UNITED NATIONS TRANSFORMING EDUCATION SUMMIT 2022

Knowledge hub
-
Collection of best practices

Summary of the best practice

1. Title of the best practice (e.g. name of policy, programme, project, etc.) *

IIMPLEMENTATION OF INTEGRATED SCHOOL HEALTH PROGRAM IN NAMIBIAN SCHOOLS

2. Country or countries where the practice is implemented *

NAMIBIA

3. Please select the **most relevant** Action Track(s) the best practice applies to *

- [x] Action Track 1. Inclusive, equitable, safe, and healthy schools
- [ ] Action Track 2. Learning and skills for life, work, and sustainable development
- [ ] Action Track 3. Teachers, teaching and the teaching profession
- [ ] Action Track 4. Digital learning and transformation
- [ ] Action Track 5. Financing of education

4. Implementation lead/partner organization(s) *

MINISTRY OF EDUCATION, ARTS AND CULTURE

5. Key words (5-15 words): Please add key descriptive words around aims, modalities, target groups etc. *

Integrated School Health, Health Education, Safe Schools, Learners well-being, Sanitation, school feeding, community, Life skills education, Integrated School Health Task Force, parental and community involvement

6. What makes it a best practice? *

Multi-sectoral Approach - minimizing costs, sharing of expertise and resources, Community empowerment- promotes involvement and ownership

Description of the best practice

7. Introduction (350-400 words)
   This section should ideally provide the context of, and justification for, the practice and address the following issues:
   i) Which population was affected?
   ii) What was the problem that needed to be addressed?
   iii) Which approach was taken and what objectives were achieved? *

The government of the Republic of Namibia is signatory to the Agenda for Sustainable Development and its related Sustainable Development Goals (SDG4). SDG Goal 4 aims to '"ensure inclusive and equitable quality education and promote lifelong learning opportunities for all." In line with the SDGs, the strategic objectives of the Ministry of Education, Arts and Culture (MoEAC) is to ensure pro-poor access to inclusive and equitable quality education for all. Emphasis is placed on reaching children with disabilities, from poor, marginalized and vulnerable communities, and refugee children.

To reduce the barriers affecting learners, especially from poor and marginalized communities to access education, Universal Primary Education (UPE) and Universal Secondary Education (USE) was introduced in 2013 and 2016, respectively. As a result, Namibia has nearly achieved universal primary education, with 85 per cent of children starting Grade one completing primary education and has eliminated gender disparity in education at all levels.

However, despite a conducive teaching and learning environment, learning outcomes remain a challenge with many high drop-out rates, learner pregnancies and gender-based violence. Violence against children is an urgent and universal problem affecting the Namibian child. It occurs in homes, schools and communities, and negatively impacts on the well-being of children of all ages, races, and of different ethnic, social and economic backgrounds. Children with disabilities are reported to also experience more violence. In total, 45.4 percent of girls and 47.9 percent of boys aged 13-15 who had been bullied at least once within the 30 days prior to the survey (Global School-based Student Health Survey 2013 Findings in Namibia, WHO et al., 2013). High failure rates are also experienced with 17,9 per cent of Grade 1 learners failing that grade in 2019 (EMIS 2020). Nationally, 67 per cent of Namibians do not have access to improved sanitation facilities and the figure is closer to 94 percent in rural communities.

The Covid-19 pandemic caused disruptions in teaching and learning and made it impossible for face-to-face schooling for close to five months in 2019. The prolonged face to face school closure further exacerbated the learning crisis and contributed to more drop-out and learner pregnancies. Of the 777 132 learners in Namibian schools in 2019, 24 691 dropped out, including 2 348 girls due to pregnancy, 177 early marriage, and 13 807 for unknown reason (EMIS, 2020). Children (0-17years) suffer disproportionately higher levels of multidimensional poverty at 51.3% compared to 37.4% for those 18+ years (National Multidimensional Poverty Index (MPI) for Namibia 2021). This reality has a severe negative impact for the country to attain the SDG goals.

8. Implementation (350-450 words)
Please describe the implementation modalities or processes, where possible in relation to:
i) What are the main activities carried out?
ii) When and where the activities were carried out (including the start date and whether it is ongoing)?
iii) Who were the key implementation actors and collaborators? (civil society organizations, private sector, foundations, coalitions, networks etc.)?
iv) What were the resources needed (budget and sources) for the implementation?
*

To address the challenges experienced in Namibia, MoEAC has developed several policies and frameworks to focus on ensuring access to quality inclusive education for all children. These include the Education Sector Policy on the Prevention and Management of Learner Pregnancies, Sector Policy on Inclusive Education; HIV Prevention, Management and wellness policy; National Safe School Framework and the Integrated School Health Programme. The two Ministries have entered into the Memorandum of Understanding to jointly plan, coordinate, mobilize resources and implement school health related activities. In addition, the Ministry has strengthened mutual collaboration and coordination with the Ministry of Health and Social Services, youth organizations, including representatives of organizations of persons with disabilities and parents' Organisation to improve access to quality education through the motto 'quality education is a shared responsibility'. This is done through the established multisector coordinating structures; National School Health Task Force at national level, Regional School Health Task Force at sub-national level, and then school health committee at school level. Members of Regional School Health Task Forces have been trained on Integrated school health program and their roles clarified.

The Integrated School Health Programme is implemented to focus on all school health and safety related challenges and provide referral and support services to children, including strengthening psycho-social and referral services for learners and teachers in need of support. Furthermore, the multi-sectoral school health task team has adopted innovative approaches to reach schools and communities, working with school counselors and social workers, youth groups and community leaders to address negative socio-cultural norms and attitudes that encourage violence and discrimination. Regional school health and safety trainings, including the use of radio, television and print media to discuss school health and safety related issues, have contributed to the reduction of learner mothers dropping out of school.
To address the impact of COVID-19 on education, the MoEAC with the support of stakeholders, including development partners implemented a vigorous national campaign that focused on strengthening COVID-19 infection, prevention and control measures (IPC), training teachers on how to support learners in schools, providing mental health and psychosocial support. Learners with disabilities who could not access learning materials at home were supported through their parents to learn from home. Children from poor and vulnerable communities were followed at home to receive food parcels as part of the school feeding programme. In addition, schools received COVID-19 materials and a vaccination campaigns was conducted to reach all children between the ages of 12-17 years old. As a result, despite the high vaccine hesitancy in Namibia, only 16 percent of children 5-19 years old were infected with COVID-19 since the beginning of the outbreak with less than 20 COVID deaths of children within that age group.

To ensure the acceleration of the SDG goals in Namibia, the MoEAC and its partners put emphasis on:
• Strengthen EMIS to collect sex, disability and vulnerability disaggregated data and using data

for planning and budgeting to ensure that all children are counted and reached
• Ensure access to disability inclusive information and communication technologies to reach all children, especially those with special needs in education and those with disabilities.
• Advocate for efficient pro-poor resource allocation to strengthen access to early childhood and pre-primary education
• Continue to advocate for the meaningful participation of youth, persons and with disabilities, marginalized communities and parents and community leaders to take an active role in the provision f education and to hold the government accountable.
• Strengthen the implementat

9. Results – outputs and outcomes (250-350 words)
To the extent possible, please reply to the questions below:
i) How was the practice identified as transformative? (e.g., impact on policies, impact on management processes, impact on delivery arrangements or education monitoring, impact on teachers, learners and beneficiary communities etc.);
ii) What were the concrete results achieved with regard to outputs and outcomes?
iii) Has an assessment of the practice been carried out? If yes, what were the results? *

As a result of different activities done and implemented, school absenteeism, drop out among learners has been declining. The involvement of parents and communities in education through the Social Accountability and School Governance Programme provided a platform for the parents to understand their roles in the provision of education of the children.
Established school health coordinating structures for planning and coordinating activities among stakeholders and implementers. School communities are reached and capacitated on school health programs, equipped them with the required understanding for them to be able to support with the implementation and promoted ownership.
Continuous professional development for teachers to strengthen learning support for learners with disabilities and other special needs in education using the Teaching at the Right Level (TaRL) approach has contributed to positive learning outcomes amongst this group of learners.
Collaboration and partnership with stakeholders and development partners has been established and strengthened.

10. Lessons learnt (300 words)

To the extent possible, please reply to the following questions:
i) What were the key triggers for transformation?
ii) What worked really well – what facilitated this?
iii) What did not work – why did it not work? *

The Ministry of Education, Arts and Culture learned the harmonization of policies to be effective for the implementation of integration school health program. Multi-sectoral approach is more beneficial in planning, coordinating, sharing of expertise, material and financial resources for effective implementation, monitoring and evaluation of program. Parental and community involvement is critical and minimizes resistance and maximizes synergies. Collaboration with various made houses to promote access to education, address negative socio-cultural norms and attitudes against pregnant learners and learners with disabilities has contributed to reducing stigma and discrimination. Involving learners with disabilities as advocates and young people to debate about their own challenges and how to address them contributes to creating more role models at school and community level and to advocate for change.

11. Conclusions (250 words)

Please describe why may this intervention be considered a “best practice”. What recommendations can be made for those intending to adopt the documented “best practice” or how can it help people working on the same issue(s)? *

Together with our stakeholders, the Ministry of Education, Arts and Culture continues with the implementation of Integrated School Health program, continue strengthening national, regional and school structures to be able to plan, coordinate, implement, monitor and evaluate school health activities. The Ministry continues with resource mobilization for policy reviews and management, for capacity building of, especially teachers in schools and gate keepers, for community engagement and advocacy. During COVID, the Ministry of Education, Arts and Culture drafted rules and circulated them to schools in the form of circulars. In order to mitigate the negative consequences of COVID on schools, financial assistance is made available with support of UN partners and business community.

12. Further reading

Please provide a list and URLs of key reference documents for additional information on the “best practice” for those who may be interested in knowing how the results benefited the beneficiary group/s. *

1. Training of Trainers Integrated School Health Manual, 2015
2. Comprehensive Assessment of Menstrual Health and Hygiene Management Knowledge, Attitudes Practices on
Adolescent Girls in Namibia : MoHSS and MoEAC in collaboration with UNICEF and UNFPA
3. Report on the Review of the HIV and AIDS Policy for the Education Sector (2003) and the Work Place HIV and
AIDS Policy for Education Sector (2007)
4. Why adolescents and young people need comprehensive sexuality education and sexual and reproductive
health services in Eastern and Southern Africa
5. ESA Commitment: Progress, opportunities and challenges, 2021