

## **Leveraging schools for health, reduced inequality and zero hunger**

*By Eloise du Plessis*

In Namibia there are 1,779 government and government-aided schools which provide education to more than 700,000 learners. These schools have teachers, headmasters and premises - some better than others - but they share the characteristic that all the children of Namibia are there for 195 days of the year.

These schools provide the infrastructure to implement programs which will allow Namibia to achieve many of the Sustainable Development Goals by using the education system. The SDGs that I will focus on are SDG 2 (*Zero Hunger*), SDG 3 (*Good health and well-being*), and SDG 10 (*Reduced inequality*).

### **Zero hunger (Sustainable Development Goal 2)**

Idea:

The Namibian government has introduced a Namibian School Feeding Programme (NSFP) that is funded and run entirely by the Namibian government with technical assistance from the World Food Programme (WFP). It provides a standardized mid-morning meal to more than 330,000 learners in 1,400 primary and combined schools throughout the country at a cost of some N\$104 million. The meal consists of a porridge prepared at schools of a maize meal blend. The maize meal blend is fortified and by weight consists of 63% maize meal, 25% soya protein blend, 11% sugar, and 1% salt. Cooking utensils, fuel and storerooms are expected to be provided by the community and community members usually volunteer to prepare the porridge.

There are, however, significant shortcomings which need to be addressed. The rations contain less kilojoules and a lower fat content than what is recommended by the WFP. During 2016, when drought conditions prevailed, the programme was suspended in some schools due to a scarcity of maize within the country and also due to maize prices which have increased drastically since December 2015.

Records of a private school, which runs a school feeding programme at a cost of NAD 5 per day, show that two nutritious meals can be provided to each learner at school. This will amount to some NAD 680 million per annum if meals are provided to all learners in public schools for the 195 school days. In this one step, all of the following results are obtained according to a WFP [report](#) on school feeding programmes:

- Alleviate short-term hunger
- Improve school enrolment, attendance and reduce drop-out rates
- Improve students' learning, cognitive functions, in-class behaviour, academic performance and ability to concentrate
- Provide a vehicle for micro-nutrient supplementation
- Contribute to children's psychological well-being
- Alleviate some of the cost of children's schooling
- Act as an effective platform for other needed inputs
- Mobilize and build capacity of national governments and other partners
- Work as an effective tool against HIV/AIDS
- Create jobs and private sector opportunities

Implementation:

Policy intervention with strong political will behind it is needed to address these concerns. Schools have to be provided with adequate cooking supplies and cooks and cleaners have to be employed. This can be done in collaboration with the private sector. In South Africa, a private sector company in co-operation with the South African government, is responsible for feeding 1.1 million school children daily. A similar framework could be adopted in Namibia to ensure successful implementation.

### **Healthcare (Sustainable Development Goal 3)**

According to the Global Competitiveness index, Namibia ranks 122<sup>nd</sup> out of 138 countries in the Health pillar. The areas where we rank worst are tuberculosis incidence and HIV prevalence and the accompanying business impact thereof.

Idea:

Set up a primary healthcare clinic next to every school. This way, schools become the point of basic primary healthcare provision to children and the rest of the community. This means that school infrastructure and the fact that all children are there every day is used by the Health Ministry to address basic health, sexually transmitted diseases and teenage pregnancy.

Implementation:

The primary healthcare clinic can be responsible for the vaccination of children and to be a point of first intervention if a child has a fever or diarrhoea. Tuberculosis testing can also be done and treatment provided immediately and regularly if required.

Schools can be used to provide advice on teenage pregnancy prevention to teenage girls, together with long-acting reversible contraceptives (LARCs), including intrauterine devices (IUDs) and hormonal implants. There has been real success in providing LARCs to teens elsewhere.

A [study](#) in 2014 in the New England Journal of Medicine found that, in a cohort of teenage girls and women for whom barriers to contraception (lack of knowledge, limited access, and cost) are removed and the use of the most effective contraceptive methods is encouraged, a large percentage opted to use LARC methods. The rates of pregnancy, birth, and abortion in the cohort of the study were below both the most recent corresponding national rates and the goals set for the project.

Madame Monica Geingos, the Namibian First Lady, is a champion of Start Free, Stay Free, AIDS Free, an agenda to put the world on a Super-Fast-Track to end AIDS among children, adolescents and young women by 2020. School health clinics can be used to attain the goals of the Global Competitiveness Index.

Start free: A comprehensive sexuality education curriculum is needed in school classrooms. Each school should have a social worker to provide essential support to children who have questions that are not addressed at home. HIV testing can be done, so that all young people know their status. Post-exposure prophylaxis needs to be taken within 72 hours of exposure to HIV and having this available at schools can make it accessible.

Stay free: The global aim of the programme Madame Geingos is involved in is to provide voluntary medical circumcision for HIV prevention to 25 million additional men by 2020, with a focus on young

men (aged 10–29 years). The service for boys to be circumcised can be provided and encouraged at these school clinics.

AIDS free: Anti-retroviral treatment can be made available at school for children who need to take it. Effective monitoring can be done to ensure that it is taken on time and regularly.

Namibia already has institutions which assist with the services mentioned above. We can use these institutions, like the Namibia Planned Parenthood Association (NAPPA) who have experience in Namibia since 1996, in order to roll the services out on a large scale in schools.

It is very important to understand that it is crucial that if these proposals are to be implemented it has to be done with qualified, trained staff, quality pharmaceuticals and clear political will.

### **Reduced inequality (Sustainable Development Goal 10)**

If all children are fed and have access to quality healthcare as proposed, we would have already made major progress towards reducing inequality. Furthermore, early childhood development and quality, relevant higher education training in every region is the key to reducing inequality.

According to the Global Competitiveness Report, Namibia performs poorly in the quality of the mathematics and science education and in the management of schools. In contrast, Namibia scores well in terms of on-the-job staff training. This knowledge from the private sector can be leveraged to make training relevant for the labour market.

We must ensure every school in every region has internet access and qualified teachers. Each constituency should offer schools with an option for students to choose vocational training streams. In this way, learners who choose the vocational stream can leave Grade 12 with an NQF qualification. There does not have to be massive capital outlay for this, we can leverage what we already have. We can train teachers in every region by connecting a teacher's training college to a school in that region. Similarly, we can train nurses in every region by connecting a nurse's training college to a hospital in the region. If necessary, we should bring in international experts to run each of those colleges to ensure the quality. The Vocational Education and Training (VET) levy fund and private sector corporate social investment can be used to construct a small but effective vocational training college in each region.

### **Conclusion**

All of the above can only be achieved if resources are allocated to schools and implemented effectively. This will require competent people in every constituency with full support from the Ministries of Health and Education and partnering with the private sector. This might mean that some expertise would have to be brought in from outside Namibian borders and for that we would require the co-operation of the Ministry of Home Affairs and Immigration as well. It is not impossible though. There is already so much to work with if we just choose to collaborate.

*Eloise du Plessis is an analyst with PSG Namibia.*

