EAS Journal of Nutrition and Food Sciences
Abbreviated Key Title: EAS J Nutr Food Sci
ISSN: 2663-1873 (Print) & ISSN: 2663-7308 (Online)
Published By East African Scholars Publisher, Kenya

OPEN ACCESS

Volume-8 | Issue-6 | Nov-Dec; 2026 | DOI: https://doi.org/10.36349/easjnfs.2025.v08i04.002

Original Research Article

School Health and Nutrition Programme Implementation in Assessed Districts, Schools and Health Facilities: A Monitoring Assessment

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Article History
Received: 17.09.2026
Accepted: 08.11.2026
Published: 19.11.2026

Journal homepage:
https://www.easpublisher.com

Quick Response Code

Abstract: The School Health and Nutrition (SHN) monitoring exercise assessed programme implementation at district, school and health-facility levels. Findings were analysed and presented separately by assessment level to avoid double counting. The assessment documented service coverage, human resources, school feeding, health-room availability, outreach activities, common illnesses, programme strengths and implementation challenges. Across the assessed settings, school health outreach was reported by all 11 health facilities, 53,631 learners were reached at school level, and 78.4% of schools reported at district level were implementing school feeding programmes. Important gaps included limited health-room coverage, inadequate transport and fuel for outreach, weak referral feedback, WASH infrastructure constraints, teacher turnover and limited intersectoral coordination. The findings identify actions for the Ministries of Health and Education to strengthen the coverage, quality and sustainability of School Health and Nutrition services.

Keyword: School Health, Nutrition, School Feeding, Health Services, Health Facilities, Learners, WASH, Monitoring, Zambia.

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INTRODUCTION

School Health and Nutrition (SHN) services provide an important platform for promoting the health, wellbeing and learning capacity of children (World Health Organization [WHO], 2021a; WHO & UNESCO, 2021). Comprehensive school health services, including nutrition interventions and school feeding programmes, are recognised as essential components of health-promoting schools and contribute to improved educational outcomes and equity (WHO, 2021a; WHO, 2021b; World Food Programme [WFP], 2025). Global standards emphasise intersectoral collaboration between health and education sectors, adequate WASH infrastructure, and integrated service delivery (WHO & UNESCO, 2021; WHO & United Nations Children's Fund [UNICEF], 2024; UNICEF & WFP, 2025). This practice article presents findings from a monitoring assessment of SHN programme implementation conducted across district, school and health-facility settings in Zambia. The assessment examined school feeding coverage, health-room availability, trained personnel, outreach services, common illnesses, and coordination between the health and education sectors. It also documented operational, human-resource, infrastructure and governance challenges that affect service delivery.

MATERIALS AND METHODS

A descriptive monitoring assessment was conducted at three levels: district, school and health facility. Five district assessment sites, four school assessment forms covering 311 reported schools, and 11 health facilities were included. An additional 74 schools were covered at facility level. Findings were kept separate by assessment level to avoid double counting. Data collected included coverage indicators, human-resource counts, monitoring frequency, learner and teacher distribution, common illnesses, outreach services, programme strengths and implementation challenges. Results were summarised descriptively using counts, percentages and graphical displays.

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RESULTS AND DISCUSSION

District-level assessment

Coverage

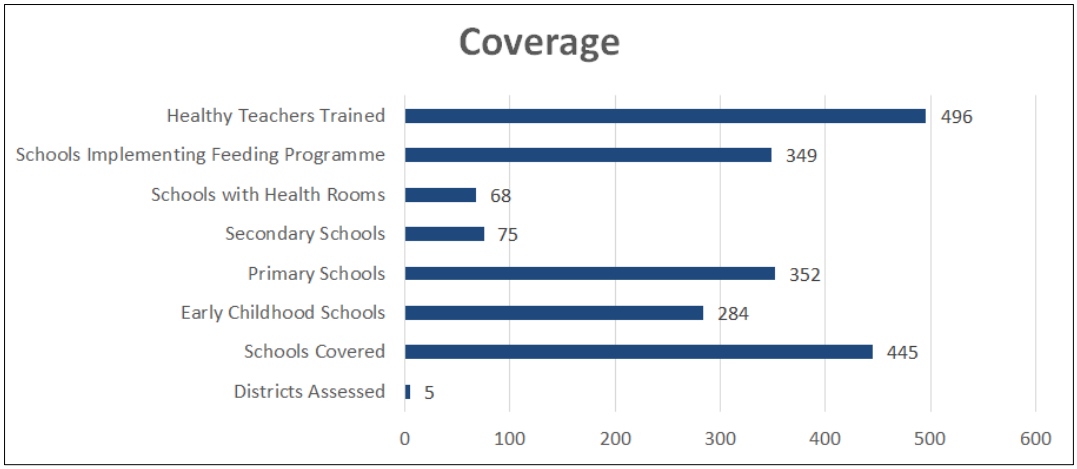

Figure 1: District-level coverage indicators

Human Resources

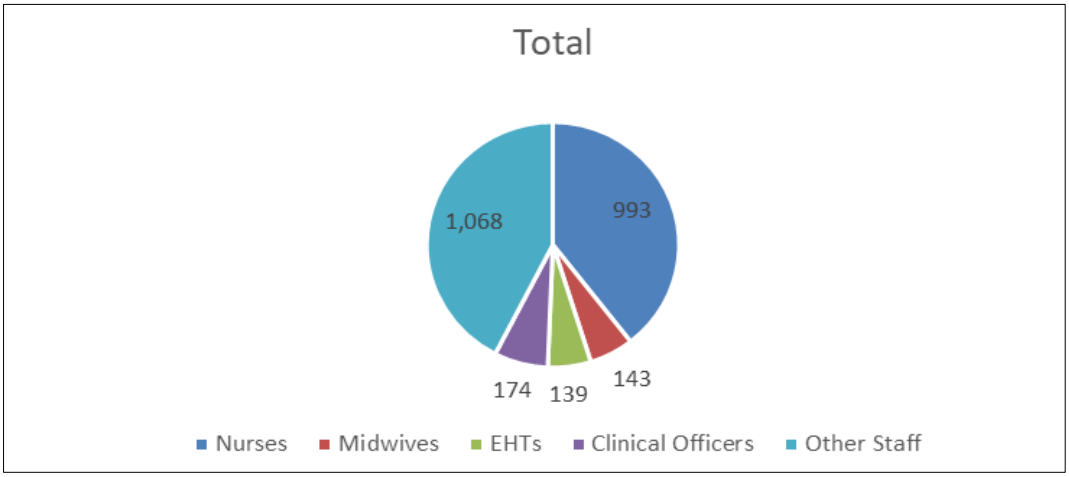

Figure 2: Human resources reported at district level.

Monitoring Frequency

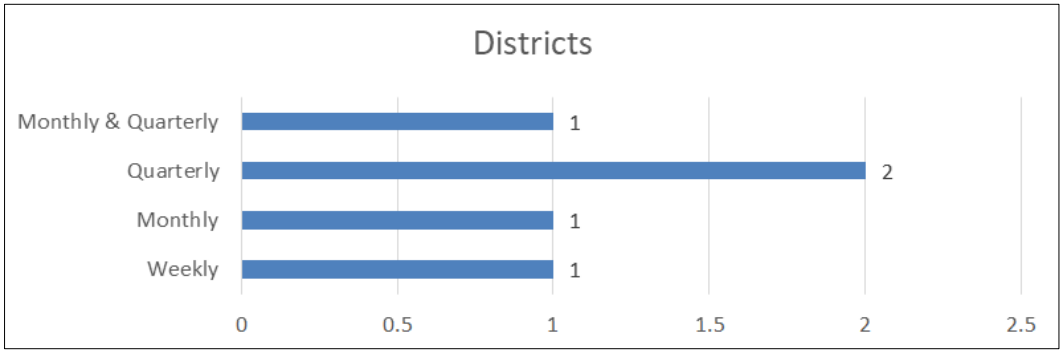

Figure 3: Frequency of school health monitoring reported by districts.

Common Illnesses Reported

- Malaria
- Respiratory tract infections
- Cough

- Diarrhoea
- Abdominal pains
- Skin infections
- Headache and flu
- Fever and abdominal discomfort

Key Findings

- 78.4% of schools were implementing school feeding programmes (349/445).
- Health room coverage stood at 15.3% (68/445).
- A total of 496 Healthy Teachers had been trained.
- Healthy Learners was the main implementation partner in all assessed districts.

School-level assessment Coverage

Table 1: School-level assessment coverage indicators

Indicator	Total
School Assessment Forms	4
Schools Reported	311
Schools Implementing Feeding Programme	116
Schools with Health Rooms	30
Healthy Teachers Trained	180
Learners Reached	53,631

Learner Distribution

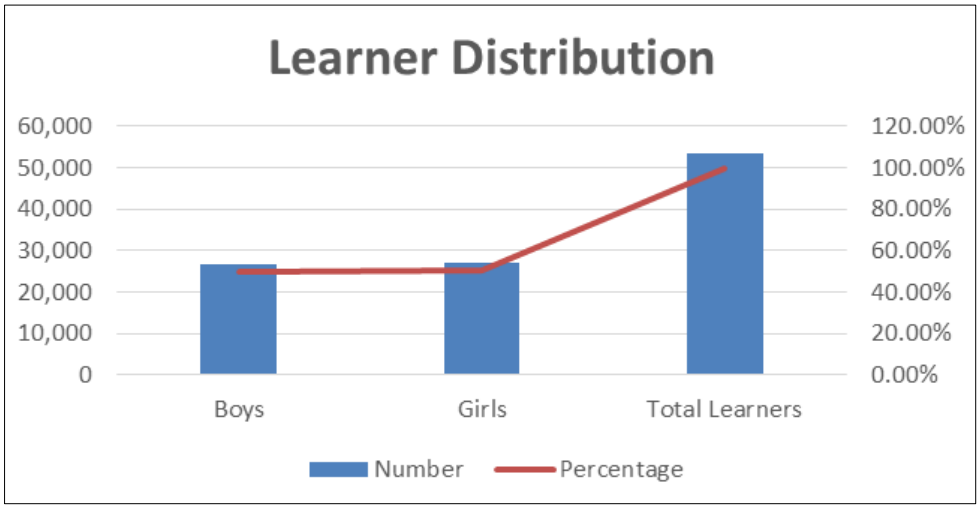

Figure 4: Learner distribution by sex at school level.

Teacher Distribution

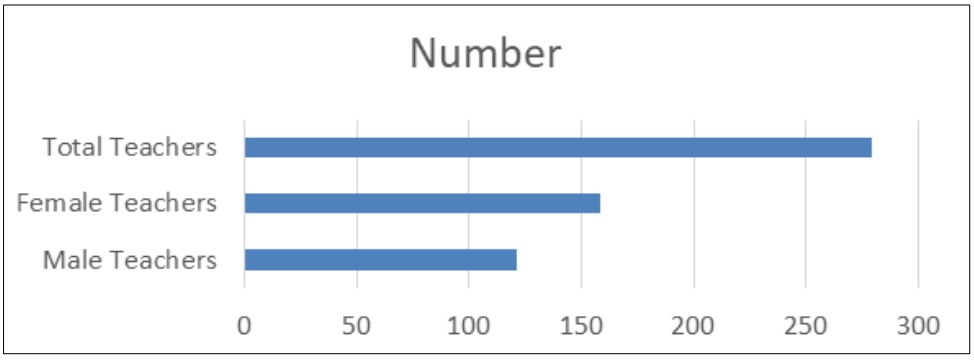

Figure 5: Teacher distribution at school level.

Common Illnesses

- Abdominal pains
- Chest pains
- Headache
- Malaria
- Respiratory tract infections
- Non-bloody diarrhoea
- Dental caries

- Scabies

Key Findings

- School Feeding Programme coverage was 37.3% (116/311).
- Health Room coverage was 9.6% (30/311).
- Female learners accounted for 50.2% of all learners reached.
- Female teachers represented 56.6% of available teachers.

Health-Facility Assessment Coverage

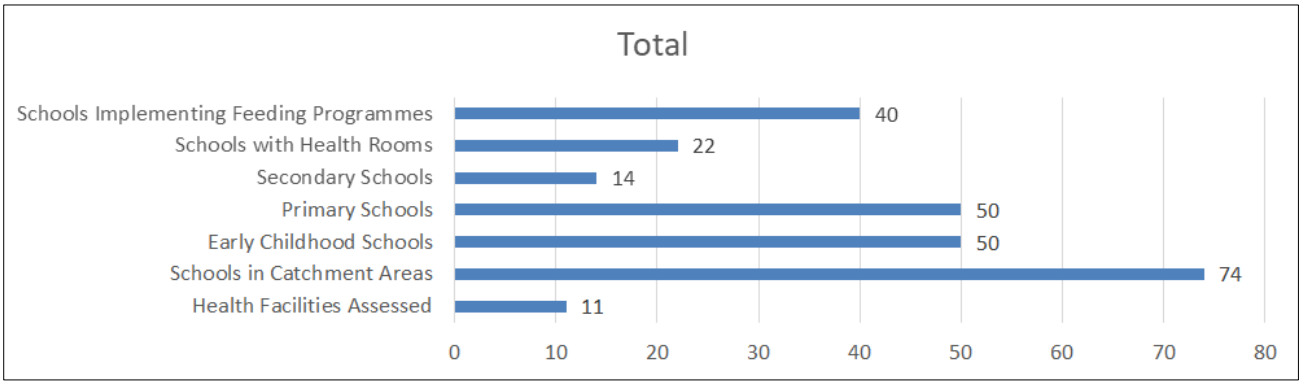

Figure 6: Coverage indicators reported by health facilities.

Health Workforce

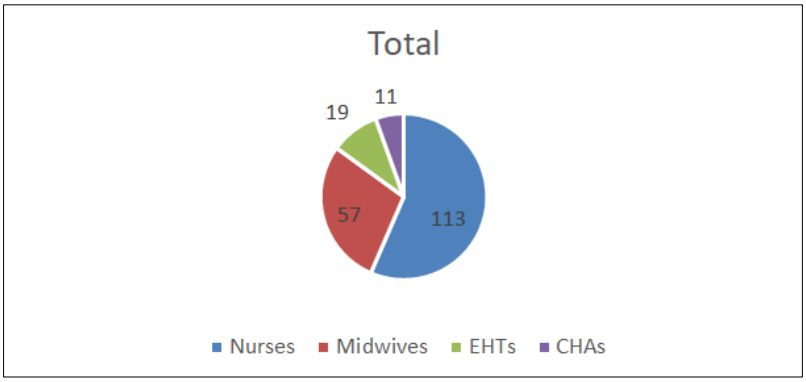

Figure 7: Health workforce reported at health-facility level.

Healthy Teachers

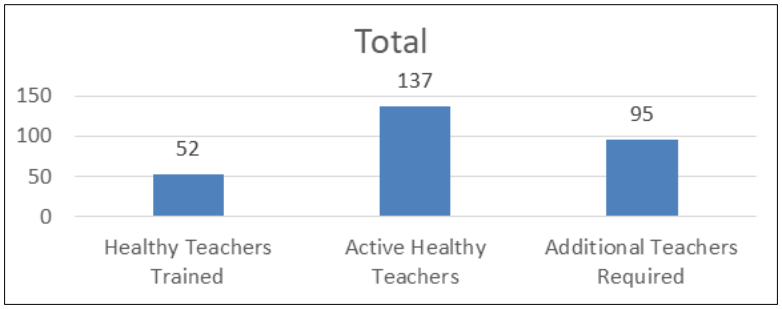

Figure 8: Healthy Teachers reported in the health-facility assessment.

Outreach Services

Table 2: Outreach services reported by assessed health facilities.

Indicator	Result
Facilities Conducting Outreach	11
Outreach Coverage	100%

Frequently Reported Outreach Services

- Medical examinations
- Basic treatment
- Immunization (including HPV)
- Oral health services
- School inspections
- Food inspections
- Water quality monitoring
- Menstrual hygiene education
- Technical support to school health teachers
- SBC material distribution

Key Findings

- All facilities had School Health Focal Point Persons.
- All facilities reported conducting school health outreach services.
- None of the facilities reported having a copy of the MOH-MOE MOU.
- 81.8% of facilities reported that Parent Teacher Committees (PTCs) had been oriented on school health.

Overall Findings

Strengths

Service Delivery

- School health outreach services are being conducted across all assessed facilities.
- School feeding programmes are operational in most assessed districts.
- School Health Focal Point Persons are available at district, school, and facility levels.
- Strong support continues through the Healthy Learners Programme.

Human Resources

- Large numbers of frontline health workers are supporting SHN implementation.
- Significant numbers of Healthy Teachers have been trained.

Learner Reach

- More than 53,000 learners were reached through school health interventions.
- Gender distribution among learners was balanced.

Implementation Challenges

Operational Challenges

- Lack of transport for outreach activities.
- Inadequate fuel support.
- Poor referral feedback systems.
- Weak communication and internet connectivity.
- Delayed delivery of medical supplies.

Human Resource Challenges

- Staff attrition due to transfers.
- Limited numbers of trained Healthy Teachers.
- Heavy workload for teachers managing health rooms.
- Inadequate mentorship and supervision.

Infrastructure Challenges

- Inadequate health rooms.
- Poor handwashing facilities.
- Weak WASH infrastructure (WHO & UNICEF, 2024).
- Limited SBC materials.

Coordination Challenges

- Inadequate joint monitoring between MOH and MOE.
- Weak collaboration between sectors.
- Limited MOH involvement in some school feeding activities.

Recommendations

Ministry of Health

1. Strengthen routine mentorship and supportive supervision.
2. Increase transport and fuel support for outreach activities.
3. Train more health workers and school health coordinators.
4. Improve supply of vaccines, medicines, and SBC materials.
5. Strengthen referral and feedback mechanisms.
6. Expand health room establishment in schools.
7. Conduct regular joint monitoring with MOE.

Ministry of Education

1. Train additional Healthy Teachers.
2. Replace transferred trained teachers.
3. Strengthen school health room functionality.
4. Improve WASH facilities in schools.
5. Increase support for school outreach activities.
6. Enhance implementation of the MOH-MOE MOU.
7. Strengthen collaboration with nearby health facilities.

Cross-cutting observations

Infrastructure

- Health rooms remain inadequate across schools.
- Many schools are located more than 3 km from the nearest health facility.
- WASH facilities vary significantly between schools.

School Feeding

- School feeding implementation is strong at district level but lower at assessed school level (WFP, 2025).

Health Workforce

- Facilities generally have adequate staffing levels.
- Teacher turnover continues to undermine sustainability of SHN activities.

Partnerships

- Healthy Learners remains the primary implementing partner.
- Partner-supported sites reported stronger SHN implementation.

Governance

- Awareness of the MOH-MOE MOU exists in many locations, but actual availability of the document remains low.
- There is need for stronger coordination between health and education sectors.

Summary of Key Indicators

Table 3: Summary of key indicators by assessment level

Indicator	District Level	School Level	Facility Level
Assessment Sites	5	4	11
Schools Covered	445	311	74
Schools with Health Rooms	68	30	22
Schools Implementing Feeding Programme	349	116	40
Healthy Teachers Trained	496	180	52
Learners Reached	-	53,631	-
Nurses	993	-	113
Midwives	143	-	57
EHTs	139	-	19

CONCLUSION

The SHN programme is firmly established across assessed districts, schools, and health facilities, with strong partner support and widespread outreach activities. However, major gaps remain in transport, health infrastructure, trained personnel, WASH facilities, and coordination mechanisms. These findings align with global evidence that sustained progress in school health and nutrition requires strengthened intersectoral collaboration, adequate resourcing for outreach and infrastructure, and consistent availability of trained personnel (WHO, 2021a; WHO & UNICEF, 2024; UNICEF & WFP, 2025; WFP, 2025). Addressing these bottlenecks will significantly improve the quality, coverage, and sustainability of School Health and Nutrition Services in line with WHO guidelines on comprehensive school health services and the global standards for health-promoting schools (WHO, 2021a; WHO & UNESCO, 2021).

Acknowledgements

The authors acknowledge the contributions of district health and education teams, school staff, health facility personnel and the Healthy Learners Programme who participated in the monitoring assessment.

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Cite This Article: Phiri, A., Mulubwa, B., Muyembe, C., Musonda, B., Mwadetsa, S. D., Mutati, A., Ndambo, N., Mkanu, M., Kashoka, A. (2026). School Health and Nutrition Programme Implementation in Assessed Districts, Schools and Health Facilities: A Monitoring Assessment. *EAS J Nutr Food Sci, 8*(4), 116-121