MY HEALTHY SCHOOL
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**HDI - Health Development Initiative**

*Striving for a healthy society*

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Our children spend a large part of their childhood in school and therefore besides acquiring knowledge and perceptions, schools influence the quality of their live throughout adulthood.

It is therefore crucial that schools are healthy environments prepared to nurture and shape our children into healthy, responsible adults that go on to actively participate in the wellbeing of our society.

The Government of Rwanda has invested appreciably in increasing access to education for all children over the past two decades – including through the creation of universal education schemes such as the nine and twelve years basic education.

As a result, we are experiencing increased enrollment in primary and secondary schools in Rwanda today.

Furthermore, Government has put in place necessary policy frameworks to ensure that schools are safe and healthy environments which can offer quality education and life-skills to children from all walks of life.

With healthy schools, we can be assured that the increased enrollment will translate into Rwanda’s advancement towards the envisioned knowledge-based status.

To guide the establishment of health schools, the Government enacted a School Health Policy. The Policy sets out the health and safety systems and practices an enabling school environment should have.

In the spirit of increasing knowledge and awareness of this policy, Health Development Initiative has produced this short story which constitutes the gist of this handbook.
“My safe school” primarily aims at increasing awareness about what we should collectively strive to achieve, so that our schools are healthy environments able to nurture children to productive adulthood.

This handbook’s lead character, Keza, is a typical representation of an ordinary Rwandan school girl and so is her school. The school life Keza leads is attainable for any Rwandan child provided all elements of our society join hands towards this noble target.

It is good to take children to school. It is however more important that each community work together to ensure that the schools we send them to are the healthy and safe environments they deserve.

Therefore, our hope is that this short story will spark a sense of responsibility, in not only school administrators and teachers, but also parents, learners and entire communities, to strive towards transforming schools into environments that our children can proudly refer to as “my healthy school.”

This is our contribution to the dissemination of the School Healthy Policy. Hopefully, those it will reach will take the next step to share its contents with the rest and be the agents of change that will initiate the discussion on meeting the minimum package of health standards as highlighted by Rwanda’s School Health Policy.

The contents of my healthy school include some key questions after each section. I implore individuals and groups to take time and think about these questions and answer them with respect to the condition of their school in each of the four sections discussed.

Aflodis Kagaba
Executive Director
Health Development Initiative
Introduction

Defining school health

Health as defined by the World Health Organisation (WHO) and the United Nations Culture and Education Fund (UNICEF) in the declaration of ALMA ATA is “a state of complete physical, mental, and social wellbeing and not merely the absence of disease or infirmity and is a fundamental human right”

WHO defines a school health program as a combination of services ensuring the physical, mental and social well-being of learners so as to maximize their learning capabilities (Medical Dictionary).

The WHO Expert Committee on School Health argue that school health programs can advance public health, education, social and economic development, and that the global expansion of school health programs attests to the value placed on such programs.

Rwanda’s School Health (SH) policy focuses on quality of life of the child in terms of healthy environment to take advantage of opportunities to thrive, so schools and communities can ensure that their teaching programs and school facilities are exploited to their maximal potential.
Importance of SH policy

Most children spend up to 15 of their formative years (from early childhood to young adulthood) in a classroom environment. This provides an ideal opportunity for health education and interventions which address the many health and socio-economic factors affecting children in Rwanda.

As these children are agents of change, once educated, they will potentially become influential sources of health information and models of healthy behaviour for their families and the broader communities. In this way, the health system would be able to reach far beyond the walls of health institutions.

SH services also have the potential to provide a safety net for children who do not access preventive health services during their pre-school years. They are also able to identify avoidable health problems that may constitute barriers to learning.

School Health principles

The SH policy is part of education and health policies which operates within the Economic Development and Poverty Reduction Strategies Phase II (EDPRS II) Framework and:

- Focuses on achievement of health and educational outcomes;
- Is implemented within a child’s rights approach. This means that children should not be passive recipients, but must be empowered as actors in their own development and in the development of the community;
- Ensures full coverage of all learners;
- Ensures that appropriate assessment, treatment, care and support services are available and accessible to all learners who are identified as requiring them;
- Is informed by local priorities;
Vision of SH Policy

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

- Is based on local needs of the target groups (Need for local/grass root consultations);
- Equips students with the knowledge, skills and values to achieve their full development potential;
- Takes into account quality and equitable distribution of resources;
- Is implemented as a partnership between the Ministry of Health (MoH), Ministry of Education (MINEDUC) and all other relevant stakeholders and role-players.

Target groups of SH Policy

The target groups are students in pre-primary, primary and secondary schools. The SH policy aims to facilitate the optimum development of learners by developing schools as environment conducive to health and addressing barriers that will hinder students’ educational attainment.
Objectives of School Health Policy

Short-term

- To provide preventive and curative services that address needs of school children;
- To ensure provision of safe water and adequate sanitation facilities in schools;
- To improve and enhance knowledge of students and teachers about SH, including sexual and reproductive health and GBV, prevention of HIV and AIDS and other diseases, management of disabilities and special learning needs, hygiene, nutrition, physical education and mental health.

Medium-term

- To improve attendance and completion rates, due to better health status of children;
- To increase access to education, especially for girls, OVC’s and other disadvantaged children;
- To create a healthy, safer and hygienic environment for the school community, so as to ensure effective teaching and learning for both teachers and students.

Long-term

- To improve secondary graduation rates of students;
- To improve preparedness of students for tertiary opportunities;
• To have a healthier and better qualified workforce, and responsible parents for the next generations;
• To decrease medical health care costs, due to prevention and early detection of diseases in school children;
• To improve equality, equity and reconciliation.

A Comprehensive School Health framework combines four main elements: Health Education, Health and Support Services, Social Support and the Physical Environment. It involves the active participation of all members of the school community in creating action plans that make their school a healthier place.

**My healthy school** is a representation of what is basic for a school in each of the four main elements and showcases the minimum package that each community should strive to achieve in each school.

It also makes an endeavour to demonstrate how having these minimum school health standards is of crucial importance to the learner’s quality of learning and their appreciation of school which is very important in reducing drop-out and repetition rates, and poor performance especially for children in the universal basic education schools.
My Name is Keza, I am a student in senior one at Groupe Scholaire Baho.

On a normal school day, we begin class at 8:00am and ends at 4:00pm. It takes me ten minutes to walk from home to school and almost the same time to return home in the evening. The distance is about one kilometer.

Since I joined Groupe Scholaire Baho, I have loved my school. The conditions are good and the teachers are very supportive.
My fellow students who have been around for longer and my parents tell me it has not always been this way. A few years ago, they say, the school was not as organized as it is today. In any case, I am happy it is today, I love high school.

I want to share with you some of the main elements of my school that have made me feel welcome, safe and healthy for which reason I am proud to say that my school is healthy.
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Health Education
One of my favourite teachers in the school is teacher Mwiza for she is very supportive. Mostly, she is my source of information on areas that challenge me as a young school girl.

Among others, teacher Mwiza shares key information on the prevention of diseases that are very common in our school and community such as malaria and diarrheal. Additionally, she frequently discusses with me and other girls regarding our reproductive health addressing changes that our bodies are experiencing and how to deal with those changes without threatening our future.

My school follows the official Rwandan curriculum and I am proud to say it does not shy away from teaching Comprehensive Sexuality Education as provided for in the curriculum.

Teacher Mwiza sometimes calls girls (those from lower and upper secondary at different times) to discuss our sexuality and reproductive health.

There is one specific experience with teachers Mwiza that stands out for me and which has made me like her so much among all other teachers at my school.

After a few weeks of joining in term one, I headed for school feeling a little awkward but I did not feel like it was a serious illness so never considered skipping school that day.

But by late morning, my stomach was getting crampy and I generally getting sick so I went to teacher Mwiza because during our first week, they had introduced all senior one student to the school and key persons that can be contacted in case one needed help.

She asked me to seat and after realizing that I was not sick like she later disclosed to me, she started a conversation on all sorts of things including my favorite color and food.

If the objective was to calm me down, her words and the authoritative but friendly tone she used got the results. When I was feeling less tense, she asked me whether I had had my periods before, to which the answer was an obvious but suspicious no.
Though I had already had a lecture from my mother on what menstruation was; it was an uncomfortable discussion from me at that particular time with an almost total stranger. The most recent play was on the impact of teenage sex and sexually transmitted infections among youth. This play was both entertaining and educative and left me with a lot of information.

For instance, I learnt about tricks older men can use to persuade a young girl such as myself into having sex with them and how to avoid them. One such measure of avoiding falling prey to teenage sex was being contented with what my parents give me and comparing other girls because we all come from different backgrounds.

Also, the health club organizes a general cleaning event every first Friday afternoon each month, during which the general student body led by health club members work to eliminate an identified health hazard such as a growing bush around the school or stagnant water. This has kept our school clean and less affected by diseases stemming from poor hygiene and sanitation.

The club also collaborates with external institutions to ensure some valuable health information is well disseminated.

Last week, the local alcoholic beverages manufacturer was in our school sensitizing on effects of under age drinking. One main idea I retained from the session was that starting the abuse of alcohol and drugs at a very young stage hinders someone from getting rich because they fail to concentrate or even save. That can never leave my mind, I want to be a billionaire and I hate anything that can hinder me from becoming one.
Caring less about how I had uttered my no, teachers Mwiza continued to explain what she suspected was happening with my body and finally informed me that I should be expecting my first periods soon.

After the talk, she brought out a sanitary pad, demonstrated how it is used, and gave me a fresh piece. I went to the girls’ room to put the sanitary pad on as I had been instructed. Soon after, everything happened as she had anticipated— I had my first periods. With teacher Mwiza’s talk and support, I was confident and prepared to understand my body’s systems and how to enjoy each of them. While teacher Mwiza supports girls, teacher Alphonse is there to support boys in responding to their various questions. Teacher Alphonse and Mwiza are both serve as patrons for the school health club.

Although I am not a member of the school health club, I and all other students benefit from activities very much. The plays and dramas they conduct on disease prevention are so entertaining and educational that I am always eager to participate in their shows.
Notes from School Health Policy

For each school, the school health policy, as alluded to in the minimum school health package, requires that there are at least two teachers trained in various health courses and the prevention of common diseases and STIs, including HIV and AIDS, Sexual and Reproductive Health and Rights, school health and hygiene, Nutrition and school gardening, Physical education, and Psychosocial care and counseling.

Main diseases to prevent and be monitored among children by the two trained teachers as identified by the school health policy are worm infections caused mainly by poor hygiene, malaria, measles and rubella, tuberculosis, skin diseases, epilepsy and other chronic diseases, and disability and special learning skills.

Important question(s)

Are there teachers such as Mwiza and Alphonse who can support children in the various domains listed above and if not what is being done about it?

Teacher Alphonse and Mwiza are both the patrons to the school health club.

Though I am not a member of the school health club, its activities reach every student at school and I should be honest, the plays and dramas they act during mobilization on disease prevention are very entertaining and educative and I am always looking forward to their next show.

The most previous play which was on the impact of teenage sex and sexually transmitted diseases among the youth was particularly packaged in a very entertaining manner and left me with so much knowledge of tactics older men can use to persuade a young girl such as myself to have sex with them
The World Bank estimates that approximately 20% of the population in developing countries lives with some form of disability. In Rwanda, the large majority of children with disabilities and Special Learning Needs (SLNs) remain outside the school system, and the educational attainment of those that do enroll remains far below average. Disabilities involving visual, auditory, mental or multiple impairments remain particularly underserved. The Special Needs Education Policy (2007) promotes inclusive education and the mainstreaming of children with physical and mental disabilities of schools within their communities. The Education Sector Strategic Plan (2013/14-2017/18) further highlights the need disabilities and SLNs such as general learning disability, dyslexia, aphasia, dyscalculia and attention deficit disorder. This mandate necessitates increased capacity at the school level for early identification, integration and support to children with disabilities or SLNs, as well as deliberate action to overcome the prevalent stigma that inhibits effective response and support for these learners.

Notes from SHF

School health clubs

School health clubs will have the following content as part of their duties in schools during after-school time:

- Environmental health and hygiene;
- Gender-based violence;
- Sexual and Reproductive Health and Rights;
- Nutrition;
- Malaria;
- Tuberculosis;
- Mental health;
- Non-communicable diseases;
- Children under five;
- Immunization and VPD surveillance;
- HIV, STIs and blood borne infections;
- Other communicable diseases [infectious diseases]
and the referral of children to specialized schools or health facilities as needed. Early detection and appropriate accommodation and management will maximize positive outcomes for these children, both in their academic pursuits and their later success as autonomous and productive adult members of society.

**Important question(s)**

Are there teachers such as Mwiza and Alphonse who can support children in the various domains listed above? If not, what is being done to make sure children have this support?

Do you have a school health club?

If no, why not and what are you doing to create one?

If yes, does it function in all the envisioned areas? Is your school’s management supporting its activities?

What innovative areas has the school health club in your school introduced in its tasks to ensure they achieve the best in all areas indicated above?

How accommodative is your school to children with disabilities and special learning needs and what can you improve to ensure these less advantaged children are catered for?

Is your school body sensitized on the treatment of children living with disabilities?

What could the school health club in your school do to achieve the best they can (e.g. covering more/other topics; doing more/different activities; increasing support by school management; linking with external expert; using more/different information materials)?

What could the school health club in your school do to achieve the best possible for example in covering more/other topics; doing more/different activities; increasing support by school management; linking with external experts; using more/different information materials and so on?
Health Support Services
In addition to the health club, there are other clubs in my school. One of the other most exciting and attractive one is the First Aid Club, which I have joined. I have already received first aid skills from the Red Cross volunteers who visit the club regularly.

I can now offer first aid in case of an injury at the playground and I am very proud of myself for having gained this skill. First aid kits with key items required to conduct a minor intervention have been provided to each class and at least two students in the class are given the responsibility of being the emergency whistle-blowers each academic trimester.

The first aid club supervisor is also the one responsible for receiving cases of GBV. We have been advised that in case anyone of us becomes victim of gender based violence, the first contact should be the head of first aid club who is one of the teachers and is selected each year.

The teacher responsible for the first aid club regularly visits classes, explaining the process of reporting a gender based violation- from when a victim reports until the last stage of the process. First and very foremost, the case in recorded in detail and the victim is given first aid, particularly, psychosocial support if the violation was not a physical experience, or is immediately evacuated to the health centre for testing and other procedures in the case of sexual violence.
Notes from the School Health Policy

Every school shall have a GBV referral system, with support for victims, fast referral to health centres (for HIV and STIs prophylaxis and psychosocial care), record of cases, and inclusion of GBV in teachers’ code of conduct.

In Rwanda, according to the GBV Law, gender based violence is defined as any act that results in a bodily, psychological, sexual, or economic harm to somebody just because they are female or male.

Even though schools are important places that should be safe enough to enable pupils/students to acquire knowledge, it has emerged that a range of GBV incidences take place there. These incidences may include sexual, physical, economical and emotional/psychological abuse. When these incidences take place in and around the school environment, they are termed as school-related gender-based violence.

Important question(s)

Is there a functioning GBV support and referral system in your school?

If no, what are you doing to put one in place?

If yes, does it offer good services to ensure that the survivors of GBV are given the care they need and do not end up feeling as though they are to blame?

Do the students trust and have confidence in the GBV support and referral system?
In case of a social or even health challenge, there are two adult teachers, a male and female (teacher Mwiza and Alphonse), who students can go to for advice. Students are free to consult whichever teacher they prefer.

When our neighbor’s daughter Munderere became pregnant, it was teacher Mwiza that supported her to ensure that her parents understood her condition and accepted to take her back when they had initially decided to send her away for good.

Now I am hearing that teacher Mwiza is negotiating with Munderere’s family to let her return to school once she has delivered her baby and is already preparing Munderere for when that time comes.
According to the research carried out in schools [MINEDUC 2006] on gender-based violence in schools, many students claimed that they give in to sexual abuse when they are promised money to meet their needs or wants that they cannot get from their parents or guardians. Neglect from parents/guardians, peer pressure, and poor discipline were also among the major causes of sexual crimes that lead to unwanted pregnancies.

In 2011, the Ministry of Education, after discovering that there is a high dropout rate to early pregnancies in schools, called upon teenagers faced with sexual violence in their communities, whether at school or home, to always report these cases.

Furthermore, the school health policy advises, “Children need proper parenting in order for them to make the right decisions. Everyone in community should play a role of proper parenting and not leave it to teachers or biological parents. Perpetrators of the different forms of GBV should also be punished.

Important question(s)

Are there social support services in your school?

How does your school involve other sections of your community to ensure there is ample support for students?
Physical Environment
I love my school and particularly the way everything is organized and clean. The entire school community plays a role in making sure that our learning environment is well-maintained. I will tell you some of the positive aspects of my school’s physical environment.

We study at clean classes that are cemented, well-ventilated and are reinforced with good tree cover in the compound, which increases the quality of air we breathe.

Besides the trees that cover our school compound, we have a school garden where vegetables are cultivated. There are also many fruit trees. Once they are ready, fruits are harvested and given to students while vegetables are sold to the local market to augment the school’s income.

Teachers and other families around the school can also buy vegetables from our school. We volunteer to support in tending the garden. It is fun to take part in the garden work. I learn very much from the activity particularly on how to grow my own crops and intend to start a small garden of my own at home.

Students are responsible for keeping the school clean. Each class monitor allocates students to sweep the classroom every evening and mop it once every week. This is the same for latrines; there is a cleaning timetable that is developed by the health club indicating which class is scheduled to clean on each day.

There are four toilets for girls and boys respectively, while teachers have four latrines; two for males and females respectively.
Each student is required to bring drinking water every day, which has already become a culture. This has ensured that we all drink boiled safe water.

The decision for students to carry drinking water each day was made by parents during a Parents and Teachers Association (PTA) meeting, after agreeing that the school would be overstretched to provide water for the over 200 students each day.

Speaking of being healthy, we have a physical education class once every week. The teachers responsible for this have arranged time for each class to participate in physical exercises.

For my class, Physical Education is every Wednesday and it is one of my favourite days of the week. Competitions are hosted regularly and I realized that I am a good athlete. I outran everybody during the competition in term one.

We competed within our classes and winners from the class stage (one girl and one boy) competed against their respective counterparts from other classes at the next phase. I emerged as the winner in the girls’ 100 metre race at the competition. I could hear other students chant my name as they made fun of the other big girls saying, “How can a small girl beat you?”

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Notes from School health policy

As per the School Health Policy minimum package, key things that a school should strive to have in its physical environment are identified as below:

Water: a healthy school is one that provides safe drinking water for its community and harvests rainwater to ensure that water resources are used efficiently.

There should be separate toilets for girls and boys and for female and male staff. Girls’ rooms should be equipped with sanitary pads, water, and soap.

Provide hand-washing points and minimum cleaning materials, such as detergent, soap, broom, etc., at the latrines and identify opportunities for eliminating breeding places of mosquitoes like stagnant water and bushes around the school.

To ensure the health of school communities in all aspects of life, the school health policy encourages schools to have playgrounds and to facilitate students to participate in and enjoy sports.
Other minimum package features of a health school environment include compost system for disposing garbage, planting trees, greening, mosquito nets for boarding schools, well-ventilated classrooms, structures for disabled children, school gardens and fruit trees and other elements that support good nutrition of students, and having alternative source of energy.

**Important Questions**

What measures has your school taken to ensure access to safe drinking water?
Do you participate in tree planting? What strategies has your school put in place to ensure planted trees are protected?
Besides what has been suggested by the school health policy, what else can you implement to ensure your school environment is good for all the school’s occupants?
My school is healthy and I have hope in a bright future ahead.

School administration, teachers, parents and the entire community worked very hard to develop a healthy school for me and my fellow students at Groupe scholaire Bah. Encourage your local authorities, school administration, Parents Teachers Association, and community members to build a healthy school like mine. But remember to play your role in ensuring that your school’s health is maintained.
Institutional frameworks necessary for the implementation of the school health

The successful implementation of school health programs depends on strong partnerships between education and health sectors, teachers and health workers, school and community groups and learners and persons responsible for school health programs. Rwanda’s school health policy proposes key institutional frameworks at national and decentralized levels necessary for established standards of health in schools to be attained.

National level

School Health steering Committee

The school health policy and the implementation of its Strategic Plan will be governed by both political and operational structures. At the political level, a Steering Committee composed of a core group of decision makers in key ministries and partners will meet upon request to provide overall leadership and guidance on the implementation of the Strategic Plan and the achievement of the School Health Policy actions.

School Health in Rwanda is the responsibility of the Ministry governmental along with the support of line ministries, different governmental and non-governmental agencies including local and international organizations, UN agencies (WFP, UNICEF, UNFPA, WHO, FAO), USAID projects, the private sector and other health and education sector implementing partners. Collaboration among all stakeholders is key for the successful implementation of SH strategies and activities at national, district and community levels.
School Health Technical Working Group (TG):
The work of the Steering Committee will be supported by a School Health Technical Working Group, chaired by MINEDUC and composed of technical staff from key Ministries/institutions, UN agencies, and NGO’s.
The TWG will meet on a regular basis to agree upon specific actions and to report to the Steering Committee on progress and plans. Ministry of Education will provide instructions to all schools to guide the implementation of the policy. The unit in charge of cross-cutting programs in MINEDUC will be responsible for implementing SH program activities.

Cross-Cutting Program Unit:
Under the TWG we have the cross-cutting program unit, which will be responsible for the implementation of the School Health program activities. The unit is responsible for the school health program activities and will coordinate the implementation phase; carry out M&E activities; provide guidelines and advice on how to implement School Health activities at district, sector, cell and school level; provide regular feedback to the School Health technical working group; advise on capacity building issues.

Decentralized levels
District school health committee:
School Health activities will be coordinated by the District School Health Committee composed of vice mayor in charge of social affairs, district education officer, district health officer, agriculture officer, school feeding officer, faith-based organizations’ representative, private sector federation representative.
The committee will be led by vice mayor in charge of social affairs, and will have the following responsibilities: to mobilize resources from community and development partners at district level, for School Health activities; carry out joint action planning, implementation and monitoring and evaluation of School Health activities, in collaboration with all levels; prepare the procurement process to supply food and other health goods to schools; provide periodical reporting on the progress of implementation to the national level.

**Sector and Cell:**
At sector and cell levels, coordination will be led by the unit in charge of social affairs. Key responsibilities delegated to the sector and cell levels for the implementation of the School Health strategic plan include advocating and sensitizing the community about School Health; carrying out joint action planning of decentralized levels and assisting in the implementation of Monitoring and Evaluation of activities.

**School level health committee:**
At the school level, there will be a committee responsible for school health activities. The school health committee will be composed of the head teacher (head master/mistress), the teacher in charge of the school health club, a representative from students, a representative from PTA, a store manager and one nurse from the nearest health facility.

The school committee will have the responsibility of appointing one teacher as focal point (in charge of school health); integrate School Health activities into the school action plan; prepare food storage facilities; coordinate and implement all activities of SH programs.