



Knowledge hub
-
Collection of best practices

Summary of the best practice

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

Advancing education through Health Promoting Schools (HPS) in Botswana: A Focus on School and Community Partnerships.

2. Country or countries where the practice is implemented *

Republic of Botswana

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

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

4. Implementation lead/partner organization(s) *

Ministry of Education and Skills Development

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

School Health, School and Community Partnership, Multisectoral Collaboration, Equity, Inclusion

6. What makes it a best practice? *

It is evidence based and implementable over a long period with the use of existing resources. It is inclusive.

Description of the best practice

7. Introduction (350-400 words)

This section should ideally provide the context of, and justification for, the practice and address the following issues:

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Botswana adopted the Health- Promoting School approach in 2009 under its national School Health Programme, to advance the health and education of school children and the school community at large. The programme, which is a shared responsibility of the Ministries of Health and Wellness, Basic Education, and Local Government and Rural Development, focused on good sanitation in schools, provision of health services including screening and school feeding, amongst others, and the teaching of good health practices to children. The HPS approach started to be implemented in nine primary schools located in four Districts in 2010. It promotes a whole school approach to school health through six components: School Based Health Policy, Health Services, Physical Environment, Social Environment, Life Skills Education and Community Partnerships. Out of the six, Schools and Community Partnership stands out in terms of school ownership and success. Local partnerships helped raising awareness on the importance of health of learners that contributes to education outcomes. The focus will be on Bothakga Primary School in Woodhall, Lobatse District. Woodhall is a low-income community with a population of about 30, 000 habitants. In addition, Bothakga primary school prioritized the inclusion of children living with disabilities, and established a Special Education Unit and started an agricultural project led by learners with special needs. The population that the school serves comprises learners, who are coming from very poor conditions and some of them live with HIV or with disabilities. Many parents are unemployed or have low-paid jobs.

Health conditions were found to be rife in the community owing to the low-socio-economic status of most families. Health assessments showed low personal hygiene, high prevalence of respiratory diseases, low birth weights, , and early and unintended pregnancy. These challenges contributed to high rates of absenteeism. Lack of parental involvement in the education of their children and in PTA meetings and activities were also a cause for concern. When the school started implementing the health-promoting school initiative, the school leadership reached out to the community holistically. The main objectives were to involve:

- parents in the education of their children and PTA activities
- To implement school health in partnership with and through District Health Teams
- all relevant local government partners such as social workers and the Police to address issues such as GBV, OVC, truancy etc
- Civil Society Organizations to complement the efforts of school staff in areas like Comprehensive sexuality education/Life Skills
- other members of the community such as the church, traditional leadership such as chiefs, the business community, Political leaders, and the media

All the objectives stated above were achieved through a robust campaign waged by the school and its partners.

8. Implementation (350-450 words)

Please describe the implementation modalities or processes, where possible in relation to:

- i) What are the main activities carried out?
- ii) When and where the activities were carried out (including the start date and whether it is ongoing)?
- iii) Who were the key implementation actors and collaborators? (civil society organizations, private sector, foundations, coalitions, networks etc.)?
- iv) What were the resources needed (budget and sources) for the implementation?

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The successful implementation of the school health programme relies on the strong collaboration between officials from the Ministries of Health and Wellness, Basic Education, and Local Government at the district level. The District School Health committees are co-chaired by Department of Education and the School Health team responsible for school health service delivery.

In 2010, the districts, through the District Health Management Team, conducted community consultative fora and training on HPS in different wards in the Lobatse township, including the community which host Bothakga and successfully mobilized support for the initiative. After this, the District School Health Committee and the Local School Health Committee were formed and with clear Terms of Reference agreed upon. In all schools, School Health Committees, with the assistance of the district committee, conducted a school health audit to identify priorities, developed a plan, a school health policy and a charter in -2010

Youth health organizations came on board to offer life skills education to learners and the district health authorities mounted educational boards to reinforce health messages which discouraged risky behaviors, such as tobacco use.

Schools were encouraged to mobilize support from individuals and the business community. A strong focus was put in experience-sharing and monitoring. The schools participated in review workshop involving the four pilot districts in 2012, and in 2013 and 2018, assessments were conducted in implementing districts and schools.

Schools reported that the support from the school health focal teams and communities in a lot of cases through Parents Teachers Associations (PTAs), was instrumental in improving infrastructure – for instance with hand washing stations, sick bays and counseling rooms- initiating agricultural projects in schools and ensuring that learners get good nutrition and health care services. The District Health Management Teams formed strong collaborations with NGOs to strengthen life planning skills, a programme that equips children/teenagers with life skills such as decision making, negotiation, assertiveness, and communication skills. Lobatse engaged a theatre group to train learners with life skills, with a significant reduction in delinquency and teenage pregnancy in schools.

Bothakga Primary School is a living testimony that collaborating with community partners, including the business community, does bear fruits. This was evidenced by G4s Security Company, and Barclays Bank which pledged resources and constructed a sick bay and a counselling room respectively. Over the years, other individuals and companies pledged resources to the school which includes amongst others, domestic animals and bees for agricultural projects.

9. Results – outputs and outcomes (250-350 words)

To the extent possible, please reply to the questions below:

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

- In what ways has this practice been transformative (e.g., impact on policies, impact on management processes, impact on delivery arrangements or education monitoring, impact on teachers, learners and beneficiary communities etc.)

First, the initiative changed the way participating schools partnered with local stakeholders and communities, providing an inspiring model for parent and community engagement and cross-sectoral collaboration at the local level under the leadership of schools.

As a result, the programme had positive impacts both on the health and the educational achievement of pupils, and also benefited the wider school community. Since the inception of initiative, the health literacy of the school community has improved significantly. This has been evidenced during support visits, by Ministries of Health, Education, WHO officials experience sharing, and bench marking exercise by local and international institutions like WHO, UNICEF other health and education regions. Furthermore, the support from different sectors, business and individuals improved the school infrastructure hence providing a conducive environment for the school environment. The Initiative has indeed lived to its theme as Bothakga has improved educational outcomes; in 2014, the school's pass rate was 69.3%; 2015, 61.8%; 2016, 51.1%; 2017, 73.3%; 2018, 72.2% and 2019, 71.5%. Furthermore the 2013 and 2018 assessment revealed that the initiative was highly valued by the school and the community alike, and that all six components are diligently executed.

Building on the success of Bothakga and the nine other pilot schools, the government of Botswana progressively expanded the project to 157 schools in 22 districts in 2018. In 2021, Botswana embedded the HPS components in its updated in school health policy, using the newly published Global Standards for Health-Promoting Schools, with the vision of making every school a health-promoting school.

10. Lessons learnt (300 words)

To the extent possible, please reply to the following questions:

- i) What were the key triggers for transformation?
- ii) What worked really well – what facilitated this?
- iii) What did not work – why did it not work? *

The key triggers were the school leadership and the community themselves. The major transformative aspect is where education sector itself felt the need to strengthen its own capacity and mindset to take ownership of promoting learners' health and wellbeing. That is a demonstration of policy change.

This transformation worked well because schools partnered with different community stakeholders, making it easier to achieve almost all HPS components.

The success came about when community partners were challenged to participate in the improvement of the health and education outcomes of children in their communities. There was a strong conviction by all partners involved that working together was going to yield more results and it happened. Mobilization campaigns led by the District Management teams, politicians such as Councilors, Parliamentarians and other community leaders, young people through Civil Society Organizations and theater groups, religious leaders, the business community, played a major part. It was thus then easy for teachers, school management and learners themselves to focus on curriculum delivery and learning. The business community adopted schools and placed them in their yearly budgetary plans, which demonstrates strong commitment to enhancing learners' well-being in schools.

However, despite the engagement of the community, lack of financial and human resources remain a challenge. The transfers of teachers, members of the school management and health staff to other regions and schools affected the implementation, showing the importance of skills transfer through mentoring. Support from district managers was instrumental in successful districts.

11. Conclusions (250 words)

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

The initiative is considered a Best Practice because once initiated,, it was sustained . It inspired many schools and Districts in Botswana and internationally, some countries like Ghana and people from WHO and others proved to be practically feasible, including in schools in deprived communities. More importantly, an integrated approach to school health brought positive changes in the lives of learners. School performance was enhanced as well as health outcomes. The school environment was enhanced, such as WASH, and the policy facilitated regular health checks such as hearing, sights, teeth etc and remedial action.

Success factors to be considered by schools willing to replicate this initiative include:

- Where possible visit the school and get it from the “horses’ mouths” themselves (School Leadership, and community leadership) who could provide practical guidance,
- Learn the strategies that have been used in a consistent and sustainable manner and adapt them to your school environment
- Inculcate a true sense of self believe in good health for everyone. .
- School succeed in every community when the top Leadership is engaged.
- Impressing upon the business community that true investment happens when social investment is made since people will live and remain customers.
- Set targets and monitor progress

12. Further reading

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

Information not yet online