Scotland Chikwawa Health Initiative
Health Promoting Schools Baseline Report
“Good health supports successful learning. Successful learning supports health. Education and health are inseparable. Worldwide, as we promote health, we can see our significant investment in education yield the greatest benefits.” - Dr. Desmond O’Byrne (Health Promotion, Noncommunicable Disease Prevention and Surveillance, WHO)
Acknowledgements

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Appreciation to the school community and management for taking part in the discussions and interviews.
ABBREVIATIONS/ACRONYMS

SCHI – Scotland Chikwawa Health Initiative
HPS- Health Promoting Schools
WHO- World Health Organization
FRESH- Focusing Resources on Effective School Health
MoAFS- Ministry of Agriculture
MoH- Ministry of Health
TALULAR- Teaching And Learning Using Locally Available Resources
DSHNC-District School Health and Nutrition Coordinator
SHN-School Health and Nutrition
MoEST- Ministry of Education Science and Technology
TFAC- Theater For A Change
PTA- Parent Teacher Committee
WFP- World Food Programme
HEAL- Healthy Eating and Active Living
EcoSan- Ecological Sanitation
CBO- Community Based Organization
NGO- Non Governmental Organization
FGD- Focus Group Discussion
AIR - American Institutes for Research
EI- Education International
CAMFED- Campaign For Female Education
FAWEMA- Forum for African Women Educationalists in Malawi
HIV- Human Immune Virus
AOC- Agents of Change
DHO- District Health Office
SRH- Sexual Reproductive Health
ROC- Risk of Contamination
Executive Summary

The study was conducted in three schools under Mfera health centre catchment area along the East bank road in Chikwawa District where the Community led Healthy Settings programme is being implemented by the Scotland Chikwawa Health Initiative. The schools are Nkudzi Primary School, Mfera Primary School and Mfera Community Day Secondary School.

The aim of the baseline study was to assess the current status of schools in Mfera catchment area regarding Health Promoting Schools Approach. The study focused its assessment on the school physical and social environment, availability of school health services, formal and informal provision of health information education & communication; evaluation of community influence in health promotion in schools and checked the availability of school health policies through focus group discussions, key informant interviews and physical observations.

The survey has found that all 3 schools of Mfera catchment under study have gaps in the essential elements of a health promoting school.

The main findings are summarised below:

- None of the schools currently have guiding tools for the Health Promoting Schools in place, such as school health policies,
- All the three schools have inadequate classrooms causing overcrowding and therefore poor ventilation. Some of the classes have dirty walls, cracked floors, spider cobwebs, broken windows, poor lighting and ventilation and mice. None of the schools were fenced, affecting productive use of the land due to concerns regarding animals and trespassers. An inadequate numbers of teachers houses were available at all 3 schools, and only Mfera CDSS has electricity.
- Despite all having water sources, only those at Mfera CDSS are currently working. However, Concern Universal is intervening on the issue in Mfera primary school. Hand washing facilities are available but not functioning in all the schools. The two primary
schools have inadequate latrines compared to the number of users and the available latrines are not clean due to lack of water, disinfectants and other cleaning tools.

- There are currently no school feeding programmes in place. Commercial food vendors within the schools are not trained on food handling and therefore the safety of food consumed cannot be guaranteed.

- The schools social environments have some concerns. Bullying and overcrowding were highlighted as contributing to absenteeism. Teachers felt that most parents are not properly managing the learners welfare causing demotivation and dropouts. This was attributed to poverty, lack of interest in education and need for children to support farm and business work.

- On school health services Mfera CDSS and Nkudzi provide medication for simple illnesses bought by the school administration. The health authorities are not supportive except the deworming programme only.

- On SRH issues; early pregnancies and marriages are prominent in all the 3 schools. As for Mfera CDSS abortions are also prominent. Some of the factors contributing to this include: initiation ceremonies; self-boarding and peer pressure.

- In promotion of individual Health skills and Action Competences the formal curriculum addresses health issues properly; however teachers feel limited in delivering the health aspects. Culture is one of the hindrances and lack of empowerment in using TALULAR to deliver health lessons.

- There is not a strong framework to support implementation of Health Promoting Schools at present. At school level, District health office level and other stakeholders the focal persons are not well identified and do not know their responsibilities. Currently, there is no coordination from health authorities, agriculture and other departments.

- In the two primary schools there is good relationship with the community. However community relations is a challenge for Mfera CDSS due to the wider area it services.
5.2. Recommendations

- All stakeholders (School community, DHO, DEM, Ministry of Agriculture, Ministry of forestry etc) should formally link up, know their roles and responsibilities and implement health promoting schools.
- Proper training and sensitization of school stakeholders on the roles and involvement in planning and implementation of the HPS by Scotland Chikwawa Health Initiative.
- Supervision of school stakeholders in implementing HPS to ensure linking with stakeholders and also continuity of the project component by Scotland Chikwawa Health Initiative and partners.
- Monitoring and evaluation by SCHI.
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1.0. Introduction

1.1. Project background
The SCHI is a collaborative programme between the University of Strathclyde (Glasgow), Chikwawa District Health Office (Ministry of Health) and the University of Malawi – Polytechnic. The initiative works on preventative health projects; research and interventions in remote rural areas including elements of maternal health, water and sanitation, disease control and prevention, through health education, capacity building and supporting capital investment. Currently, with funding from Scottish government, SCHI is implementing Healthy Settings Approach project to Community Health in Mfera Health Centre Catchment area between the years 2013 to 2016.

Healthy Settings approach to health promotion is a holistic and multi-disciplinary method which integrates action across risk factors. The goal is to maximize disease prevention via a "whole system" approach (WHO 2014). Healthy Settings therefore does not only address the community’s access to curative health services, but concentrates on the environmental, sociological and economic determinants for health in the home, school and work environments using a community led approach. In this case, the project is using the community led health setting approach.

One component emphasized in the project is the school setting and it aims to create health promoting schools in the area as schools impact on the lives of children within the catchment area. A health promoting school (HPS) is ‘a school community that takes action and places priority on creating an environment that will have the best possible impact on the health of students, staff and the wider school community (Deet and VeekHealth 2000). HPS is about building, shaping attitudes and behaviours among the school going age so that they would impact their community, siblings and children with positive health practices as they grow. There is sound evidence available that the Health Promoting Schools approach is effective in improving health and educational outcomes (Health promoting schools framework 1995).

1.2. Physical setting, Demographics and social characteristics
The study was conducted in three schools under Chikonde Zone in Chikwawa along the East Bank road. The schools are: Mfera Community Day Secondary School (CDSS), Mfera Primary School and Nkudzi Primary School.

Nkudzi primary school is located in Zilipaine village is 8km from Thabwa roadblock on the main road (M1). There are 758 learners at this institution against 14 teachers.
Mfera Community Day Secondary School is located in Chapasuka village approximately 3km from the main road. There are 418 students at the school against 10 teachers.

Mfera primary school is located in Kaputeni village is 3km km from Thabwa roadblock. There 1583 are learners at Mfera primary school with and 25 teachers.

From the general overview of Chikwawa, learners at this institution come from communities were the majority of households area are subsistence farmers (63.1%) and 11% and are employed in other activities. The predominant tribes in the surrounding communities are the Mang’anja and Sena. The major languages spoken are Chichewa, Chisena and Chinyanja (Palani 2008).

1.3 Objectives

2.1.1. 1.3.1. Aim
To assess the current status of schools in Mfera catchment area regarding Health Promoting Schools Approach.

1.3.2. Specific objectives
a. Assess the school physical and social environment
b. Assess availability of school health services
c. Assess the formal and informal provision of health information education & communication
d. Evaluate community influence in health promotion in schools
e. To check the availability of school health policies

2.0. Literature review
Health Promoting Schools Elements is supposed to have the following elements:

2.2. School Healthy Policy
It is recommended that policies, legislation and guidelines regarding school health must be developed to ensure the identification, mobilization and coordination of resources both at local, district and national level (WHO 1998). These healthy school policies would assist the school community in consistently addressing its health needs but also encourage accepted practices that promote health and well-being. According to the Focusing Resources for Effective School Health framework (FRESH), school based health related policy should address physical safety issues such as ensuring that the school has adequate water and sanitation facilities as well as a safe environment to protect students and staff from abuse, sexual harassment, discrimination, and bullying(UNESCO 2013).
Several guidance documents exist in Malawi and school health providers are encouraged to use the School Health and Nutrition (SHN) strategic plan, Ministry of Health School Health training manuals, the Community Health Nursing Road Map and SHN guidelines to guide SHN service provision (MoEST, MoAFS 2009). These guidelines would assist in making school based healthy policies by school stakeholders at local level. In this regard, health school components in SHN guidelines are similar to Health Promoting Schools (HPS) components reflected in various documents in HPS WHO information series on schools.

2.3. School physical Environment

WHO also reported that school physical environment includes the school building and all its contents such as; physical structures, infrastructure, furniture, and the use and presence of chemicals and biological agents; the site on which a school is located; and the surrounding environment including the air, water, and materials with which children may come into contact, as well as nearby land uses, roadways and other hazards (WHO 2003). Accordingly, the Malawi SHN guidelines stipulate that school physical environments shall include safe buildings, safe drinking water, sanitary facilities, proper refuse recycling, hand washing facilities and food vendor health (MoEST, MoAFS 2009).

School physical environment has a strong influence on learner’s health. This is so because the environment is one of the primary determinants of children’s health. For example, contaminated water supplies can result in diarrhoeal disease; air pollution can worsen acute respiratory infections and trigger asthma attacks. In addition to this, due to reduced immunity, immaturity of organs and functions, and rapid growth and development of children, they are more susceptible to the adverse health effects of chemical, physical, and biological hazards than adults (WHO 2003).

Furthermore, the way children behave is different from adults such that children are at risk from exposure to environmental threats which adults may not encounter. These behaviours include placing fingers and other objects in the mouth and not washing hands before eating. Children lack the experience to judge risks associated with their behaviours (WHO 2003). Therefore it is necessary that improvement of the physical facilities including safe water, clean and appropriate toilet facilities, waste disposal facilities, opportunities for physical activity and recreation, counseling services to foster mental health(WHO-Africa n.d.)

Outlined in sections below are the components of the physical environment.

2.3.1. Grounds, Buildings and Location

Lands near or directly beneath schools in many parts of the world may pose health threats to children (WHO 2003). Before a school is constructed, planners and community groups need to consider potential environmental risks in relation to the school’s location, e.g. the vicinity of a
chemical plant or former waste site, an area prone to flooding, or a busy, noisy road (WHO 2003). Schools located near transportation corridors, bus depots, industrial sites, abandoned lots, landfills, military bases, rivers, and construction sites may present health problems to the students and staff occupying the school. The Malawi SHN guidelines also recommend that position of the school should not be near a busy road, market and beer halls (MoEST, MoAFS 2009).

It further states that school building walls and floors should not have cracks, and the roof should be waterproof. In addition to this, the buildings should be safe. For example window panes should not be broken to avoid accidents and injuries. Cleanliness of the school building floors, roof and walls is another aspect that schools should observe to ensure safe learning environment. Sufficient lighting and ventilation is also necessity so that learners have enough light for reading and studying and well-ventilated learning environment respectively. (MoEST, MoAFS 2009)

The classroom space should be adequate for the number of children enrolled. The recommended class size for primary schools in Malawi is 60 learners per class (MoEST 2008). However, a study on evaluating quality of primary school inputs in Malawi reported that on average there were 66 Standard 6 learners per class and other divisions reached 88 learners (Milner, et al. 2011). Further findings show that in 2000, the mean pupil teacher ratio among primary schools in Malawi was 70. This mean was above the country’s set benchmark teacher, which are 60. However, in 2007 the pupil teacher ratio increased to 88 pupils per, and thus the average was far above the set target. In the MOEST, 2008, Ratio of pupils to teachers is targeted to be 1:60 by 2013/14 and below the 1:60 ratios by the year 2017/2018.

To promote safe environment of learners and to protect the school land from unmanaged animals school buildings should be fenced (MoEST, MoAFS 2009). The fence can be grown as a mixed live hedge with different heights of shrubs and thorns. In addition to this, grounds should be free from hazardous objects like sharp stones, broken glasses, tree stumps, tall grass, and holes (MoEST, MoAFS 2009)

2.3.2. Water and Sanitation

Clean water and adequate sanitation facilities also help reinforce the health and hygiene education in school allowing students to practice what they learn. They also make the school more welcoming and can increase school attendance and retention, especially amongst girls who require the privacy of single sex toilets particularly during menses (UNESCO 2013).

Toilets should be enough according to the number of learners. Where urinals are provided as well as latrines, a ratio of 1:60 latrines for both girls and boys is sufficient. The Education Act shows recommended ratios ranging from 1 latrine to 25 boys and 1 latrine to 20 girls to 1:60 for
boys and 1:50 for girls (MoEST, MoAFS 2009). The toilets should also be 20 metres away from classrooms. The Malawi SHN guidelines also encouraged that toilets should be designed to properly recycle into compost so that there is no waste produced thus ensuring sustainability as well as an aspect of renewable energy. Rubbish pits should be available at the school.

Water supply should be available at schools for the learners every day of the year. It should be adequate and of drinking quality. The water system itself should be managed properly and runoff water used. Hand washing stations at toilets and food preparation stations should be filled with water at all times and soap provided at all stations (MoEST, MoAFS 2009).

2.3.3. Productive school environment
The Malawi SHN guidelines stipulates role modeling sustainable and productive land use as a teaching resource primarily through agricultural practical work. It also encouraged that schools should find out how they can achieve productive land use from their own resources unlike being donor dependent. Approaches such as Teaching and Learning Using Locally Available Resources (TALULAR) and permaculture are also promoted.

Productive land use is important because it allows maximum use of the land and other local resources using a low-input model that has high diversified outputs. For example; learners are actively involved in learning about sustainable production and therefore they learn the necessary skills for producing resources they need; they consume the food and medicines which improves their diet and thus their health; they mimic the school model in their lives; the school has supplies it needs for building, energy and protecting the school environment.

2.3.4. Healthy eating
School food services should be integrated into a school’s effort to manage its environment. It could be coordinated with health and nutrition education and with other components of the health-promoting school to reinforce lessons on healthy eating and ensure nutrition support. If food is provided, the school should offer a variety of healthy food choices and promote health. Food-borne disease prevention should be a priority of school food services. Most food-borne diseases are preventable with proper food preparation and handling. It is important to educate school children and food handlers so that they can take specific measures to make food and water safe (WHO 2003). It is promoted that learners obtain healthy and adequate food from home or school and also practice healthy eating following 6 food group model (MoEST, MoAFS 2009).

The DSHN coordinator reported that, there is are approximately 100 schools in Chikwawa on a national feeding programme to reduce malnourishment in school going children. He stated that “a child who is malnourished cannot do well in education and the future of Malawi will be affected.”
There are stakeholders who are sponsoring this programme in terms of buildings, flour and many more. Some of these include: World Food Programme, Mary meal’s, universal feeding programme (government) and community led initiatives.

World Food Programme (WFP) is sponsoring 74 schools in Chikwawa by providing weight rations and take-home rations to all learners and girls from Standard 5-8 respectively. Mary meals and Universal Government feeding programme is sponsoring 16 and 9 schools in Chikwawa respectively. And 1 school feeding programme is operating as a community’s initiative.

2.4. School Social Environment
This component largely looks at aspects of school that enhance a positive psycho-social school environment (WHO-Africa n.d.). When students do not feel safe inside or on their way to school because they are subject to violence, abuse or neglect, the consequences for children, staff, the school and the wider community are many: vandalism against school and community property increase, abusive behavior toward school staff escalates, conflict among peer groups heightens and, in general, children are unable to learn, less likely to attend and more likely to eventually drop out of school (UNESCO 2013).

Violence at school may also be part of the psycho-socio aspect in schools. It can be self-inflicted harm, interpersonal violence and organized all of which can happen at the school or the community. Overall, schools can address a broad range of behaviors, skills, communication patterns, attitudes and school policies and conditions that support and perpetuate violence. For example, educational programmes can challenge the cultural norms that support violent behaviour against women or ethnic/religious minorities, and teach alternative attitudes and skills which enhance the “non-violent solution of conflicts, respect for human rights, democracy, intercultural understanding, tolerance and solidarity.” They can also prevent violence from occurring on school grounds, thus providing a safe place in which students and staff can work and learn (WHO 2003).

Other common expectations for a school social environment are opportunities to meet role models, counselors and exposure to positive peer influence. Schools are supposed to develop and fairly enforce rules for bullying, hazing, harassment, or discrimination with student, staff, and family input. Expectations and consequences for school social setting must be adequately and properly publicized (AAP 2014).

Components of the social school environment interlink with other HPS elements as the overall psycho-socio state of school stakeholders is determined by good health, physical structures, school activities and overall relationship of staff, learners and the community.
2.5. Health Services
The Malawi SHN guidelines (MoEST, MoAFS 2009), state that school children should be provided with comprehensive school health services which are both school and community based to ensure that their diverse needs and those of their families are met. It further stipulates that each school that plans to start providing school health services should provide the following essential health services as a package:

a. Community assessment
b. Physical assessment
c. Diagnosis and treatment of minor ailments (malaria, diarrhea, mild anemia, skin conditions)
d. Emergency care
e. Promotive and preventive health services
f. Disease surveillance
g. Referral and follow up

Provision of health services, whether school based or school linked health services have the capacity to promote students’ social and emotional development, to prevent or reduce barriers to intellectual development and learning, to reduce or prevent mental, emotional, and psychological stress and disturbances, and to improve social interactions for all students (Government of Australia 2010).

2.6. Individual Health skills and Action Competences
This refers to both the formal and informal curriculum and associated activities, where students gain age-related knowledge, understandings, skills and experiences, which enable them to build competencies in taking action to improve the health and wellbeing of them and others in their community, and which enhances their learning outcomes (Government of Australia 2010).

Young people learn about family life, reproductive health, and population issues in a variety of ways, for instance, from their parents, siblings, peers, and the media. These sources may support cultural myths about sexuality and related issues, and where they do, some adolescents may not have accurate information about the physical and emotional changes they are encountering, nor how they can manage these changes safely. Thus, it is important that schools provide accurate information, opportunities to develop healthy attitudes, and skills-based learning experiences, using active teaching methods, to help students make informed decisions and to reduce risk behaviors (WHO 2003)

Curriculum improvements, teaching methods, SHN guidelines are some of the aspects that can equip stakeholders to achieve a school that promotes health. In addition to this SHN hands-on, practical trainings and training tools (TALULAR) can also enhance health skills and action
competences (MoEST, MoAFS 2009). Furthermore public awareness through media and other means can also enhance sustainability of a healthy promoting school.

The DSHN coordinator manages the schools. In schools he works directly with the respective SHN coordinators who are trained teachers on school health.

“Each and every school in Chikwawa has a SHN coordinator; they are trained in programmes like deworming which occurs yearly” he said. “I also work hand in hand with School Health Coordinator from DHO: in times of mass deworming campaign.” he added.

2.7. Community Links

Community links are the connections between the school and the students’ families plus the connections between the school and key local groups and individuals. Appropriate consultation and participation with these stakeholders enhances the health promoting school and provides students and staff with a context and support for their actions (Government of Australia 2010).

Health-Promoting School is an important part of the community that surrounds it, and the community is a critical component of the school environment. Community members should feel that their neighborhood school is open and receptive to their ideas and participation. Schools and students in turn should be supported by community members through their participation in developing and supporting school based initiatives and providing social support (WHO 2003).
3.0. Methodology

3.1. Study area
The survey was conducted in the following schools which fall within Mfera Health Centre Catchment Area: Mfera Community Day Secondary School, Mfera Primary School and Nkudzi Primary School.

3.2. Study population
The study population was the schools stakeholders in regarding to their roles and responsibilities in Health Promoting Schools. These were as follows:

a. District School Health Coordinator
b. District School Health and Nutrition Coordinator (DSHNC)
c. School Head teacher
d. Learners
e. Parents in Parent Teacher Association (PTA)

3.3 Sampling procedure and sample size

Sampling procedure of learners
Multistage random sampling method was used to recruit learners; this was done in order to have a representation of each needed characteristic and to minimize bias. Two stages with different sampling frames were used to obtain the required sample, these are as follows:

• First stage
  In the first stage, the sampling frame was a list of all classes existing in each school. In Nkudzi and Mfera Primary school standard 4, 5, 6 and 7 were purposefully recruited. Standard 4 represented the junior classes.

• Second stage
  In the second stage simple random sampling method was used, were the sampling frame were the class registers. This was done by random numbers sampling in Microsoft excel and then a “RANDBETWEEN” function was used. An input of 9 subjects to be randomly selected was made by the researcher.

Sampling procedure of parents
For the Parents Teachers Association member, 6 parents were recruited in the sample of each school. These included (3 executive members and 3 committee members) and both females and males were represented equally.
Sampling procedure for teachers
Six teachers were purposefully selected in each school. The whole group was represented by clubs patrons and matrons, junior and senior section heads.

3.4. Data collection tools/techniques
Baseline data was collected through Focus Group discussions (FGD), Key Informant Interviews and Physical observations, where FGD guides, questionnaires and checklists were used respectively. Pictures were taken during the inspection.

3.4.1. Focus Group Discussions
Focus Group Discussions guides were used during data collection. Respective schools; Teachers, learners and PTA members participated in the FGDs separately. The FGDs guides for Teachers, Learners and PTA members are attached in Annex 1, Annex 2 and Annex 3 respectively.

3.4.2. Key Informant Interview
   a. Head teachers
      The head teacher of the school was interviewed separately using a questionnaire in Annex 4.

   b. District School Health and Nutrition Coordinator (DEMO)
      The interview guide used to collect data from the DSHNC is in Annex 5.

   c. District School Health Coordinator (DHO)
      The Annex 5 interview guide was also used to interview the DSHC. However, it was difficult to identify the DSHC at DHO though the current one was on leave. This indicates that this position is not active.

3.4.3 Physical Observations
The observation checklist is attached in Annex 6. The checklist is based on school health SHN guidelines indicators for a health school, healthy eating and active living (HEAL) school health checklist, Moving and living (Moving and Choosing 2010). Checklist was modified to fit HPS research needs.

3.5. Ethical consideration
Consent for the study participants was sought through standard consent forms attached in Annex 7. Junior participants were allowed by the school head teacher to sign the consent forms. This was done to ensure that all participants took part of the study voluntarily.
4.0. Findings and Discussions

4.1. Nkudzi Primary School

4.1.1. Demography
There are 14 teachers at Nkudzi Primary School, 9 males and 5 females. Currently, a male deputy head teacher is the one acting as a head teacher following the transfer of the school head. As of 2013/2014 academic year the school enrolled 758 learners, with this population the learner to teacher is 54:1 teacher which is within the standard range of 60:1. Below is a table presenting number of enrolled learners in respective classes:

Table 1: Students attending Nkudzi School

<table>
<thead>
<tr>
<th>Form/Std</th>
<th>Females</th>
<th>Males</th>
<th>Total students enrolled</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>85</td>
<td>60</td>
<td>145</td>
</tr>
<tr>
<td>2</td>
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<td>8</td>
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<td>17</td>
<td>30</td>
</tr>
<tr>
<td>Total students enrolled</td>
<td>344</td>
<td>414</td>
<td>758</td>
</tr>
</tbody>
</table>

4.1.2. School Healthy Policy
Nkudzi primary School does not have a school healthy policy. However, there are unwritten policies on sexual reproductive issues and many more. These include: pregnancies and bullying. However WHO 1998, recommends that policies that promotes school health must be developed and documented to ensure the identification, mobilization and coordination of resources both at local, district and national level.

4.1.3. School Physical Environment

Grounds, Building and Location
The school is fairly far from the market and located approximately 200 meters from east bank main road. The area surrounding the school has no beer halls and is away from village residences. Along the road to Nkudzi primary there is Nkudzi Bridge which is a concrete ford. All school stakeholders reported that the bridge floods when it rains either far away or within the
area. In some cases, it overflows for a week and is known to have caused fatal accidents. This hinders education, as teachers and learners staying across the bridge fail to access the school.

“During rainy season Nkudzi river gets full above the bridge making teachers and learners who stay across the bridge not to access the school. It happens that it rains for a week, this disturbs education.” - said one female teacher.

Nkudzi primary school has 8 classrooms for 758 learners. An overview of class by class capacity showed that junior classes, 1-4 are filled beyond the recommended classroom to learner ratio of 1-60 with as much as 145 students in one class. Some of the senior classes are within the recommended range.

The head teacher reported that-“The time this school was established there were a few learners, so the built blocks were according to the number of learners but now the learners are more compared to the size of the classes. This is also making teachers to have more learners than the required ratio.”

As pointed out, school grounds and building also include school renovations and resources. At Nkudzi primary, some of the school classes have cracked floors and walls and some of them have a leaking roof (tiled roofed classes). Some of the chalkboards are in desolate state (scratched).

“The doors of these classes are also broken.” - Reported a female learner.

“There are other classes with tiled roofs, they leak during rainy season.” - Complained a female learner.

“Our boards are not painted at all, we can’t see.” - agreed the boys FGD. These boards are from standard 1 to 6.
Most of the rooms are well ventilated and well lit; exceptions were seen in standard 4, Standard 5 and Standard 7. In these classes, the walls were heavily written on and dirty; floors were cracked and lighting was poor. Some had cobwebs and were not well ventilated. This shows poor cleanliness and lack of proper windows respectively.

School yard was at least clean with less visible garbage on grounds. However, in most classes there was visible garbage. From the junior classes, senior classes and even the office had no waste containers.

Another issue raised was lack of houses for staff.

“Teachers are staying far from school this makes them travel long distances such that they either come late or early but tired hence ineffective in their work.”-Said the head teacher.

“Houses of good standard with electricity for teachers are so much needed, so that teachers are motivated.”-Said the head teacher.

**Water and sanitation**

The school has one water point which was reported and observed malfunctioning during observations and discussions. A brief assessment of the functional play pump at the school using the risk of contamination checklist (ROC) showed a score of 10%. This means the risk of water being contaminated was low thus play pump posed no microbiological harm to users; hence the water is apparently of good drinking quality. Nevertheless school stakeholders expressed dissatisfaction towards the source of water:

“The storage tank is damaged thus water comes directly to the outlet pipe when pumped. The control tap for outlet is damaged and the water has debris thus a source of worry to the user...water from boreholes is better off and we actually fetch our water at Zilipayine village”-said a female teacher.
Both groups of learners concurred with these findings about the water facility:

“Normally, the play pump does not provide water always and during hot season the water gets hot like tea in the tank such that we don’t drink since they cannot quench one’s thirst.”- Said a female learner.

“Sometimes we use water from the stream because the play pump gives out water irregularly. This makes us to fetch water from the streams to clean classrooms and toilets.”- said male learners.

The current state of the water point means the school stakeholders to not prefer the water point and this explains the poorly cleaned classes and may be the primary cause of diseases such as bilharzia and diarrheal which teachers reported to be prone as the learners may be using other unsafe water sources.

On the issue of sanitation, the District SHN coordinator reported that there are serious water problems in Chikwawa since the play pumps are not functioning. “Maintenance of play pumps is difficult; there is need for the older AFDEV to be replaced.”- he commented. He also confirmed that “currently he is communicating with NGO’s to help, however since most NGO’s have their impact areas so in those areas play pumps have been removed unlike in Mfera area.”

The groups also reported that the yield of the play pump varies with season
“It is irregular in giving out water and it’s even worse during dry season”- said one teacher.

Furthermore, the school does not have any water storage facility except the play pump storage tank. Water pumped from the play pump flows direct from the ground to outlet thus the need to pump water direct from the ground every time of use. The school has no cups or buckets for taking drinking water from the water point.

In terms of sanitary facilities, the observation findings are outlined in Table 2.

Table 2. Sanitary facilities at Nkudzi primary school

<table>
<thead>
<tr>
<th>User</th>
<th>Sanitary facilities</th>
<th>Description</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teacher</td>
<td>Latrine</td>
<td>Improved ventilated with slab</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Learners</td>
<td>Latrine</td>
<td>Improved ventilated with slab with no drop hole cover</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Learners</td>
<td>Urinals</td>
<td></td>
<td>1</td>
<td>1 (6 segments)</td>
</tr>
</tbody>
</table>

The number of latrines observed against the learners population indicates that the ratio of number of girls using one latrine is 1:86, compared to the standard 1:60 and that of the male learners is 1:104 which is exceeding the standard by close to half the required number of users. The latrines of this school however, offer privacy for the users. Below is a picture showing the outside view of the latrine.

Picture 5: Outside of female latrines

Picture 6: Clean drop hole in toilet with cover
On inspection, the toilets produced a foul smells but no faecal matter was observed on the slabs or surface around the holes. Much of the smell was from the urinals which are not washed because the hand washing facility is not working. The school has modern VIP latrines with drop whole covers, ventilation pipes and narrow windows on the back with a fence around it. Figure 9 depicts one room of the latrine section.

Each latrine at the school has a concrete hand washing reservoir none of which were functional at time of visit. The design of the hand washing facility is that water has to be filled in, but from observation this is not happening. Picture 10 shows a hand washing facility. The facility has no cover and the outlet taps are broken.

The learners said they do not use these hand washing facilities after visiting latrines because there is no water and the facilities are filled with stones and debris.

“Most kids just go straight to class or buy food after using the latrine. Maybe your friend has shared you some food you just eat without washing hands.” - a female learner

Female learners also reported lack of sanitary facilities as one personal hygiene challenge.

“To girls who have reached puberty they do not go to school when menstruating because of lack of sanitary materials to use.” - reported one girl.

The design of the latrines does not allow composting. Once the latrines are full, they will have to construct new ones. Knowledge assessment of EcoSan latrines discovered that none of the respondents knew about the technology except the parent teacher committee.

“We know about ECOSAN. It’s a welcome development not only at school but even in our villages.” - said one man in PTA.

However, removal of composted human waste was perceived as unsafe by some “it would be unsafe to remove faecal matter once the latrine in filled.” - said one male teacher.
One of the teachers said they wouldn’t like it because of many flies and risk of diseases

Another teacher opted to know more about it “I have no idea what it is, but would welcome more information before we adopt.” - said another teacher.

Overall, the school showed interest in the latrine technology

One teacher would like it as long as toilets are available. “What matters is that we should have toilets, enough toilets.” - said one male teacher

On the side of sanitation and hygiene of the school surrounding, it was found out that the school has 3 rubbish pits of which one is almost full. Teachers supervise waste disposal techniques. The waste is composed of more organic matter than inorganic solid wastes. These include leaves, papers and many more.

*Productive School Environment*

Nkhudzi primary school does have a woodlot and flower gardens. Teachers reported that they have a school garden but learners differed. The inspection indicated that a large chunk of the school land is idle. This is bare land, which requires sweeping every school day by the learners. There are limitations to land use which were discussed and observed and these include: closeness to the village thus livestock feed on crops and lack of fertile land.

*Healthy Eating*

A thorough inspection of school premises saw food vendors present at Nkudzi primary school. Some of the food stuffs which are sold include popcorn, ground nuts, samosa and freezes (malambe juice) all of which are ready to eat foods and of a variety nutritional value.

The food vendors do observe cleanliness and most of the foods were wrapped in plastic papers ensuring food safety and hygiene. However none of the food vendors has been trained in basic food safety and hygiene practice. In addition to this, these food vendors are not recognized by or registered with the school thus in case of food borne outbreak, there would be poor follow up of the source of infection. The food vendors are allowed to use the school facilities like latrines and hand washing facilities. However, they dump wastes in the near bushes.

The school does not have a school feeding programme. School stakeholders reported to have had a feeding programme a few months ago but the programme was abandoned by the proprietor. Nkudzi is one of the 74 schools out of 174 which do not have feeding programme in Chikwawa. The feeding programme at Nkudzi was sponsored by government initiative and the District SHN coordinator said the programme has been stopped in all Mfera catchment.
The community was involved and built a temporally shelter and provided women to cook the meals. Teachers and PTA worked cordially in organizing the meals and other logistics. Cooking materials like pots were borrowed from the Community Based Organization (CBO). Children used to bring sugar and firewood. A number of benefits and challenges were cited by the different groups.

“School feeding programme helps learners to attend classes knowing that they will get something unlike when there is no feeding programme. Now we do not have but we are looking for well-wishers.” – Said the head teacher

“Distribution of the porridge to other learners was done in an exposed area since the shelter was small; some food was ate in class this affected class progress and learners concentration.”- complained the teachers.

Poor hygiene was cited as one of the major challenges, and the learners also complained about hygiene of the cooks. “Some women would change their kids nappies while on duty.”- Said a male learner.

“The meals would be undercooked by the women and were cooked on poor shelter.”- said one female teacher.

PTA had tried to resume the feeding programme after the donated floor supply exhausted.

“In other schools, children are attracted to go to school because they receive porridge there unlike our school. We tried to start our own programme. We tried to contribute as a community but could not manage as we as parents are also in luck.”- said a male parent.

4.1.4. School Social Environment

The importance of a school social environment cannot be over emphasized. As earlier discussed, a safe, violence and exploitation free school setting would determine whether a child completes there education and also attain good health attitudes and practice. It was also pointed out that the social setting includes factors determining the life choices of the child to career, wellbeing and health. Availability of good role models, social interaction and opportunities to have a healthier perspective about health education is attained in a good social setting.

Child welfare & protection

Nkudzi primary school is along the East Bank road and farming is the main business or financial activity. The survey found out that school going children are part of the human resource in the farms for profit or family earnings.
“The child has no chance at an early age to choose to focus on education...they are sent to farms and rear animals. This is due to parent’s status in terms of worth.” - said female teacher.

“We are forced to go to the farm; if you don’t go they tell that you won’t eat.” - Said a male learner.

“When you are staying with foster parents, they favour their child to go to school and you work.” - said another male learner.

In addition to this, some respondents reported that when you are an orphan the foster parents beat them or don’t give them food while their biological children receive a better treatment. The boys also reported that some girls are forced to get married.

In relation to sexual reproductive health and child exploitation, from both male and female learners a number of issues were raised.

Some teachers engage in relationships with learners and in one instant a child got impregnated by the teacher. The teacher was then transferred but still left a dent in learner’s perspective of how they relate with the teachers.

One female learner said: “These issues usually happen at our school. Last year one girl was impregnated by a teacher.”

“These teachers are greedy such that they ask to sleep with girls at this school. They tell them that if you want to pass exams you should sleep with them.” - Said a female learner.

“For example, you say this term let me say yes so that I pass. You end up being impregnated and not even passing, stop school and just stay at home. You find yourself with no wraps to carry the baby, no soap and maybe your parents abandoning you.” - Commented one female learner.

Commenting on teachers conduct towards male learners, they pointed out that many staff members report to class while drunk and in one or more cases, teachers name end up written on school walls by learners.

Most of the raised issues were said to be reported to the PTA when it occurs. However, the parent teacher committee and the head teacher have not received any reports or did not divulge having face queries from any concerned party or victims.

“There are no reports of such issues currently unlike the in the past. This is due to the coming of an organization called IMPACT.” - Said a male parent.

No reports of exploitation of learners by teachers, forms of abuse or violence have reached my office.” - Said the Head teacher.
“In the past violations of child rights was there, were other parents could not give food to a child if they don’t work”—said on other parents.

Currently the DSHNC office has not received any reports of any forms of abuse, learner’s exploitation by teachers or violence. The School SHN coordinators are the ones who handle these issues and send reports to necessary departments.

Social interactions and clubs
Another vital social issue is the existence of bad peer influence at the school. This determines overall choices among the youth. Learners managed to isolate peer influence as a cause of teenage pregnancies at their school.

“Sometimes some learners are influenced by peers, when maybe their boyfriends are buying stuff like skirts then you do that ending up getting pregnant.” -Said another female learner.

A discussion with parents on social interaction found out that early sexual debut age is an issue around Nkudzi primary school. This affects morals, attitude and school performance of the child.

“Kids are having sexual activities at an early age; it’s like a new fashion. When a child has sex, they change; they are no longer obedient or teachable. This is leading to pregnancies and there is need for education on this.” -said one woman.

Despite this, the school does not have written procedures nor forum to address social issues. The school does not have clubs and societies were the students would interact, learn about health and also pass time. Clubs would equip the learners with knowledge about sexuality; career and health thus produce positive peer influence among the learners due to health and moral knowledge.

The learner reported that there are no clubs at the school to an extent that they mentioned PTA as a club.

Other respondents other than learners listed the following groups as a source of health information and interaction forums

a. Impact

“This organization selects people and teaches them on health issues. They come once in a month and also involve community members.” Said one PTA member

“IMPACT looks after child welfare, protection and provide assistant in terms of fees, soap and other basics. We benefited a lot. Currently 18 kids from our community are being paid school fees by impact.” -Reported a female parent.
b. Fawema:
A few years back, FAWEMA was introduced at the school. It involves girls who have reached puberty and teaches them on sexual reproductive issues plus overall female health. However, all groups reported that FAWEMA officials only came once at the school with initiative and left it in the hands of the community with no follow-ups.

“The gathering is now weaker.” - said one woman

c. In charge:

The other grouping is called “In charge”, a community based club which involves girls of 11 years above in health issues.

Apart from school based activities, parents reported that the communities do not have enough opportunities for recreation and sports. This lack of extracurricular activities would lead to early sexual activities, HIV, lack of ambitions and bad influence among peers.

“We don’t have youth clubs in the village. But the youth clubs are important since they give the youths the opportunity to discuss about the future, HIV and other productive issues. If there would be youth clubs in the village, the youths would be empowered in their education.” - said one male PTA member.

“There are no sports activities here unlike in towns...no netball, football, volleyball, the kids just hear about it but do not know.” - said one man.

Sport is another social physical activity at Nkudzi primary. The school has a football team and a netball team, which take part in zonal games from time to time. Female learners pointed out that they lack recreation facilities apart from the once in a while school matches. Currently they only watch community matches. They also said that they are lacking balls. Currently they have 2 which are not in good condition. Observation found out that the school has a very good football pitch and no official space for netball.

The SHN coordinator for the district level verified that that various partners are working to provide health education thorough clubs and other forums throughout Chikwawa.

“We have girls clubs in all schools of Chikwawa to promote gender.” -Reported the coordinator.

There are also partners who are working with SHN department on gender issues. One of the stakeholders is Theatre For A Change (TFAC).

“After seeing high dropouts, especially girls in schools like Ole ole, Nangale, Mfera, Phingo, Dolo and Mitongo primary school TFAC trained teachers as Agents Of Change (AOCs) where they were taught on how they can make girls to go back to school.” - Confirmed the coordinator.
In addition to this, the AOCs sensitize mother groups, parents and learners on different issues. The schools however seem to underutilize these services partly because they do not own the initiatives at the school.

Another important component in a school social environment is school violence. The male learners reported that there are usually fights during mango season as the students fight for ripe fruits in trees. And also fights usually occur at football matches. Teachers, parents and girls did not say anything regarding to school violence while the school head considered it a minor problem.

4.1.5. Health Services
Currently, Nkudzi primary school does not formally provide any health services. Survey findings show that the school has no formal emergency plan, no first aid kits, counseling, or referral for learners and staff. It also lacks preventive health services for sexual health and opportunities for health education outside class.

On school sicknesses, school staff and learners reported that malaria, diarrhoea and bilhazia as the prominent health conditions at their school. However, there are no records to show how many learners were diagnosed as such and also no formal records at the health centre specifically showing health conditions from surrounding schools.

a. Malaria
A male teacher said “there is a tank which is water logged (hand washing facility) were mosquitoes breed and pose risk of malaria for staff and learners.”

b. Diarrhoea
The teachers said that this is prominent at the school and the community. When asked about the source of this information they could not give. Upon further probing, the teachers said that “Mizimbe from vendors is the cause of infection.”- Male teacher said.

c. Bilharzia
“Bilharzia is also prominent at the school. The causes being: no shoes for learners thus exposed to infection in toilets. Secondly, water for school purpose is fetched from nearby stream hence students step in the infected water or even swim at that opportunity.”- said a Male teacher.

“The common health emergencies we are facing mostly include: Malaria and diarrhea. But the most serious is malaria.”-Head teacher said.
Most of the school staff members interviewed was not able to correctly verify the cause effect of diseases mentioned. It would be important for a health providing school to have sufficient knowledge about health risks, causes and prevention of common ailments in their area.

As pointed out earlier, Nkudzi School also lacks essential materials and skills for health services. The school does not have a school first aid kit nor does it have trained staff in first aid.

“We do not have a first aid kit, so in such times we take the patient to the hospital using learners or teacher’s bicycle, since the school does not have one of its own.”-male teacher said.

The school has allocated some teachers to conduct counseling to the learners. They counsel on health issues like personal hygiene of girls have reached puberty, pregnancy and disability. However, these teachers were not trained on any specific health issues as reported by the head teacher. It was also reported that none of the teachers have undergone any professional development training regarding health promoting schools in general.

“We offer counseling, to the PTA and school but no special training has been given to us.”-agreed the teachers.

However, learners seem to have no knowledge about the existence of counselors at the school.

Sick learners at Nkudzi are sent back home from school with an escort. Worse sickness is sent directly to health centre. Furthermore, they reported that teachers arrange visits to learners home if they get sick. When one is injured, the boys reported that teachers buy medicine at the store and treat the wound.

There was no record for any referrals done nor number of learners and staff who reported sick or injured.

On preventive health opportunities, the school lacks self-initiative due to lack of skill and will to do so. Most of preventive measures are learnt through the formal curriculum. Sexual Reproductive Health (SRH) issues are taught through subjects like Life skills, social studies and biology.

It was pointed out that health personnel have visited to talk about bilharzia and other diseases on how to prevent infection.

Another health services element is disability. A health promoting school has consideration of disabled learners both physical and socially so that they have equal opportunity for education and health. The school has deaf learners and others with mental disability.

“Deafness, dumbness and shivering are some of the challenges available at our school.”-Said a female learner.
“There are indeed some students with these disabilities at this school.”- Commented a female learner.

The school however has neither emergency plan nor special learning opportunities for these learners thus health and education for them would not be sustained.

4.1.6. Individual Health Skills and Action Competences

Information is a vital aspect that influences health attitudes and choices. School going aged children can get this information through formal curriculum and informal learning opportunities. However, the right information would influence the desirable outcome and depends on skills and capabilities of trainers, parents and the teaching methods to impart this knowledge about health.

Regardless, Nkudzi teacher to learner ratio being within the range all study groups reported inadequacy of teachers.

“When one teacher is sick, no one takes their place because there are few.”- Confirmed a male learner.

Furthermore, teacher’s reported that students look at what they teach as too expensive to practice. An example was cited in teaching about six food groups being tough for students to think they can afford what they see on teaching aids. In some cases, teaching is not paired with practical learning opportunities thus transfer of knowledge including about health may not be effective. Teachers also cited that they sometimes teach things they themselves discover in the syllabus and this makes them less confident about what knowledge they are imparting in school going children. This is because of the change in school syllabus.

“The syllabus has changed and we just teach direct from it…we don’t even know some issues ourselves.”- Reported one teacher.

Teachers pointed out that their teaching focus on the examinations other than the knowledge. On TALULAR, teachers said not all of them can draw or obtain local teaching resources for teaching. It was suggested by one teacher that students learn better when they see than hear thus need for role models which they do not have.

Learners were able to identify health issues infused in their curriculum and pointed out that most health lessons are in the subject of life skills subject.
4.1.8 Community Links

4.1.8.1. Cultural Practices, Early pregnancies and Marriages

Nkudzi learners, like many other school going children in Chikwawa undergo initiation ceremonies in the community. This is a social-cultural issue stemming from the community and has an influence of health and education of school going children.

Initiation ceremony which girls who have reached puberty undergo is a great challenge to child’s education. Majority of the respondents in all groups reported that it affects performance and personality or behavior of the initiated child.

“Girls of standard 5-7 mostly take part. When the girls return from ‘chinamwali’ things change, they are sexually active and they go wayward.” - Teacher explained further “...comparing girls of same age, those who did not go for initiation finished standard 8 successfully unlike the initiated ones who drop out” - analyzed the teachers.

“People from the community downplay the effects of initiation ceremonies. When we try to engage them for example, a girl who is pregnant may insist to come back to school as per advice we give but the parents tell them not to but rather encourage marriage so that they take care for the baby.” - said male teacher.

The issue of initiation was tied to early pregnancies. This may explain why pregnancies were reported as one of the major challenges facing school health and resulting to increasing school dropout. The effects of the initiation ceremonies has direct effect on child’s education. This has been due to reduced concentration, increased sexual activity and eventually early pregnancies and marriages. All groups stressed that it is not crime at the chiefs ground if a girl is impregnated after initiation.

“chinamwali is a certificate for the girl child to marry and freedom of the parents as they will not be questioned by the chief nor fill shamed in their community if their child got pregnant...the child is perceived a grown up.” - Explained one female teacher.

“Pregnancies are some of the major problems we have here. This may be due to initiation ceremony which is rampant.” - One female teacher said.

“Parents say a girl child cannot succeed in education, its better she gets married and they invest in a male child.” - Said a female learner.

“It happens that your family is poor, they tell you that you should get married ...why you are just staying at home when your friends are married and you should stop school since there is no one who will help you. You don’t have a choice you just do what they say.” - Said a female learner.
“Parents force children to marry due to lack of money to continue secondary education.” - Said a male learner.

4.1.8.2 Ignorance of parents on education
Focus group discussions of all groups cited poverty as one of the factors affecting health and education both at the school and in community life. Lack of basic school personal needs like uniforms, food breakfast, notebooks affects some learners performance and also continuity with education. Some groups reported that failure to support child’s education by parents is merely due to parent’s lack of interest on education. This may be due to lack of people who might have benefited from school within the community, but also lack of knowledge about the need for school by the community members. In some cases, school going children are staying with parents incapacitated by old age, disease or live in child headed families.

The head teacher reported that-“There are other parents up to now they have not yet realized the importance of education. They are taking school as not important because there are other people who have completed form 4 but they are not working hence they do not see a difference of being educated or not.”

“Parents do not empower kids to go to school. It’s basically none of their business. Out of 100 learners from my class, only 45 are remaining (discovered last term)...”-female class teacher said.

“These kids stay with older people and poor people. They can’t contribute to school developments and other payments such as report cards.”- One man said.

“...In addition, some learners don’t have parents; they can’t take care of themselves, no better clothing, food and other thing. This result to lack of interest to school and in some cases end up doing prostitution”- said one of the women from the parent teacher committee (PTA).

4.1.8.3 Relationship between PTA and School management and school stakeholders
Nkudzi primary school has a fairly functional school-stakeholder relationship. The school collaborates with other agencies like District Health Office (DHO) and forestry department. They work together with the DHO on time for deworming only.

“As for the forestry department, extension workers visit and teach learners and teachers on how to plant trees and how to take care of them in the tree season”-Reported Nkhudzi head teacher.

However, the coordination with health authority was described as done only when there is need not as a routine. Teachers expressed dissatisfaction of health services and coordination
with health workers. Teachers said that they would like to be empowered more on health issues.

“Health workers are not directly involved with our school. Teachers are under trained on health issues thus not able to handle side effects on MDA campaign.”- Said one of the teachers.

“We are daily involved with the school child and we can act as good model and health advisers to the child.”- said one teacher as one of the reasons to be empowered.

The school hosted the 2014 Day of African Child event which is conducted randomly across schools and Nkudzi was selected. Teachers reported that there is a good relationship between PTA and the school. Normally Chiefs assist in school development. However there is poor follow up on many issues.

“Follow up on issues or problems discussed is not productive e.g. initiation Chinamwali, Absenteeism and other traditions.”- Said one teacher.

Other organizations which are working together with the school include:
  a. CAMFED
  b. Malawi Girls Guide (MAGA) which they said is aimed to empower girls (not available for more details)

A discussion with the DSHNC found out that there is lack of professionalism of stakeholders in SHN (SHN Coordinators, School head teachers, PTA committees, School management and chiefs).

“School functions well if all stakeholders are knowledgeable of their responsibilities in the programme, there is a knowledge gap. For example, when we build toilets in schools villagers may come and use such that learners clean the following morning. If chiefs are not aware and involved in SHN it can always be a challenge.”- Reported the DSHNC

4.1.8.4 Poor learner’s involvement in school activities and lack
The community is more powerful on influencing child’s activity than the school. In this case, misconceptions, culture and life choices are more based on community perspective and as may lead to high dropout, poor performance and health because the community lacks good career role models, knowledge about health and outside class learning opportunities. Nkudzi learners actively participate in community activities than those at the school.

“These learners are more enthusiastic in community activities than school activities. They participate in rehearsals and other dances for village activities but at school, they give no effort to participate in activities that would benefit them.”-male teacher said.
Teachers acknowledged that they take initiative to follow-up drop outs through peers/classmates to no avail as the community still stands out.

“Are you going to pay fees? That’s what parents say when we approach them to empower child education and as a school, we are powerless to that.” - said one teacher.

“We try our best to bring the students back to school. You find that they withdraw again from school.” - said one female teacher.

Teachers recommended that chiefs should make and enforce laws that every child should go to school.
4.2. Mfera Primary School

4.2.1. Demography

There are 1583 learners at Mfera Primary school and 25 teachers. About 59 learners have dropped out of school due to reasons such as: Family responsibilities, Pregnancies and marriage. 66% of the dropouts are males; this is so because most of them are assigned to family responsibilities beyond their age.

A female parent reported that: “some parents do not recognize the importance of school such that they send their children to watch in the farms, go to businesses and feed animals instead of going to school.”

The school has also 2 disabled learners and 103 orphans. Below table summarizes the demographic data of Mfera primary school:

Table 3: Demographic data of Mfera Primary School

<table>
<thead>
<tr>
<th></th>
<th>MALE</th>
<th>FEMALE</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teachers</td>
<td>12</td>
<td>13</td>
<td>25</td>
</tr>
<tr>
<td>Learners</td>
<td>803</td>
<td>780</td>
<td>1583</td>
</tr>
<tr>
<td>Learner’s dropouts</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Family Responsibilities</td>
<td>39</td>
<td>13</td>
<td>52</td>
</tr>
<tr>
<td>• Pregnancies</td>
<td>NA</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>• Marriage</td>
<td>___</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Disabilities (physical impairments)</td>
<td>2</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Orphans</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Single parent</td>
<td>46</td>
<td>37</td>
<td>83</td>
</tr>
<tr>
<td>• Both Parents</td>
<td>10</td>
<td>10</td>
<td>20</td>
</tr>
</tbody>
</table>
4.2.2. School Healthy Policy

Mfera primary school does not have a school healthy policy and improvement plans which are supposed to direct the actions of the schools stakeholders. In addition to this, there are unwritten policies on sexual reproductive issues and many more.

4.2.3. School physical Environment

4.2.3.1 Grounds, Buildings and Location

From observation Mfera primary school is located far from market and beer halls; however it is close to a busy road (East Bank road). There are 13 classes in total of which 4 are the very small blocks that the school had from its existence. Of these 13 classes, 1 is not functioning. On average each class has 131 learners contrary to the Malawi National set bench mark of 60 learners per class (MoEST, 2008).

Majority of the study participants reported that there are inadequate houses for teachers. As observed there are 4 teachers’ houses, of which 1 is permanent (good condition) and the other 3 are temporary such that are sometimes used as waiting houses for new staff until they get proper houses. The later houses are in desolate state and this affects teachers motivation.

A female teacher reported- “There are ant hills in those houses; no one can use such a house.”

“Teachers stay far from school since there are a few houses here thus classes delayed or shortened”- Complained a male learner.

A female learner also said- “since the houses are few, thieves easily attack them such that the teachers are disappointed to the extent that they tell us that they are teaching us and should we steal from them?”

“There is indeed a need for houses for teachers; most of them live far from the school making them to come at school late.”- Reported a male Parent.

Some of the school buildings have cracked floors with none having a leaking roof. Poor lighting (much darkness) and ventilation are also some of the characteristics of some classes. In addition to this, some classes have also mice on the trusses, spider webs on trusses, cracked walls and scratched chalk boards. Below are pictures showing the school building’s defects:
Furthermore, the school grounds have exposed bricks which pose health hazards to learners. The school compound had visible garbage on grounds and in class rooms on inspection day. From junior classes, senior classes and even the outside of the staff office garbage was observed. Below is a picture showing part of the grounds:
Mfera primary school does not have adequate desks such that more learners sit on the floor. At least two classes have desks and from their records, the school had 80 unbroken desks and 15 broken desks. As observed, one class had about 38 desks occupied by 125 learners. Not only that, but one class has also has cement chairs, occupied by 143 learners. The cement chairs reduces the class volume such that it is overcrowded and more learners sits on the floor.

One female learner said-“sitting on the makes our clothes dirty unlike if we were sitting on the desks.”

Another female learner commented-“sometimes when we come to school with dirty clothes because we do not have soap, we are sent back home.”

From observation this school does not have electricity. Majority of the participants reported that there is indeed a need of electricity so that learners can be studying in the evening.

4.2.3.2 Water, Sanitation and Hygiene
Currently there are no functioning water points within the school area. There is 1 play pump which has faults in which they are failing to maintain. Hence both teachers and learners use water from the community borehole. They have 12 plastic buckets which are used to fetch and store water for drinking and cleaning purposes including pouring water into latrines when cleaning. There are 12 cups which are used by 1583 learners and 25 teachers to drink water from the tapped buckets.
A duty roster is available indicating responsible classes to fetch water on a particular day. In addition to this, on the day of visit the school had no water in all their storage containers since
those on duty did not refill the buckets and the whole school day ended without water. Cleaning of the buckets and cups is done by learners every day. On the day of visit, the same pails were used in cleaning the toilets.

“That play pump you see outside is not functioning; currently learners fetch water from the community pump. This is contributing to destruction of their education schedule.”-Complained a female parent.

“Maintenance of play pumps is difficult; there is need for the older AFDEV to be replaced. Currently I am communicating with NGO’s to help, however since most NGO’s have their impact areas so in those areas play pumps have been removed.”-Reported the DSHNC.

“We are now fetching water from Dembo village, we fetch during break time or in the morning when we are done with cleaning the toilet”-Confirmed a female learner.

With this current water state, classrooms are not cleaned daily and latrines sanitation has been affected too. The school has 3 rubbish pits, 2 of these are dug trenches and 1 plastic container. 1 of the trenches is full though still in use. Some learners also urinate in the pits. The solid waste composition range from plastic papers leaves and note book papers. Students are responsible for solid waste management. The study has found that Mfera primary school has inadequate learners’ latrines. There are 4 latrines with 6 segmented urinal drain for females and 4 latrines and 1 urinal drain for males. Majority of the study participants complained about this issue:

“We wait for each other when we want to use the latrine, ending up being late for class or urinating somewhere else”-Complained a female learner.

“Toilets are close to bushes and since the latrines are congested and dirty, it’s easy to use the available bushes.”-Reported a male learner.
Currently the toilet to learner’s ratio is 1:195 and 1:200 for females and males respectively. This is contrary to the recommended ratio of 1:60 stipulated in Malawi SHN guidelines (MoEST, MoAFS, 2009).

“There are a few sanitation facilities in some schools. Reaching to an extent that, number of students per toilet is exceeding the recommended.” - Confirmed the DSHNC.

From observations, the latrines were not clean and most of the learners use them while barefooted. It was reported that this is due to lack of water, lack of cleaning resources (brushes, disinfectants, pails etc) and villagers’ uses them when passing through the school and leave them unclean since they do not have locks.

“Some villagers passing by uses the toilets and leave them unclean such that we clean their waste in the morning”- said a female learner.

Furthermore, all the learners’ toilets were producing very bad smell regardless having the vents. Such that one could sense the toilet smell approximately 50metres from the toilet. Nevertheless, both learner’s and teachers latrines offer privacy to users.

On EcoSan latrines, majority of participants reported that they are not aware of these latrines but given a chance they would allow implementation if they are made aware.

Almost all participants reported to have never seen an EcoSan latrine rather have heard about them from media.

**DSHNC reported** - “I can advise EcoSan implementation in schools since it will help in school productive environment, where ash can be obtained from feeding programme section to latrines and manure used on schools environment”

“Regard less lack of awareness of the technology itself, the school can welcome the development since it will provide manure.” - Reported the head teacher.

On the other hand, a few respondents denied implementation of EcoSan.

“It can be difficult to use since we do not know them”- Said a female learner.
Mfera primary school has hand washing facilities which are not functioning. This is because of the lack of water. Majority of the learners reported that they do not wash hands after using the latrines because water is fetched away from the school and the water which is stored in pails is restricted for drinking.

A female learner complained- “*those hand washing facilities which are at the latrine section have never functioned since the time they were constructed. We are supposed to fill in water and since we are fetching water from far we don’t.*”

As observed, boys are currently urinating in the drains of their hand washing facility. Below is a picture of the male learners hand washing facility: Below is the back view of the hand washing facility and the outlet of water from behind the hand washing facility into the urinals:

![Non functional hand washing facilities](Picture 15: Non functional had washing facilities)

On the other hand, the school staff has a traditional hand washing facility made of plastic bottle which after observation seems to have not been functioning for a while since the ground was very dry than expected.

**4.2.3.3. Productive school environment**

The school does not have a productive environment. There is no garden and no orchard (fruits trees) rather only one class has flowers around and a woodlot (but a few trees around). This is so because the school has no water supply and is not fenced such that animals like goats eat the plants. There is more land at this institution which is idle such that students are the ones who sweep the compound every morning. The compound has no grass around which can reduce the land to be swept. Large sweeping area opens up an opportunity for disease infection, exhausts time and may exhaust the learners before class.
Regardless this being the case the DSHN reported that it is his duty to ensure that schools use their land productively. “I inspect that schools environment is used for learning and it is productive. For example using locally available resources and growing trees which can be used as medicine (chammwamba) or fruit trees to boost learners nutrition.”-DSHN reported.

4.2.3.4 Healthy eating

Mfera Primary School does not have a feeding programme. It used to have one which operated for a few times and flour supply stopped for reasons unknown to the school administration. The cooking process was done by parents and school committee. School feeding programme in Chikwawa schools is sponsored by: Government (Universal Feeding programme), World Food Programme, Mary meals, and community own initiative.

The DSHNC reported that: “Mfera primary school was one of the 9 schools under universal feeding programme (sponsored by Malawi government) which due to lack of funds has stopped in some of the schools like this one (Mfera primary).”

Regardless this being the case, the DSHNC reported that parents are being sensitized to provide food for their children and not to just depend on the school feeding programme.

Majority of the study participants reported that the feeding programme has positive impact on learners health and education.

“A child who is malnourished cannot do well in education and the future of Malawi will be affected.”-Reported the DSHNC.

“Pupils flooded to this school, those who dropped out came back because of the porridge, but in 2013 the programme stopped, PTA was frustrated, so were the students so they left school”-One male teacher said

Within the school premise there are food vendors who sell assorted foods to learners. Categories of food being sold include boiled sweet potatoes, boiled cassava, Dumplings (Mandasi), banana flitters, Baobab juice and Irish potatoes with sauce. Below picture is showing one of the foods being supplied at the school:
From observation food hygiene was inadequate: some of the foods were uncovered and serving plates washed with dirty water. Furthermore, there is no any form of registering with the school administration when one wants to start selling food and none of the available sellers has ever been trained in basic food safety and hygiene. When water is available these food vendors are allowed to use campus water facilities and solid waste pits. However the use of campus latrines by them is prohibited. The later poses risk to health as the vendors may use close bushes for toilets.

4.2.4. School Social Environment

4.2.4.1 Child welfare and protection

Currently, Mfera has no recent reports on issues of various forms of violence, abuse and exploitation of learners by teachers.

The deputy head teacher said that- “Currently the schools administration has not received any reports concerning child abuse, violence or exploitation of learners by teachers.”

A male parent reported that- “previously abuse cases were there, but we called parents and talked to them since some parents were sending children to watch in their farms so that animals do not destroy crops even if it’s a school day and if that child refuses he/she was not given food on that day.”

“Currently my office has not received any reports of any forms of abuse, learner’s exploitation by teachers or violence. The School SHN coordinators are the ones who handle these issues and send reports to necessary departments.” - Said the DSHNC

In addition to this, they confirmed that sexual exploitation of learners cannot happen again by teachers with the way the community reacts.

“With the way our community reacts? I don’t think any teacher can dare to do that, there was one teacher who used to beat learners very much he was reported and transferred. And with this action other teachers are afraid.” - Reported a female parent.
Nevertheless, it was reported that lack of seriousness by parents in child welfare is affecting school attendance were most learners are absent for school in most days.

“Learners report late for school. A certain learner was always late than most classmates. The child could not clearly explain why. After teachers following up they found that the girl was responsible for the welfare of siblings at home.” - Male teacher said.

“Parents do not take care of the children welfare before school. Some learners do not dress well and are not given food before school” - Reported a female teacher.

It was also found that parents have low bargaining power to enforce child to go and attend school because they do not provide basic necessities to the child.

“In this case, the child loses interest to attend school because apart from hunger, they admire other learner’s welfare.” - Said a male teacher.

Regardless the school having no reports on issues to deal with child welfare some forms of abuse exists in the community which affects learners. Parents contribute to absenteeism of the learners by giving them tasks on school day.

“Parents force students to go and sell goods on market day and if the child denies, they are threatened that they will not be given food.” – Reported a female teacher.

“Some parents say, if you don’t go to the farm you won’t eat and you don’t go to school but the farm.” - Said a male learner.

Social interactions and clubs

Majority of the FGDs participants reported that there is no encouragement which is given to learners from those people who did well with education. They confirmed by reporting that there are no role models who visit there institutions to empower the learners, hence learners are not motivated to proceed with education. Mfera primary school has a number of clubs which enhances a number of issues. These include Theatre For A Change (TFAC), girls club and drama. They also had wildlife club which ended in 2011 because of lack of motivation.

TFAC is one of the partners working with the SHN department at Education in addressing gender issues. It has trained some teachers to be Agents Of Change and help learners financially. The AOCs sensitize mother groups, parents and a learner on different issues. Mfera has 2 female teachers leading a girls club who have been trained by TFAC. These 2 lead teachers received training and use life skills manuals to empower girl’s education and health.
“After seeing high dropouts, especially girls in schools like Ole ole, Nangale, Mfera, Phingo, Dolo and Mitongo primary school TFAC trained teachers as Agency Of Change (AOCs) where they were taught on how they can make girls to go back to school.” Confirmed the DSHNC.

“We learn other things we did not know in girls club, for example now we know self efficacy and self confidence which we did not know.” A female learner complemented.

Furthermore, the school does provide counseling through the disciplinary committee and mothers support group. It does not have a special counselor on health issues and none of the disciplinary committee members has ever received training in health issues.

4.2.5. Health Services

4.2.5.1 Provision of health services and coordination

Majority of the respondents confirmed that there are no school health services being provided at the school. This is contrary to the Malawi school health and nutrition guidelines, which state that school children should be provided with comprehensive school health services which are both school and community based to ensure that their diverse needs and those of their families are met (MoEST, MoAFS, 2009). The study has also revealed that there is no coordination between Mfera primary school, Mfera health centre and the District health office itself. The only issue which is coordinated by the health authorities is the Deworming programme which happens yearly.

“We are not working together with ministry of education. However, there is a school health coordinator who is new and currently on maternity leave. And so far budgeting for July has already been done am not sure if there is any allocation of funds towards school health.” Said the DNO.

“Each and every school in Chikhwawa has a SHN coordinator; they are trained in programmes like deworming which occurs yearly. I work hand in hand with School Health Coordinator from DHO: in times of mass deworming campaign.” Said the DSHNC.

The Deputy Head teacher—“On issues about collaboration with health authorities, currently they only associate when it is deworming time.”

“In collaboration with DHO schools are supposed to receive health services like deworming. Vitamin A supplements and iron are some of the health services which are supposed to be there, however apart from deworming the rest have happened 2008.” Reported the DSHNC
It was reported that the health workers interacted with school staff through sports and a party in 2011.

“The previous headmaster arranged a party with the health workers, that way we knew each other and it was easy to access health services at the hospital.” - One male teacher said.

Physical assessments and other health services have never been conducted for a lot of years.

“School health screening is one of the essential health services that are supposed to be provided by a team of health experts. However, schools of Mfera catchment area have not attained the screening service since they were not included in the sample.” - Said DSHNC.

It was further reported that education is difficult for other learners who are disabled and orphans since they cannot afford basic resources like clothes, food and many more.

“We planned to go each quarter to do physical assessments; this has not been done in the past 2 years. And I don’t know if assessments have ever been done in Mfera.” - DNO said.

A female parent reported-“roughly there are 8 disabled learners, disabled from polio, deafness and epilepsy.”

The school has no special expertise to teach the disabled school for equal opportunity for an education.

4.2.5.2 Health Emergencies
In addition to this, the school does not even have a first Aid kit though there are 2 teachers who have first aid certificates hence they do not practice anything in times of emergencies. There is no routine action to emergencies by management. In cases of emergencies the patient is rushed to the hospital by a bicycle.

“First Aid kit is another provision that a school is supposed to have but currently only a few schools do have. A learner should not go back home because of a minor illness which can be eased with a painkiller.” - Reported the DSHNC.

4.2.6. Individual Health skills and Action Competences
4.2.6.1 Formal Curriculum
Majority of the study participants reported that the formal curriculum addresses health issues properly; however teachers felt limited in delivering the health aspects. This is so because of the following reasons:
- **Culture**

  It was also reported that some lessons tackle on negative health issues associated with early marriages and initiation ceremonies such as (kusasa fumbi) which is practiced in the school surrounding communities.

  ‘*Kusasa fumbi is viewed as here, thus reception and practice of good health practice is futile.*’- **Complained a female standard 7 teacher.**

  “*When I was teaching about nutrition in Standard 7, learners reported that some foods are for elders only.*”- **Confirmed a Male teacher.**

- **Lack of resources**

  “*Students do not know or have never seen some things. I was once teaching about tooth care, the learners couldn’t relate because they do not know toothbrushes and toothpaste.*”- **Reported a female teacher.**

  **A female teacher said that**-“*learners would understand better if practical lessons were used in teaching about health. She cited on hand washing lessons and general hygiene.*”

  This shows that teachers are failing to adopt TALULAR though the Malawi SHN guidelines promote educators to teach to use using locally available resources so that lessons are delivered with practice.

- **Sexual Reproductive Issues**

  Sexual reproductive issues are addressed in some subjects offered at this institution; such subjects include life skills, science and technology. However it was reported that the curriculum has gaps in addressing sexual reproductive issues.

  Never the less, complaints were also made on the general current curriculum being weak compared to the old one and that the ministry of education has reduced inspection of teachers in schools to see how they are teaching.

  “*Previously we had a good syllabus such that students could know how to read unlike today were a Standard 4 learner cannot. With this student’s do not go far with education since its taking them long to start understanding things up to reaching secondary.*”- **Reported a male parent.**
o **Associated activities**

Mfera primary school has never conducted a health campaign initiated by the school itself rather by other organizations. The following are some of the organizations which have recently conducted health campaigns at this institution:

- **CANADA student’s teachers**

  It was reported that students from Canada visited school on 23 May 2014. The visitors conducted health education on malaria in general. They targeted a selected class and women with fewer than five children around the community. The whole targeted class, women and all under-fives at the school received free nets.

- **Evangelical Association of Malawi (EAM)**

  This institution organised a tournament in Chikonde educational zone. It was reported that this organisation worked with the schools on health issues (sanitation), disaster preparedness and prevention.

  “It was a good initiative as they taught students and teachers on sanitation however; it was in vain to teach them what they could not attain without resources. The resources listed were mops and cleaning detergents.”—*Commented one Male teacher.*

- **Informal curriculum**

  Currently the school has 3 clubs of which some addresses Sexual Reproductive Health issues (SRH). These include AIDS Toto club, TFAC and wildlife of which only the first two are active. These clubs have patrons who were not trained on any specific issues. Mfera primary school uses a community ground on sporting activities. The school does not have balls and jerseys.

4.2.7. **Community Links and other organizations**

The PTA is a bridge between the community and school management such that all issues from either side are reported in this way. There is a proper coordination and involvement of the community at this institution. This school does not really take part in community initiatives; recently they were involved in one community activity. Regardless this being the case, majority of the study participants reported the following community influences impacting on learners education and health.

- **Parents ignorance on the importance of Education**

  The study has revealed that some parents still do not know the importance of education such that it affects learners negatively. In this regard, parents assign responsibilities to their children
which hinder their education. Furthermore, only a few parents are able to encourage their children on education or advising them to practice what they learn at home.

“Parents send children to businesses and to watch in farms during school days. This makes children to also lose interest in education.”- Said the deputy head teacher.

• Cultural practices
Early pregnancies and marriages were also reported by most of the study participants. Some of the reasons leading to these issues include initiation a ceremony for girls (Chinamwali) in which it was reported that a belief called Kusasa Fumbi occurs after the initiation ceremony.

“They are educated about marriage issues, so when they return, they are changed, more sexually active, thus the pregnancies. You know what, the initiation is like a go ahead, if an initiated girl gets pregnant, there is no case at the chiefs ground. But if not initiated, the parents are held accountable thus the parents make sure there child goes for initiated”-Reported a Male teacher.

The deputy head teacher said-“children are told things beyond their age which make them to start indulging in sexual behavior.”

On the other hand, other study participants reported that this culture has ended.

Male parent said-“it used to happen in the past; however the health department intervened due to the burden of HIV/AIDS.”

DSHNC said that-“.... now it is better because of the mother groups. The initiation ceremony was leading to absenteeism, change in psychological thinking of children and change in learner’s behaviors.”

Watching of pornographic movies was also one of the reasons to early sex debut.

A male parent said that-“most children go in video rooms and watch pornography this makes them to start indulging in sexual behaviors resulting in unplanned pregnancies.”

Another male parent commented on the same-“there is need for chiefs to do something these video rooms are operating up to 10 pm and when you complain they just say come get your child.”
Poverty was also another reason for early pregnancies:

“sometimes its poverty that is leading to this situation, when these children see that their friends have nice clothes bought by boyfriends they say let me try ending up in problems.”

-said one man in the FGDs.

From observation stakeholders are not coordinating and collaborating with the schools. Not only that but also they are not aware of their roles and responsibilities. At District Health Office there is no District school health coordinator such that the nurses who were interviewed were not aware of the field. The DSHN reported that they work together during deworming. However, the Malawi SHN guidelines state the roles of the focal persons of all stake departments in school health.

In general, there is lack of professionalism of stakeholders in HPS (SHN Coordinators, School head teachers, PTA committees, School management and chiefs). People are not aware of SHN programme as well as their roles to have a health promoting school.

“School functions well if all stakeholders are knowledgeable of their responsibilities in the programme, there is a knowledge gap. For example, when we build toilets in schools villagers may come and use such that learners clean the following morning. If chiefs are not aware and involved in SHN it can always be a challenge.”

-Reported the DSHNC
4.3. Mfera CDSS

4.3.1. Demography
There are 418 learners and 10 teachers at Mfera CDSS. There are 10 teachers at this institution. The current teacher to learner ratio is 1: 41. Table below indicates Mfera CDSS characteristics:

Table 1: Enrolled number of learners and teachers

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<tr>
<th></th>
<th>MALE</th>
<th>FEMALE</th>
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</tr>
<tr>
<td>LEARNERS</td>
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</tr>
<tr>
<td>Total</td>
<td>213</td>
<td>205</td>
<td>418</td>
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4.3.2. School Healthy Policy
Mfera CDSS does not have a school based healthy policy. Likewise there are no written policies on health related issues such as sexual reproductive health and productive land use. The school stakeholders lack knowledge about the health policy for schools.

“I think we have a policy somehow, am not sure though because we have the duty roasters, school leaders structures such as prefects and other things.” - said the head teacher.

However, the school does have an improvement plan which has the following areas as need for improvement: school based insets, weak assessment procedures, inadequate use of syllabus and other reference books and use of resources. The current school action plans does not incorporate any areas of improvement regarding to health. The head teacher claimed that the action plan is known by the PTA, all teachers, prefects and the students and the teachers evaluates the progress of the plans. The action plans are also evaluated by the head and also the school is inspected from time to time based on these plans by education officers. On the
contrary, the named stakeholders were indifferent about the claim. This indicates lack of awareness of the concerned parties.

4.3.3. School Physical Environment

4.3.3.1. Grounds, Building and Location

The position of the school is not close to the market; approximately it is 500 metres from the main market. However, the school is in close proximity with a local beer hall approximately 70 metres from the school. At the time of observation the beer hall was not operating. However, school stakeholders complained that the beer hall is a source of noise pollution such that it disturbs learner’s concentration.

The school serves a wider catchment area and some learners are not from the immediate community, this is so because it is a feeder of 9 primary schools. The female learners also reported of long distances being a barrier for them to access education. They reported that others come from as far as Mapelera, Domasi, Kaponda and Thabwani approximately ranging from 6 to 10 km away from the school.

“Most people come from far areas such that they arrive at school late and tired.” – Confirmed a female learner.

Based on school inspection results, the school buildings had no leaking roofs. The school blocks floors were clean at the time of visit. However, the walls were not clean. The rooms are well lit and from observation the ventilation is adequate. However, learners complained that due to large number of learners in classes there is need for air-conditioning equipment.

Furthermore, the study found that the school has fairly inadequate number of teachers. Currently, the teacher to learner’s ratio is approximately 1:40 exceeding standard learners to teacher ratio of 1 qualified teacher to 30 learners based on national educational sector plan (NESP, 2008).

The lack of teachers could be due to inadequate teachers houses around the school. As per NESP, a school is supposed to have 75 percent of houses for available teachers. Currently, the school has 3 houses and more teachers refuse to come and work at the school because of this lack of houses.

“It seems the ministry of education sends us few teachers. Some teachers posted here refuse maybe because of lack of houses currently we have 3 houses.” – Said a female teacher.

The study has also found that the school classes are overcrowded. There are 4 classrooms of approximately X*X square metres. On average each class has 100 learners per class this is contrary to the teacher to learners ratio of 1: 30 which is the same to class to learners ratio. The
school also provides open learning education in the afternoon hours. From discussion with the male learners reported that when the form 2 and 4 are out of the school the open learners learn together with the day learners and this contributes to overcrowding. However, other stakeholders reported that in these situations the open learners use the vacant classes.

“We are overcrowded, we don’t seat comfortably in class, 5 people per bench.”- Said a male learner.

From observation some of the available classes had broken windows, cracked floors, dirty walls and spider webs on the trusses. In addition to this, the teacher’s staffroom has poor ventilation. It has glasses which are fixed and cannot be opened.

“Our staffroom is not well ventilated; it is very hot during the hot season. And also in the classes ventilation is poor. It is too hot considering the overcrowding and this is risky because it increases the spread of diseases.”- said male teacher.

The other limitation cited by the school is lack of school teaching and learning materials or facilities. The school has few teaching and learning books. They reported that they only have enough text books for life skills unlike bible knowledge, Chichewa, English, Biology and Mathematics.

“We have few book in almost all subjects, for example, we only have 2 strides biology text books in junior classes.”- said one teacher.

“….as for literature sir borrows one from Chikwawa secondary and we don’t have our own to study.”- Said a female learner

“In some subjects it is necessary that each learner has a book to see when we are teaching. That is not possible here. They are too many.”- Said one male teacher.

School stakeholders agreed that they have a library at the school and acknowledge that it was under stocked and in desolate condition. Currently, the school initiated a self-project for a library and laboratory to be completed by press cane.

“We have a library; it is more of a storeroom.”- agreed the teachers.

“The block you see outside is our project, we started in 2012. We as a school committee are doing it on our own now. The funds are sourced from school development fund taken from the fees.”- Reported a female teacher.

Mfera CDSS is not fenced and there are no physical hazards on the school grounds (sharp stones, broken glasses, tree stumps, tall grass and holes). Absence of fence has led to high
trespassing by the community and livestock. Learners pointed out that trespassing by animals and community people disturbs classes.

“...friends pass by school with loud music and even shout your name while in class.”- said a male learners.

“When we have events, the community youths come and sabotage the event, they beat us or start fights among themselves thus destroying school property”- Added another male learner.

“Villagers stole oil from a transformer just behind the school.”- said a male learner.

4.3.3.2. Water, sanitation and Hygiene

Mfera CDSS has a functional drinking water source, a borehole, at the school premises. Apart from that there are 2 other boreholes located within 100metres from the school. The school has also water storage facility. Water at this institution is stored in 20litres plastic buckets.

“We have enough water around the school, our own borehole, and 2 boreholes close by”- Said the teachers.

The bore hole is currently producing water regularly since it has just been built recently by UNICEF. Based on WHO ROC inspection checklist for ground water resources, the water at this borehole is apparently of drinking quality. Below is a picture of the current borehole:

This institution has 4 latrines for males and another 4 for female learners. And the staff latrines are 2, one for females and 1 for male teachers. In addition to this, more latrines are currently under construction by UNICEF. However, the sanitation of the old latrines was very poor on observation.

The school does not have hand washing facilities for teachers or learners. Currently, they use the borehole. From observation no learner was seen washing hands voluntarily after using the toilet. This may be because it is difficult for a learner to get the water because there is need for someone to be pumping as the other is washing hands. Other findings on school sanitation include lack of mops, pails, and brooms.
“We have 2 pails we have to mop the classes, clean the toilets and staffroom daily, this becomes difficult such that we finish late.” - Complained a female learner.

“We do not have brushes, squeezers, toilet cleaning chemicals” - Said a male learner.

Other learners pointed out that they lack sanitation practices despite the availability of the water source at the school.

“Our toilets are not enough, no soap, no tissue and the toilets are not secure and too close to the classes thus bad smell around school...in terms of cleaning, we have no PPE.” - Said a male learner.

4.3.3.3. Productive School Environment  
School land is not placed to maximum use by the school. There is no school garden, flower garden, grass and there are a few trees around the school. And water flowing from the borehole drain was not put to use.

4.3.3.4. Healthy Eating  
The school does not provide any food because it is a community day secondary school. Learners get most of their foods from vendors and local small shops around the school campus. No vendors were identified around the school campus during the survey.

4.3.4. School Social Environment  
The school social environmental is represented by aspects of school that enhance a positive psycho-social school setting. This might be the relationship between teachers and learners or learner to learner interaction, social and psychological factors facing a school going child.  

Mfera CDSS learners reported that turn up to school is lower than the classroom enrolled population. A number of learners are absent from school for various reasons. Some of the learners said,

“We compete for seating places...others just stay home from school when late because they know they won’t find chairs.” – Said a male learner.

“We learn at the forest during form 4 and form 2 exams, education is disturbed because we can’t concentrate. So teachers are away for invigilation so much that we knock off at 9 am. We learn only 1 or 2 subjects at the end of the day we don’t perform well in class.” - Said a male learner.

Learning outside classroom leads to bullying and other abuses to younger learners.
“When we learn at the forest, senior students beat younger students...they tell us to play football with them but when they lose the beat us up.” - Said a junior male learner.

“Indeed, younger learners are bullied, it is aimed to groom them to be obedient and teach discipline otherwise they do not follow culture and they don’t contribute to school work.” - Argued a male learner.

However, some of the learners expressed concern as they abused for wrongs they do not commit.

“...it is not all of form ones who are rude, some of us just suffer the consequences and this is violating our rights.” - Said another male learner.

Another important psycho-social component is the relationship between learner and teacher. Minority of learners said that they felt used and ill-treated by the teachers through punishments and verbal abuse. However, learners agreed that punishments are required so that the learner is disciplined.

“The other issue is school punishment...indeed students must be punished but punishment is mostly not proportional to the vices done. Student can be punished all day.” - said one student.

The learners also reported that some of their rights as children are hindered by the community: child labor, forced marriages and other abuse from parents.

“Sometimes it can be that you do not have both parents but you stay with your uncle who forces you to sleep with him and then impregnates you ending up not finishing your education.” - Said a female learner.

Another female learner added-“That issue has never happened here but what happens is we knock of 2:10 PM and you go home they give you more chores and even tell you to go to the field and in the end you find yourself that you can’t even study at night.”

Complaints were also raised by other participants that the male learners’ welfare is affected since more interventions are focused to female learners.

“most organizations are just helping girls...boys are also suffering but they are not helped in any way...the girls are getting financial assistance but at the end of the day they just get impregnated and dropout of school...for example CAMFED only pay fees for girls.” - Reported the parents.
4.3.5. Health Services

4.3.5.1. Health services provision
Mfera CDSS provides some health services to the learners and staff members. Firstly, learners are able to access pain killers when there is need. When a sickness is reported, whether at school or at a rented house, a follow up is done by the parents together with the teachers.

“There is a teacher allocated to treat students when required but he has received no special training...the school does not provide emergency care and no any preventive health care.”- Head teacher said.

The said teacher has not had any special training for his duty.

“When a self-boarding learner is ill, the landlord reports to the school. The school reports to parents and the case taken for treatment.”- Said one PTA woman.

“For minor pains the school has painkillers but we refer main cases to hospital...we have first aid kits such as iodine and others.”- Head teacher said.

On referral of cases, the school is active. Learners go to the health facility with referral letters.

4.3.5.2. Counseling and health education
Another important health service is health counseling and health education. The school lacks self-initiated health education. The head teacher reported that this is due to lack of knowledge on subject matter and lack of funds to implement as such. The school authority admitted that they have a responsible person overlooking school counseling but stressed that it is a primary responsibility of the health worker. Parents also pointed the issue to the health worker as an important stakeholder to take this task. Other forums for counseling are women groupings in the villages, school meetings and community meetings

“We have never taken that initiative (health campaign and health education)...this is because of time, we have a lot to do on our academic calendar...but also the students may not receive it well from us, maybe from the professionals.”- Said the Head teacher.

“There is mothers group which advices youth girls on health matters...I do not know if it is active.”- Said a female woman.
5.0. Conclusion and Recommendations

5.1. Conclusion
A school to be declared HPS, it has to have a full HPS package describe in this report. All the 3 schools of Mfera catchment area have gaps in the essential elements of a health promoting school:

- The schools have no school healthy policies, productive land use policies and written sexual reproductive health issues policies. However, Mfera CDSS has written improvement plans, which do not include any health issues. As for Mfera primary school and Nkudzi they do not have school improvement plans.
- All the three schools have inadequate classes such that they are overcrowded and this affects ventilation. Some of the classes have dirty walls, cracked floors, spider cobwebs, broken windows, poor lighting and ventilation and mice. All the schools are also not fenced such that productive land use is not promoted because of animals and trespassers. In addition to this, there are inadequate numbers of teachers houses in all the 3 schools. Out of the 3 schools only Mfera CDSS does have electricity.
- Except Mfera CDSS, Nkudzi and Mfera primary has no functioning water source. However, Concern Universal is intervening on the issue in Mfera primary school. Hand washing facilities are also not functioning in all the schools. The two primary schools have inadequate latrines compared to the number of users and the available latrines are not clean due to lack of water, disinfectants and other cleaning tools. All school stakeholders in all schools can allow implementation of EcoSan latrines; however they are not knowledgeable of how to use these latrines and a few have ever seen them.
- There is no school feeding programme and food vendors within the schools are not trained on food handling such that food hygiene is not observed in all the schools. Land at in all the schools is idle such that learners are exposed to so much dust as they sweep the compound.
- The schools social environments are deviating from normal. Bullying and overcrowding are some of the factors that are contributing to absenteeism. In addition to this boys welfare is one of the challenges that is affecting the social environment of the learners. Most parents are also not properly managing the learners welfare to an extent that some learners are demotivated and dropout. Apart from poverty some parents lack interest on education such that they do not provide basic needs. Involving learners in businesses, farm work and other responsibilities is hindering education.
- On school health services Mfera CDSS and Nkudzi provide medication for simple illnesses bought by the school administration. The health authorities are not supportive except the deworming programme only.
• On SRH issues; early pregnancies and marriages are prominent in all the 3 schools. As for Mfera CDSS abortions are also prominent. Some of the factors contributing to this include: initiation ceremonies; self-boarding and peer pressure.

• In promotion of individual Health skills and Action Competences the formal curriculum addresses health issues properly; however teachers feel limited in delivering the health aspects. Culture is one of the hindrances and lack of empowerment in using TALULAR to deliver health lessons.

• Generally there is lack of professionalism in implementation of a health promoting school. At school level, District health office level and other stakeholders the focal persons are not well identified and do not know their responsibilities. Currently, there is no coordination from health authorities, ministry of agriculture and other departments.

• In the two primary schools there is good relationship with the community unlike Mera CDSS due to it having wider area being fed by it.

5.2. Recommendations

• All stakeholders (School community, DHO, DEM, Ministry of Agriculture, Ministry of forestry etc) should link up, know their roles and responsibilities and implement health promoting schools.

• Proper training and sensitization of school stakeholders on the roles and involvement in planning and implementation of the HPS by Scotland Chikhwawa Health Initiative.

• Supervision of school stakeholders in implementing HPS to ensure linking with stakeholders and also continuity of the project component by Scotland Chikhwawa Health Initiative and partners.

• Monitoring and evaluation by SCHI.