



The Advantage of Integrated Models in the Response to COVID-19: A practical example from Zambia

Re-imagining the Package of Care for Children Subgroup

September 29, 2020

Objectives

The EP Subgroup will:

1. Develop a **global platform for knowledge exchange**, sharing experiences and evidence, identifying and documenting best practices, offering solutions to overcome challenges and opportunities, and to support members in collective learning to translate knowledge into practice in their respective country programs;
2. Support members to **generate evidence**, including development of a proof-of-concept from small-scale programs to inform the design of integrated large-scale interventions;
3. Provide a **platform for members to engage in global and country level advocacy** on expanding childhealth intervention packages.

Expected Results (2020-2022)

By the end of 2022, the EP Subgroup expects to have achieved the following:

1. An **active community of practice for knowledge exchange**, with at least 50 members (global, national, subnational level actors), sharing experiences on the expanded child health interventions, including defining some of the boundaries of that expanded package of child health interventions and the health system requirements/implications of the expanded package; with at least one knowledge exchange event(online) quarterly
2. Developed a **common understanding of the needs, gaps, challenges, and opportunities** in expanding the current packages and/or in using integrated platforms for delivery;
3. Defined a **research agenda**, identify and recommend research to develop evidence-based approaches to expand the package(s) of child health interventions;
4. Supported/facilitated members in preparing **joint applications** for implementation research grants;
5. **Inform the development of global guidelines and tools** for packaging child health interventions andfor implementing and monitoring child health programs.

Illustrative Activities

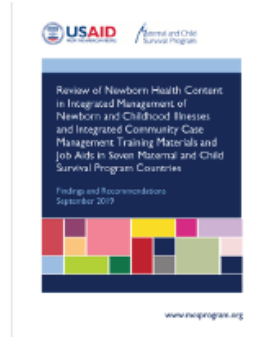
1. Organize regular meetings, webinars and other communication activities addressing the TOR/workplan, to keep members informed, engaged, and to promote efficient implementation of existing packages of interventions;
2. Liaise regularly with other CHTF subgroups, as well as other forums and country programs, to stay abreast of current and emerging issues being debated both at the global and operational levels.
3. Participate in relevant global public health communities to contribute to the World Health Organization (WHO) and UNICEF ongoing efforts to redesign child health services.

Three Independent Papers

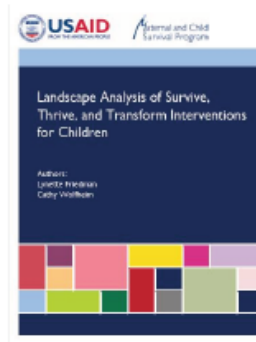
Review of Policies and Guidelines Related to the Nutrition of Ill and Undernourished Children at the Primary Health Care Level



Review of Newborn Health Content of IMNCI and iCCM Training Materials and Job Aids in Seven MCSP Countries



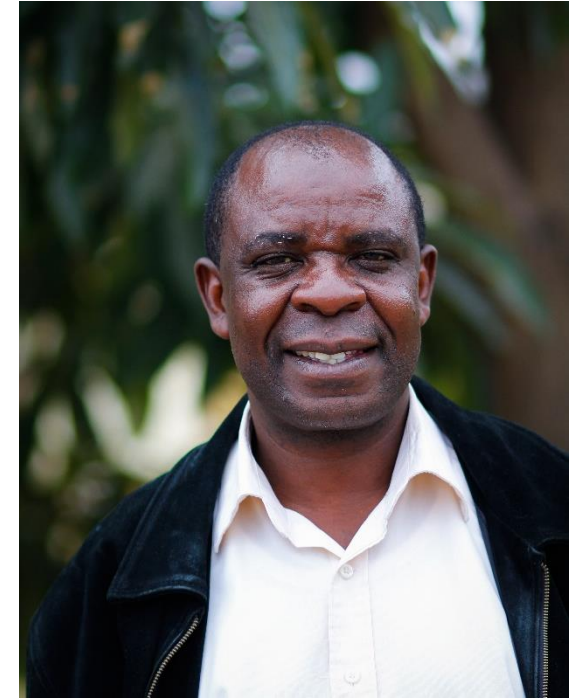
Landscape Analysis of Survive, Thrive, and Transform Interventions for Children





Lonnie Hackett

President & Co-Founder



Ignicious Bulongo

*Director of Program Expansion
& Co-Founder*



**HEALTHY
LEARNERS**

www.healthylearners.org



LONNIE HACKETT, Msc

President and Co-Founder



IGNICIOUS BULONGO

**Director Programs
Expansion and Co-Founder**



The Challenge

- An overlooked demographic: Most child health programs focus on those under-5, often missing school-aged children
- Limited pediatric care at primary health facilities for children above 5 in LMICs
- Coverage of existing school health and nutrition program is low and scope limited
- High burden of disease in school children undermines their learning and development
- Infectious diseases e.g. COVID-19, threaten to keep children out of school





Healthy Learners
is a non-profit organization
dedicated to **improving the
health of children** through
our model of **school-based
community health**



Our Solution

School-Based Community Health

- Training teachers as CHWs and making schools an entry point for the healthcare system
- Government Partnership: Working with and strengthening synergies between Ministries of Health and Education
- Integration with existing physical and human resource infrastructure and systems
- Harnessing technology to empower teachers & facilitate quality at scale



How Our Model Works





School Health
Worker

School Health
Worker

School Health
Worker

Train & Equip Teacher
School Health Workers

Train School Admin & Health Facility Staff

- Train school administrators to manage school health program, supervise teacher school health workers and engage entire school community
- Train health facility staff to provide ongoing mentorship to the schools
- Improves relationships, builds trust and strengthens communication between schools and health facilities
- Leverages existing administrative structures thus improving sustainability





Community & Parent Engagement



Construct and Equip Health Rooms

Proactively Identify Sick Students

- All teachers look out for students who may be unwell and refer to health room
- Classroom teachers monitor attendance to flag students who may be sick at home
- Contacting guardians of students with prolonged absences
- Students placed into a 'buddy system' to facilitate peer-to-peer mentorship and support



Harnessing Technology to Assess Sick Kids

- Through our tech partner, ThinkMD, developed a diagnostic application for school-aged children to enable teachers to make accurate assessments
- Uses integrated clinical assessment algorithms: employs the same logic and clinical approach used by physicians to complete an integrated clinical assessment
- Provides automated age- and weight-specific triage, treatment, and follow-up recommendations that comply with WHO guidelines.
- Technology validated through field-based research and validation studies.
- Enables us to collect all program data digitally



FAST TRACK SYSTEM

A 5-STEP PROCESS



Fast-Track Referrals

Follow Up



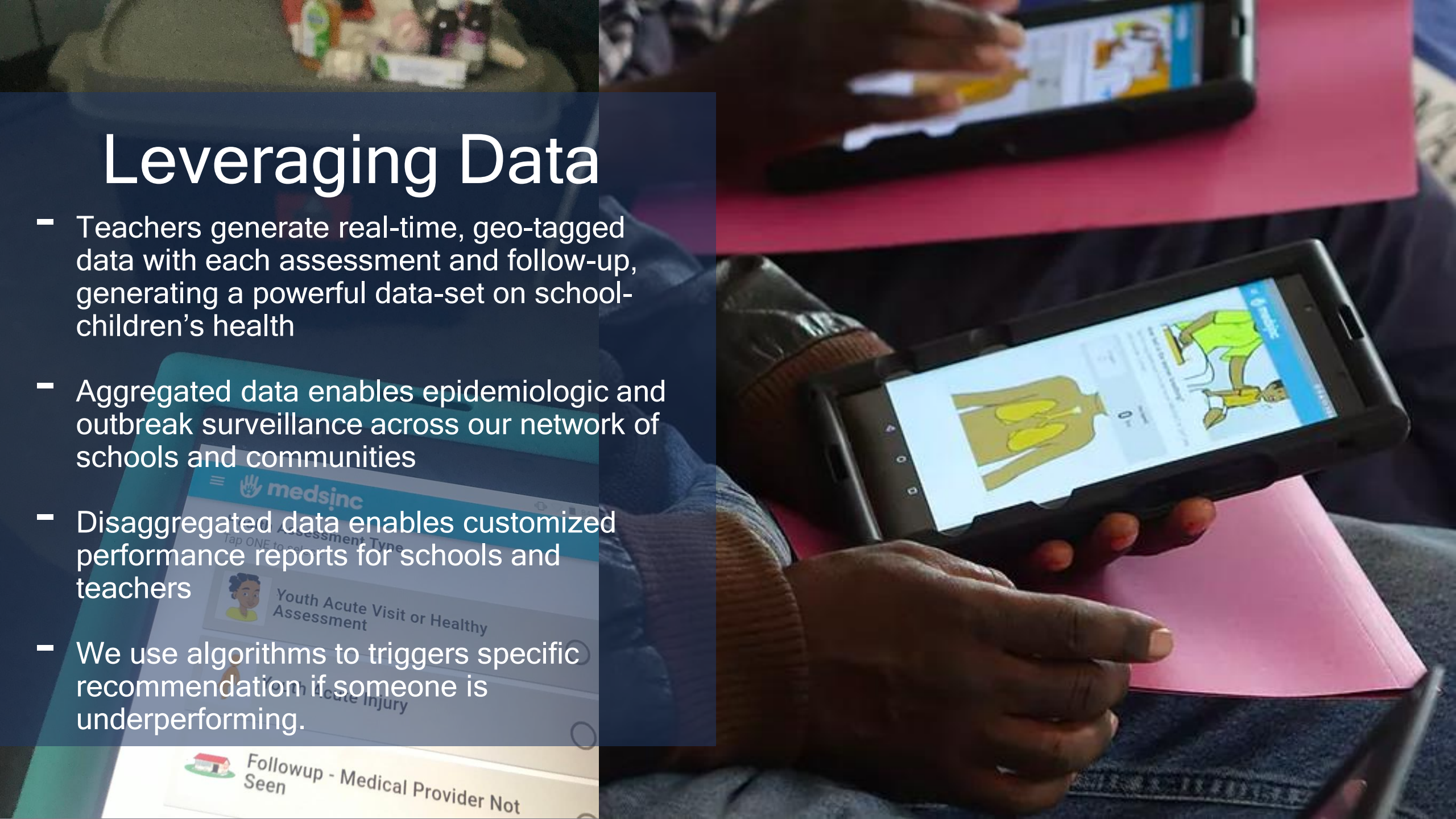
Strengthening Health Education

- Supporting School Administrators to incorporate health education into time table
- Trained School Health Workers both teach lessons and provide technical support to other classroom teachers on various health topics
- Use program data to identify disease trends and customize health topics accordingly
- Leverage ‘buddy system’ to share important health lessons between students

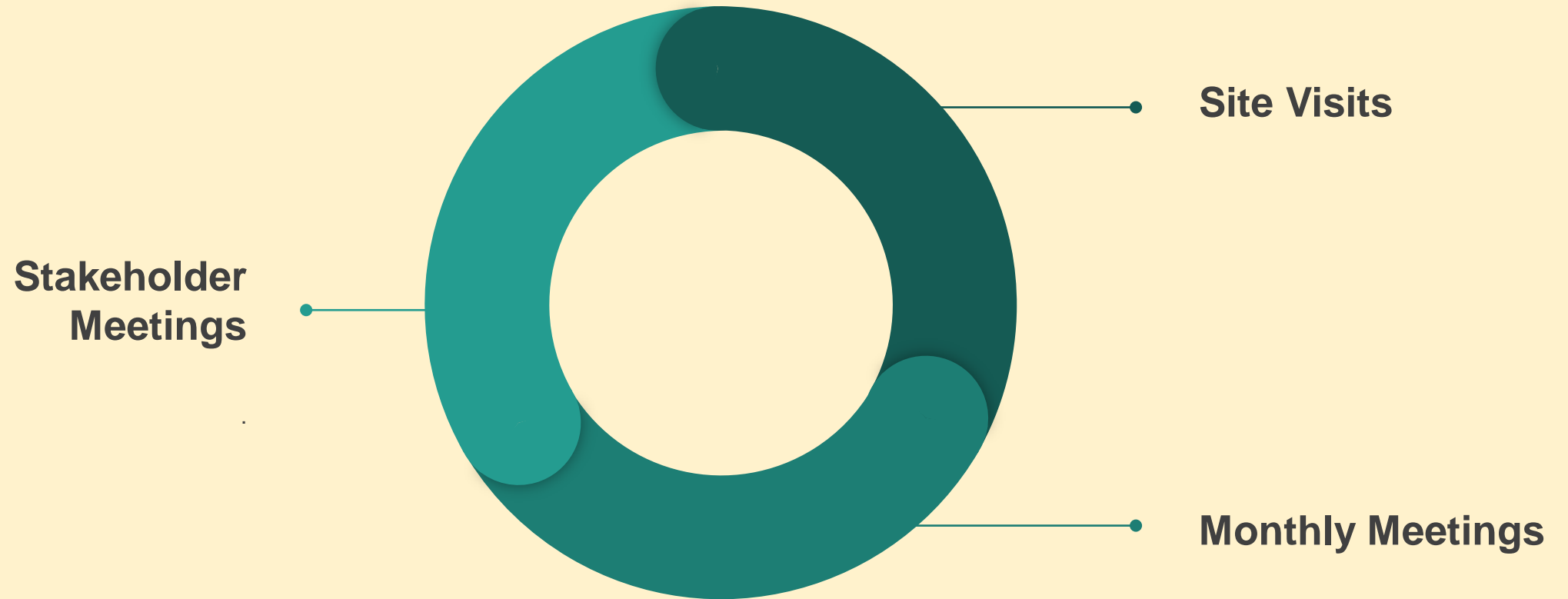


Leveraging Data

- Teachers generate real-time, geo-tagged data with each assessment and follow-up, generating a powerful data-set on school-children's health
- Aggregated data enables epidemiologic and outbreak surveillance across our network of schools and communities
- Disaggregated data enables customized performance reports for schools and teachers
- We use algorithms to triggers specific recommendation if someone is underperforming.



Ongoing Mentorship, Learning & Quality Control

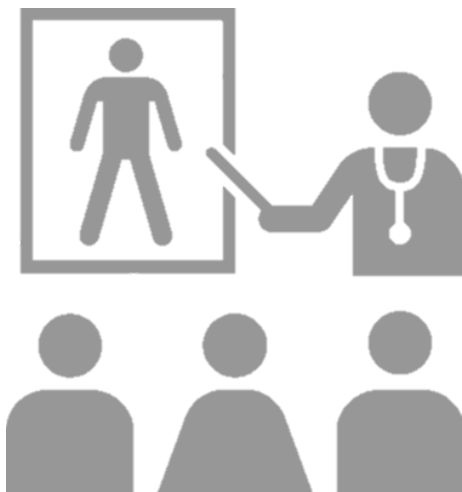


The Impact



HARVARD
T.H. CHAN

SCHOOL OF PUBLIC HEALTH



22%

Increase in
student's knowledge
on health



38%

Decrease in odds
of illness



48%

Increase in
vitamin A supplementation
and deworming coverage



90%

Schools reporting a
decrease in
absenteeism



“This is the best thing to have
ever happened to my school.”

*Cassius Macelenga
Head Teacher, Ng’ombe Basic School*



The program has an annual
cost of around

\$2.20 per child

which equals

~1 percent

of Zambia's expenditure on education for
school-aged children

Government Engagement

- Lead technical partner in development of the Ministry of General Education's School Health and Nutrition Guidelines.
- At the request of the Ministries of Health and Education, led the development of the Government's COVID-19 guidance for schools
- Supported government to establish a standard blueprint for health rooms (sick bays) in all Zambian schools
- MOU with Ministry of Education to set the path for national scale





250,000

Children enrolled
in partner schools



800

Trained school
health workers

THE SCALE



103

Partner Schools



28

Primary health
facilities



22

Partner health
posts

School Health & COVID-19





Zambia: COVID-19 Overview

- First cases were reported on March 18th, 2020
- The following measures were introduced including:
 - i. School closures
 - ii. Church closures
 - iii. Non-essential business closures
- On Friday May 15th, the President announced that schools would re-open for examination classes (grades 7, 9, 12)
- On Friday September 11th, GRZ announced that schools would open for all learners on September 21st

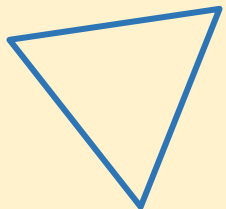




COVID-19 GUIDELINES FOR SCHOOLS

Following the Presidential directive to open schools, the Ministry of Education contacted us requesting our support to develop COVID-19 Guidelines for schools.

- Brought together Ministries of Health and Education to promote collaboration and agreement
- Guidelines follow global best practices & involve input from Unicef, WHO, World Bank and other key stakeholders
 - Compulsory mask use
 - Social distancing (in school grounds & entrance)
 - Stagger class start-times
 - Controlled drop-off & pick-up of learners
 - Sanitation and Hygiene
 - Respiratory Hygiene
 - Health Education (via classroom & buddy system)
 - Infection Control
 - Promote compliance both in and out of school
 - Engage entire school community
 - Continuation of School Health Services



Republic of Zambia

COVID-19 Guidelines for Schools

Ministry of General Education

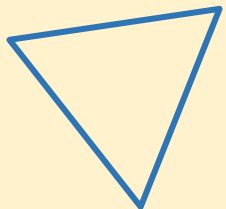
May 2020



RE-OPENING OF SCHOOLS

As schools reopened, we worked alongside the Ministry of Education HQ and Lusaka District Education Board and leveraged the existing school health program to support the implementation of the guidelines:

- Trained school administrators and school health teachers on the COVID-19 Guidelines
- Ensured all Lusaka GRZ schools developed their own action plans for complying with guidelines
- Adapted our digital clinical application and trained school health teachers to use no-touch health assessments
- Delivered handwashing stations and cleaning supplies to schools
- Leveraging school health program for ongoing stakeholder meetings & technical support (e.g. school admin, teachers, health facility and parents)
- Conducting supportive monitoring & evaluation





WHATS GONE WELL

- School Administrators, with only limited notice, were able to establish protocols and procedures in cost-effective manner
- School health program has enabled ongoing contact and support for community partners
- Schools have managed to remain open without a surge of cases among learners.
- Teachers report feeling safe and willing to return to work because they are equipped with information and know protective measures are in place through the school health program
- This was made possible in Lusaka, Zambia's hotspot for COVID-19, because the existing school health programme provided the structure for schools to effectively implement COVID-19 guidelines



Ongoing Challenges

- Enforcing social distancing and mask-wearing guidelines outside of the classroom
- Access to cleaning supplies in sufficient quantities to allow for enhanced sanitation practices
- COVID-19 myths among learners and their families
- Implementing social distancing requirements (1 learner per desk) in schools with large enrollments



Lessons Learned

- Importance of involving local stakeholder in developing guidelines and ensuring compliance with guidelines
- Strong linkages between the Ministry of Health and the Ministry of Education are critical for the development, coordination and implementation of effective guidelines
- The presence of existing, comprehensive health program enables schools to respond to emerging infectious threats
 - Health literate school leaders, teachers and guardians
 - Sense of ownership and responsibility among school staff
 - Existing relationships between schools & clinics
 - Robust screening and referral mechanisms
 - Systematic delivery of health education
 - Mentorship, M&E and supervisory systems were in place
 - Strong data analytics capacity

Opportunities Looking Forward

- Strengthen partnership between the Ministries of Health and Education.
- Integrate of child services within schools
- Share global lesson and best practices in school health
- Scale up effective school health programs
- School's for community health surveillance (syndromic & absenteeism tracking)







How Teachers Find the Time

- Train between 5-8 teachers in a school
(~1 SHW per 300 students)
- Leverage the Ministry of Education's '8 hour' work day
- Follow tradition of having teachers specialize in additional roles
- Work with school administration to develop timetables for when SHWs will provide school health services





HL COVID-19 Response

Our model and existing relationships with schools, health facilities and the community enabled us to facilitate improved communication and provide critical early support to our GRZ partners. Before schools closed we:

- Developed and disseminated MOH endorsed child-friendly COVID-19 prevention IEC materials
- Distributed PPE and handwashing stations to schools and health facilities
- Trained members of the community to conduct sensitization



HL COVID-19 Response

After schools initially closed, we worked with the Government to support sensitization and awareness raising in the community via:

- Door to door sensitization by trained community leaders
- Drive-by public service announcements
- Trainings market leaders as COVID-19 Safety Officers
- Community TV and radio programmes

Estimated reach: 1,500,000





Pascale Wagner

*Country Director, PCI-Guatemala,
Global Communities Partner*



Oya Zeren Afsar

*Health Specialist, Focal Point on School Health
UNICEF NY/HQ*



Resources



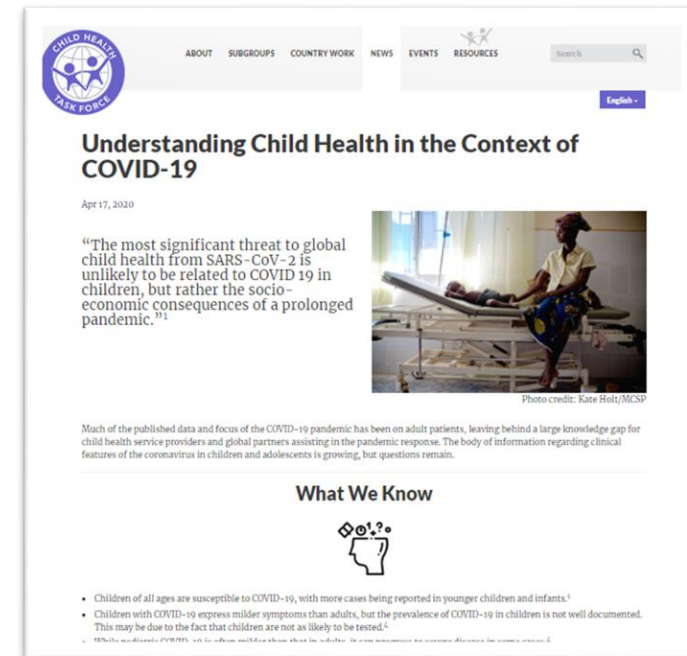
Engage with the co-chairs:

- Cara - cendyke-doran@pciglobal.org
- Raoul - rbermejo@unicef.org

Subgroup information, recordings and presentations from previous webinars are available on the subgroup page of the Child Health Task Force website:

www.childhealthtaskforce.org/subgroups/expansion

**The recording and presentations from this webinar will be available on this page later today*



Check out the Task Force Child Health & COVID-19 web page for important resources!

Suggestions for improvement or additional resources are welcome. Please email childhealthtaskforce@jsi.com.