of Policy**

In case there is conflict between this policy and existing or new legal instruments, MoPSE shall, in collaboration with the MOHCC, advocate and facilitate alignment with the current good practices on School Health. The ZSHP will be reviewed and updated as the need arise by the MoPSE and MoHCC.

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  - 18.5.7 The Food and Nutrition Policy (2012) and the National Nutrition Strategy (2014-2018) ,
  - 18.5.8 The Zimbabwe National HIV and AIDS Strategic Plan II (2011)
  - 18.5.9 The National Adolescent Sexual and Reproductive Health Strategy (2010)
  - 18.5.10 The National Youth Policy (2013)
  - 18.5.11 The Protocol on the Multi-sectoral Management of Sexual Abuse and Violence in Zimbabwe of 2012 and the Girls and Young Women Empowerment Framework of 2014
  - 18.5.12 National Gender Policy (2013)
  - 18.5.13 The Life Skills, Sexuality, HIV and AIDS Education Strategy (2012-2015)



## Appendix 1-

### Consultation Process

List of participant : Stakeholder Consultation Workshop on the Zimbabwe School Health Policy Kadoma , August 2014

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